FOR STATE REGISTRAR

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.

	1. DECEDENT'S NAME (First,	Middle, Last)								2. DATE OF I	DEATH	v	YEAR	3. TIME OF DEATH
	Jean Arma		foed							Septe				4:39PM M
	4. SOCIAL SECURITY NUME	ER	5. SEX	6. AGE (In yrs. la	st birthday)	IF UND	ER 1 YEAR	IF UNDER	24 HRS.	7. DATE OF E (Month, De	HTH			IPLACE (State or Foreign
	_089-26-7104		1 XM 2 - F	73	YRS.	=ON IN	DATS	HOURS	mere,	Aug. 1		1923		Denmark
	9a. FACILITY NAME (If not in	stitution, give st	treet and number)			9b. CI	TY, TOWN	OR LOCATIO	ON OF DE	ATH		9c. COU	NTY OF D	EATH
2	Manor Care		nac			P	otom	ac				Mo	ontgo	omery
EG	10a. STATE	10b. COUNTY			10c. CIT	Y, TOWN	OR LOCA	TION						10d. INSIDE CITY
DIRECTOR	Maryland	Mon	tgomery		**	Re	thes	da						LIMITS?
	10e. STREET AND NUMBER		7			200		f. ZIP CODE	E			10g. CIT	IZEN OF V	WHAT COUNTRY?
FUNERAL	9105 Will	ow Gat	e Lane					208	317			Un	ited	States
5	11. MARITAL STATUS		12. WAS DECEDEN	T EVER IN U.S. A	RMED	13		CENDENT C	F HISPAN	HC ORIGIN? (S			14. RACI	E — American Indian.
BY F	1 Never Married 2 X 3 Wildowed 4 Divo		IF YES, GIVE V		MO			2 X NO		n, Puerto Ricer /:	i, etc.)		Spec	
		EDENT'S EDUC	2471041	To a										White
COMPLETED	(Specify only	highest grade	completed)	(0	ECEDENT'S Give kind of e. Do NOT u	work don	e during m		g	16b. KIN	D OF BUS	BINESS/INC	DUSTRY	
P.E.	Elementary/Secondary (0	-12)	College (1-4 or 5	+)	tern			D., L 1 -	aha	_	Desi	h 1 f a l	a d m a	
MO	17. FATHER'S NAME (First, M	iddle, Last)			tern	atio	пат	1		ME (First, Middle		blish	iring	
	Knut Koef	oed								he Garı				
BE (19a. INFORMANT'S NAME (7			19	9b. MAILING	ADDRE	SS (Street			Route Number, C	-		Code)	
임	Carmen H. K	oefoed	l / wife		9105	Wil	low.	Gate	Lan	e, Betl	nesda	a. Ma	arv1a	and 20817
	20a. METNOO OF DISPOSIT	ON Berne	num State											
į	4 Donation 5 Other		JVIII IIOIII SURII	- Montg	omer	y Cr	emat	orium	n, I1	n¢.	Bet	hesd	a, M	aryland
	21. SIGNATURE OF FUNERA	A -		/) MO	0831	Ř	COME A	ND ADDRE	PUM	phrey]	Fune	ral I	Home,	/
	Barbara	Jo Mic.	Mulling	Kawnen	ce	A	lockv lvenu	ille. e. Ro	cky	c. 300 ille. 1) We: Marv	st Mo land	ontgo 208	/ omery 350-2805
	23. PART i. Enter the d	seases, or c	omplications the	t coused the d	eath. Do	not ente	er the me	de of dyl	ng, suci	h ss cardiec	or respi	ratory sn	rest,	Approximate
	IMMEDIATE CAUSE (FIR													Interval Between Onset and Death
	disesse or condition resulting in deeth)	→	Meto	estati	رخ	Col	on	Ca	Ne	ex				2448
			DUE TO	(OR AS A CONSE	OUENCE O	F):								
S O	Sequentially list conditi	ons,	D	(00 40 4 00)	Our.or o									
CERTIFICATION	if sny, leading to immed csuse. Enter UNDERLY!		DOE 10	(OR AS A CONSE	OUENCE U	r):								i
띮	CAUSE (Disesse or inju that initiated events	y \ \ (OUE TO	(OR AS A CONSE	OUENCE O	F):								1
	resulting in death) LAS	r (1.											
	PART II. Other significe	nt condition	s contributing to	death but not	requiting.	In the c	real celebrate		disease for	Dial Lai				
MEDICAL	<u> </u>	- Condition	e continuating to	deelli but not	recutang	m me t	underryin	g ceuse (jiven in	Part I. 24a	PERFOR		246	WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE
										1	YES 2	NO		OF DEATH?
	DID TORACCO II	SE CONITI	DIDLITE TO CA	LICE OF DE	ATLI VI		NO B	7 11110	EDTAIN					1 TES 2 NO
PHYSICIAN:	DID TOBACCO U	777	GBUIE IO CA		CE OF DEA				EKIAI	4 L				
Sic	EXAMINER?		HOSPITAL:			OTHE	ER:				-73			
Ĭ	27. MANNER OF DEATN		28a. DATE OF	INJURY	28b. TIN		_	W 5 □ Ra	sidence	6 Other (Sp.		ALIURY OC	CUBED	
		Pending nvestigation	(Month, D	ley, Year)		JURY M	1 🗆	PRK?	NO				001120	
BÁ	2 Sudates —	Could not be	28e. PLACE O	F INJURY — At h	ome, farm,	street, fa	ectory, affic	à		281, LOCATIO	N (Street a	nd Number	or Rurel F	Route Number,
COMPLETED		letermined	ounding,	etc. (Specify)						City or To	wn, State)			
ן ב	29a. CERTIFIER (Check only 1 X CERT	IFYING PHYSIC	CIAN: To the best of	my knowledge, d	eath occurr	ed at the	time, date	and place.	and due	to the cause(a)	and man	ner es ete	lad.	
∑														i) and manner as stated.
w II	29b. SIGNATURE AND TITLE								NSE NUM					(Month, Day, Year)
∞ ∥	Turkuk	4	+ 1 Jan	MI					227	75		•	7.4	1.96
임	30. NAME AND AGORESS OF	PERSON WHO	COMPLETEO CAU	SE OF DEATH (ITE	EM 27) (Type	, Print)			100/	, ,				(10
	Frederick G		, M.D.	5454 Wi	scon	sin	Aven	ue, (Chev	y Chase	e, Ma	aryla	and	20815
	31. DATE FILED (Month, Day,	rbar)	32. REGISTRA	R'S SIGNATURE										
58		1000	17. 7	/ · /	IT O M									

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 54 hours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filled within 72 hours after death with the State Dept. of Health and Mental Hygiens prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once. BALTIMORE, MARYLAND 21215-0020

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

a, Maryland 20

Bethesda, Maryland

.rey Funeral Home/ .c. 300 West Montgomery .ville, Maryland 20850-2805

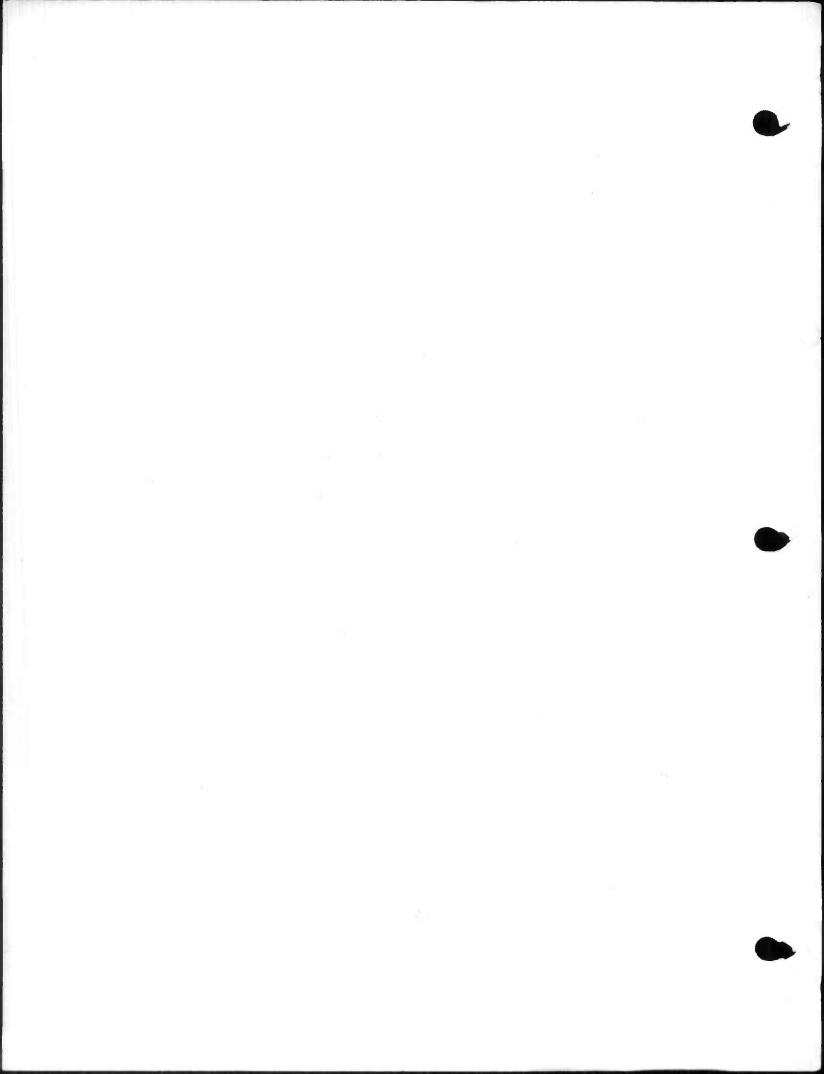
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L BOX 68/60	executed
	9
.O. BC	certificate
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	the
<u> </u>	hat
RECORDS, P.O.	requires
3	WE
٨	The
7	PHYSICIAN:
DIVISION OF VITAL	PITAL OR ATTENDING PHYSICIAN
5	S.
_	PITAL

	1 - FOR STATE REGISTRAR	TATE OF MARYLA		TMENT OF		MENTAL HYGIEN		
	1. DECEDENT'S NAME (First, Middle, Lest)		O LITTER !	OAIL OI	DEATH	2. DATE OF DEATH		3. TIME OF DEATN
	MILTON KAPLAN					August 31	1996	4:10 A. M
	4. SOCIAL SECURITY NUMBER 5. SE		yrs. last birthday)	IF UNDER 1 YEAR	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year)	6. BIRTI	NPLACE (State or Foreign
		M 2 🗆 F	76 YRS.			Dec. 27,	1919 Mi	chigan
NG.	90. FACILITY NAME (H not institution, give street and Holy Cross Hospita				or Location of D	EATN	Montgom	
5	RESIDENCE OF DECEDENT 10e. STATE 10b. COUNTY							
DIRECTOR	Maryland Montgo	omerv		r, town on Loca ilver S _l				10d. INSIDE CITY LIMITS?
	10e. STREET AND NUMBER		1		OH. ZIP CODE		10g. CITIZEN OF	TYTY YES 2 □ NO WHAT COUNTRY?
FUNERAL	1111 University B1	vd. West.	Apt. 8	02	20902		U.S.	Α.
5	11. MARITAL STATUS 12. Y	MAS DECEDENT EVER IN	U.S. ARMED	13. WAS DE	CENDENT OF HISPAI	NIC ORIGIN? (Specify Yearn, Puerto Rican, etc.)	or No.— 14. RAC	E — American Indian,
BY	1 Never Merried 2 Married 3 Widowed Tx Divorced	FORCES? 1 TYES F YES, GIVE WAR OR DAT	E9XX		S -1 -NO Specif		Spec	offy:
	15. DECEDENT'S EDUCATION		16a. DECEDENT'S			16b. KIND OF BU	Whi	te
COMPLETED	(Specify only highest grade complete Elementary/Secondary (0-12) Coll	lege (1-4 or 5 +)	(Give kind of v life. Do NOT us	vork done during rr e retired.)	lost of working			
MP		ears	Informa	tion Sp	ecialist	U.S.	Governme	nt
	17. FATHER'S NAME (First, Middle, Last)					ME (First, Middle, Maiden		
H	Harold Kaplan 19a, INFORMANT'S NAME (Type/Print)		10h MAII INO	ADDDESS (Street		(Unascert		
2	Barbara Cohn					Rockville,		d 20850
	20s. METNOD OF DISPOSITION	20b. I	LACE AND DATE	F DISPOSITION (A	lame of	2 / PATE 20c. LO	CATION — City or T	own, State
	4 Donation 6 Other (Specify)	Ju	dean Mei	morial (Gardens ^{9/}	3/1996 20c. LO	ney, Mar	yland
	21. SIGNATURE OF FUNERAL SERVICE LICENSEI	· 1.		22. NAME	AND ADDRESS OF FA	CILITY IEMORIAL FU		
	Donald C. X	Stottlen		232 C	ARROLL ST	PEET N W	WASHIN	GTON D.C.
	23. PART I. Enter the diseases, or complete ahock, or heart failure. List of immediate Cause (Final disease or condition	Hepaha	-	ot enter the m	ode of dying, suc	h as cardiac or resp	Iratory arrest,	Approximata Interval Between Onset and Death
ł	reaulting in death)	DUE TO (OR AS A	CONSEQUENCE OF					7 days
z		Dias	eles	•				10 4.5
E	Sequantially list conditions, if any, leading to immediate	DUE TO (OR AS A	CONSEQUENCE OF	on a o /	Dislave			3 Months
S	cause. Enter UNDERLYING CAUSE (Disease or Injury	DUE TO (OR AS A	CONSEQUENCE OF	a suc p	17 2500-6			3 Months
CERTIFICATION	that initiated events resulting in death) LAST	Complet	o Itea	int folo	2K			14 days
	PART ii. Other significant conditions con	atelbuting to death bu						
CAL	The state of the s	mouning to death bu	t not readiting	ir the underlyii	ng cause given in	PERFO	RMED?	b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE
ED						1 YES }	(Х) ио	OF DEATH?
ä	DID TOBACCO USE CON	TRIBUTE TO	CAUSE OF	DEATH	YES NO	Z		1 163 2 100
PHYSICIAN: MEDIC	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	SPITAL:			PLACE OF DEATH (Ch	eck only one)		
IXSI	1 TYES XX NO 1XX	npetient 2 ER/Outpe			me 5 🗆 Residence			
	27. MANNER OF DEATN XIX Natural 5 Pending 2 1 Accident Investigation	28s. DATE OF INJURY (Month, Day, Year)	28b. TIM	URY W	JURY AT ORK?	26d, DESCRIBE NOW	NJURY OCCURED	
BÝ	2 0 0 0 0 0 0 0	28e. PLACE OF INJURY -	- At home, farm, a		YES 2 NO	261, LOCATION (Street	and Number or Rural	Route Number
COMPLETED	4 Homicide 8 Could not be determined	building, atc. (Specif	γ)	,		City or Town, State)		
PLE	29a. CERTIFIER (Check only CERTIFYING PHYSICIAN:	To the best of my knowle	dge, death occurre	ed at the time, dat	a and place, and due	to the cause(s) and ma	nner as stated.	
OM	one) 2 MEDICAL EXAMINER: On							s) and menner as stated.
BE C	29b. SIGNATURE AND TITLE OF CERTIFIER	40			29c. LICENSE NUI	WBER	29d. DATE SIGNE	D (Month, Day, Year)
TO B	modelle				7213	40	Sent	13, 1996
	Daymond A Race M				Wheaten	Maruland		
	Raymond A. Bass, M. 31. DATE FILED (Month, Day, Year)	32. REGISTRAR'S SIGNA	TIPE		wirearon,	Maryland	20300	
	SEP 1 3 1996	Julia Davidos	~ Fandell					



TO THE HOSPITAL OR ATTENDING PHYSICIAN. The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1. 2, 3 should be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

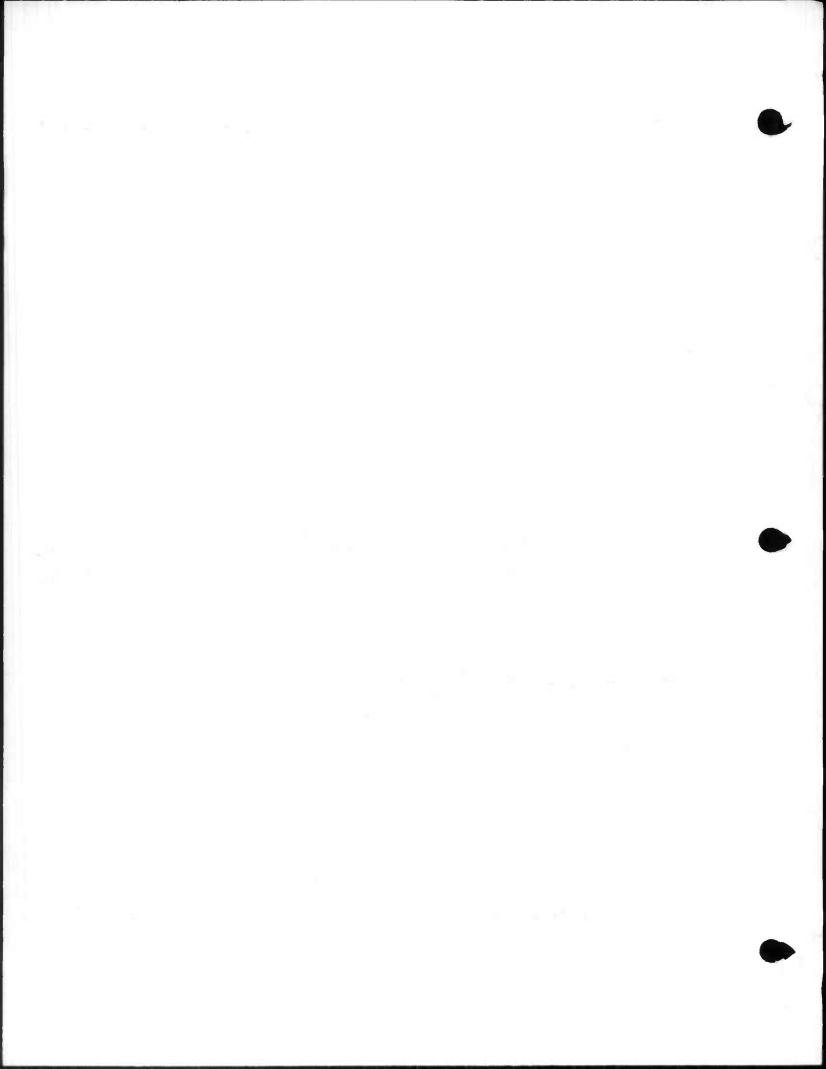
IMPORTANT: If Nem 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

BALTIMORE, MARYLAND 21215-0020

	REGISTRAR		CERTIF	ICATE OF	DEATH	REG. NO							
	1. DECEDENT'S NAME (First, Middle, Last) HOWARD			KEM P	-		ib 19	96	16:48 PM				
	4. SOCIAL SECURITY NUMBER 579-20-6983	1 № M 2 🗆 F	73 YRS.	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	JULY 12,19	923		PLACE (State or Foreign				
TOR	98. FACILITY NAME (If not institution, give st SHADY GROVE ADV		OSPITAL		OR LOCATION OF DI	EATH	ac conn.	TY OF DE					
DIRECTOR	10a. STATE 10b. COUNTY			Y, TOWN OR LOCA				T	10d. INSIDE CITY LIMITS?				
	100. STREET AND NUMBER	GOMERY	J GA	ITHERSBI	J. T. ZIP CODE		T		1 ☐ YES 2 NO				
FUNERAL	7028 WARFIELD RO	12. WAS DECEDENT EVE			20882		UNITE						
B	1 Never Married 2 Married 3 Widowed 4 Divorced	FORCES? 1 X YE	RIN U.S. ANMED ES 2 NO RIDATES WWII	If yes, s	DENDENT OF HISPAI Decity Cuben, Mexica B 2 NO Specif	NIC ORIGIN? (Specify Yes in, Puerto Rican, etc.) y:	or No-	14. RACE Black Specif	- American Indian, White, etc.				
COMPLETED	15. DECEDENT'S EDUC (Specify only highest grade of Elementary/Secondary (0-12)		life. Do NOT us	vork done during m e retired.)	ost of working	166. KIND OF BU							
MP	12	0	FUNERAL	DIRECT	OR	TONEIN	TE HOM	-					
	17. FATHER'S NAME (First, Middle, Last)	VEMD CD			MATTI	ME (First, Middle, Malden							
B	JONATHAN S. 1 190. INFORMANT'S NAME (Type/Print)		195. MAILING	ADDRESS /Street				Pardo)					
2	MARY V. KEMP, WI	FE	7028	WARFIEL	ROAD,	SATTHERSBÖT	₹G", "N	10°.	20882				
20s. METHOD OF DISPOSITION 1 M Burlet 2 Cremation 3 Removal from State 4 Donation 5 Other (Specify) 20b. PLACE AND DATE OF DISPOSITION (Name of Carmetery Computery Computery Computery Computery Computery Computery Carmetery													
	PART II. Other significent conditions	contributing to death	hut not regulting i	n the and object	a sever about to	Bent Lawrence							
WEDICAL	ISCHEMIC CARD	DOMYUPA DROME, E	THY ADU	WA-	PIRATOR	PERFOR	RMED?		WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO				
PHYSICIAN	25. WAS CASE REFERRED TO MEDICAL EXAMINER?		28. PLACE OF DEAT	H (Check only one)									
2	1 TES 2 NO	HOSPITAL: 1) Inputlant 2 ER/O	utpatient 3 DOA	OTHER: 4 Nursing Hor	ne 5 🗆 Residence	5 Other (Specify)							
BY PH	27. MANNER OF DEATH 1 Netural 5 Pending 2 Accident Investigation	28s. OATE OF INJUR (Month, Day, Year		URY WI	JURY AT ORK? YES 2 NO	26d. OEŞCRIBE HOW I	NJURY OCCU	RED					
3	3 Suicide 8 Could not be 4 Homicide determined	25e. PLACE OF INJU building, etc. (S	RY — At home, farm, a pecify)	treef, factory, offic	a	281. LOCATION (Street : City or Town, State)	and Number o	r Rural Ad	oute Number,				
COMPLE		IAN: To the best of my knot: On the bests of axamina							and menner as stated.				
O BE C	296 AIGNATURE AND TITLE OF CERTIFIER	- MD			29c. LICENSE NUM D3625		29d. DATE	SIGNED	Month, Day, Year) 06, 1996				
-	STEVEN KARIYA	COMPLETED CAUSE OF A			E#51	S, WHENDO	VM	D 2	20902				
	31. DATE FILEO (Morith, Day, Veer) SEP 0 9 1996	32. DEGISTRAR'S SH	GNATURE Lon-Randose										

DIVISION OF VITAL RECORDS, P.O. BOX 68760

OHMH-16 Rev 1/89



State of Maryland / Department of Health and Mental Hygiene

Certificate of Death

28504

_								Jeru	ilicati	e oi	Deam			Reg. N	0.			
	Physic /Medi	cal	Decedent'a Nen Maria 4a. Facility Name	Amp	aro	Marti	nez		Lope		45 Ch. To	um oel	2. Date of D Month Septem cocation of Dee	ber	ay 7, 1			O A.M.
	Exami Funeral Director	ner	4450 Sou 5. Social Security I none	th Park	Ave., #5		V		If Under Months		Be If Under	thes		lirth Dey, Year	Mon	of Death t some 9. Birthp Coun Spai	lece (Si	ate or Foreign
	with the Maryland to or 28a-f show t.be.notified.at		Usuei Residence o	10b. County		10c.	City, Town	or Loca	tion							11		de City Limits
	the M 28a-f dotffle	Director	Md .	Montgon	nery		Beth	nesd	a. 10f. Zlp	Code				100 0	thron of h	What Coun		Yes 2 No
	the or		4450 Sou		Ave., #	506				0815	5			log. c	Spa		wy r	
20	72 hours after death with the Marylar "natural", or items 23e or 28e-f show edical Examiner must be notified at	by Funeral	11. Marital Status 1 Never Men	ried 2 Marrie	If Yes, Giv	2 ⊠ No e	ı U,S.		s Deced es, spec	lent of h			pecify Yes or N Rican, etc.)	lo-	14. Red	ce - Americ ck, White,	etc.	n,
8	2 hourst			15. Decedent's	Yeer or Da Education	ites:	16a. D	Deceder	nt's Usue	l Occup	pation			16b.	Kind of B	Whi		
21215-0020	With the same of t	Completed	(Spe		grade completed) College (1	-4or 5+)			nd of wor NOT us .sewi		during mos	t of work	king	0	wn H	OMO		
	a the first	Be C	17. Father's Neme	(First, Middle, La	ist)		1				18. Moth	er's Nam	e (First, Middl					
Maryland	Men	2	Peter M										a Lop					
Ma	and 2 sh saith and n 27 is m er traum		19e. Informant'a N	leme/Reletionshij Penedo									506 Be					20015
ore,	-116		20e. Method of Dis	position		-	o. Plece of D	Dienneit.	ion /Alan	in of			Dete			City or To		
Ĕ	artment of ortant: If the injury or o			☐ Cremetion 3 5 ☐ Other (Spe	☐Removal from S city)	31010	lmuder	a C	eme t	ery	•	9	/13/96	Ma	drid	, Sp	ain	
Baltimore,	Jepant Medert mport my inj		21. Signature of Fr	uneral Service Lic	censes //	//						ty De	Vol Fu	nera	1 Ho	me		
	40240		220 240 500	mr-	omplications that cally one cause on as	/							, N.W.		h.,	D.C.	200	
	Physician /Medicai Examiner	Examiner	Immediate Cause disease or condition resulting in deeth)	(Finel on	e. Pneu	monia Due to istan	o (or es e co	nseque	nnce of):					-				
10x 68/60,	th certificate be executed ending physician end r use as the burial-transit	n/Medical	Sequentielly list or if eny, leading to in cause. Enter Und Cause (Disease or that initiated event resulting in deeth)	rinjury	c. Cere	bral		lar	dise	ease	2						yeaı	:s
7.0.E	v requires that the death been signed by the atte should be deteched for	/ Physicia	Part II. Other signi	ficant conditions	contributing to dea	ath but not r	resulting in t	he unde	erlying ca	ause gh	ven in Part			tobacc				use of death?
DIVISION OF VITAL RECORDS, P.O.	The law requires that the death ate has been signed by the atter page 2 should be deteched for i	Completed by											24e. We	s en sut formed?	opsy	ave	ilable p	psy findinga rior to of cause
I		Con											1□	Yes 2	2 KNo	10] Yes	25 No
	sician: The certificate frector, pag	Be	25. Wes case reference exeminer?		Hospitel:					Oit	har		th (Check only					
on or	fror thi	tlon: To	1 Yes 2 2 27. Menner of Deal 1 Neturel		28a. Dete o	-	ER/Outp	ne of	3 DO	Bc. Injui	40140		ome 5 kg Res 28d. Describe				/)	
DIVISI	f or Attending after death. Director: After 3 in by the fune	Certification:	2 Accident 3 Sulcide 4 Homicide	6 Could not determine	be 28e. Pleca	of Injury - Ai g, etc. <i>(Spe</i>	t home, fem	n, street					28f. Location City or To	(Street a	nd Numb te)	er or Rura	Route	Number,
	To the Hospital or Attendi within 24 hours after death. To the Funeral Director: A completely filled in by the fi	edical C	29a. Certifler (Check only	1 Certifying 2 Medical Ex	Physician: To the aminer: Op the by and magn	best of my k sis of exami er stated.	nowledge, o	deeth or	ccurred e stigetion,	t the tir	me, dete an opinion, dee	d piece, th occur	and due to the red et the time	e cause(, dete er	s) and ma nd piaca,	anner as st and due to	ated. the cau	se(s)
	To the vithin comp	M	M	villed pertifier	Joseph Gauss	Ste death ()		M N	1		e number		1			d (Month, I		
	Sta	ite		olas Rog	entine)	Jr. A	16. 1	081	0 Co	nne	cticu	t Av	e. Kens	sing	ton,	Md.	2089	5
	Registr	_	9	EP 1 0 1	996	gistrar's Sig	ridon	fand	JZ.									

State of Maryland / Department of Health and Mental Hygiene

						Cer	tificate	e of	Death			Reg. No.		Los O	000
			1. Decedent's Neme (First, Middle, Las	<i>it)</i>					-		2. Data of De	ath	200	3. Tima o	f Death
	Physic		Phool	Lal							Month Septem	Dey	1006	4:40	РМ
1	/Medi		4a. Facility Name (If not Institution, give	street and number)				4b. City. To	wn, or Lo	cation of Death		nty of Deeth		I FI
Į.	Examir	ier	Montgomery Gene						Olr				tgomei		
_			5. Sociel Sacurity Number 6. Sa		ge (in yrs. last	hirthday)	If Undar 1	1 Yaar		-	R Date of Bird			-	or Eomion
	Funeral Director		1	M 2√2 F /		Yrs.		Deys	Hours	Min.	8. Dete of Bird (Month, Da			plece (Stete ontry)	or i-oreign
	Director		215-60-8851 Usual Residence of Decedent		61						Oct. 22	1934	+ Pak	istan	
	and w		10e. Stete 10b. County		10c. City, To	own or Loc	cation							10d. Inside C	Ity Limits
	Aary ed e	ō	Maryland Montgome	rv	Si	lver	Sprin	ng							2 ☑ No
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			Dennis Hannon, M.	D. 3416	01andwo	ood C	ourt,	#2	200	01ne	y, Mary	land	20832	1	
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Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene

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/Me	dica nine	-	ta. Facility Nama (If not institution, giva	streat and number)	•		401	4b. City, Town, or L	Dept	11	96 Inty of Death	10:30 H
Funer Ditect		1	042-20-2964		a (In yrs. I	last birthday) Yrs.	If Under 1 Year Months Days		8. Data of B	irth av. Year)	9. Birthplac Country Conne	a (Stata or Foraign Cticut
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Physicial / Medicate pe associated by privilege of the pr	al		shock, or haart failura. List only or immediata Causa (Finai disaasa or condition resulting in daath) Sequantialty list conditions, fany, laading to Immadiate causa. Entar Undarlying Cause (Diseesa or injury hat initiated avants asulting in daath) Last)	Dua to (or Dua to (or	as a consequence as a c	iance or):	y theneia rediovs	reular	disea	Or	pproximata ervai Between sat and Death SKUKUETG
death cert attendin of for use	Physician/M	F	Part II. Other significant conditions con		ıt not rasu	ilting in tha un	darlying ceusa gi	ivan in Part I.	23b. Did	tobacco usa	contribute to the	cause of death?
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O X CO												
25		3	0. Nema and address of person who co	MINAQUA mpiatad ceuse of de	Yau	23a) (Type, P	rint)	100946	Md	9/	11/96	



State of Maryland / Department of Health and Mental Hygiene Q 5

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						Cen	tificate of	Death		Reg. No.	0	20001
			1. Decedent's Neme (First, Middle, L	ast)					2. Dafe of De	Day	Vaca	3. Time of Death
	Physici /Medi		Frances		1	Lieb	erman		Sept.		Year	2:45am
	Examir		4e. Fecility Neme (If not Institution, g	ive street end number)				4b. City, Town, or L	ocation of Deet	h 4c. County	of Death	
-	Funeral		Care Matrix Nurs 5. Social Security Number 6.		(In yrs. lest bir	thdey)	If Under 1 Year Months Deys		(Month, De	Montg	9. Birth	plece (Stete or Foreign intry)
	Director		Usuel Residence of Decedent			113.			March .	28, 1900	Rus	sıa
	y tand		10e. Stete 10b. County		10c. City, Tow	n or Loc	ation					10d. Instde City Limits
	Mary Find	to	MD Monto	omery	Silve	r Sr	oring					1 Yes 2 □ No
	h the	Director	10e. Street and Number				10f. Zip Code			10g. Citizen of \	Whet Cou	intry?
	h wit	alD	2700 Barker St				2090	1		US		
	dea	Funeral	11. Meritel Stetus	12. Wes Decedent E Armed Forces?	ver in U,S.	13. W		Hispanic Origin? (S oen, Mexican, Puerl	pecify Yes or No		e - Ameri	ican Indian,
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Ž	d 2 should be the and Mental 7 is marked or traumatic even	To	Sam Simon	(Time Original)	405	A 4 - 212	A		ort Deute Month	O(1) T	04-4- 7	
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	Examiner		disease or condition resulting in deeth)	· Conque	10Ph	eas	o ja	ully			i	Type
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ó,	cartificate be assecuted rding physician and use as the burial-transit		Sequentietly list conditions, if eny, leading to immediate cause. Enter Underlying Ceuse (Disease or injury								i	
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0	that tha de ed by the a detached	Physician/	Pert II. Other significant conditions	contributing to death bu	f not resulting in	n the un	derlying cause g	iven in Pert I.	23b. Did	tobacco use co	ntribute	to the cause of death?
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Ö	v require	Completed	1553							ormed?	0	vailable prior to ompletion of cause
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of Vital Record	Physician: this certific iral director,	o Be	25. Wes case referred to medical exeminer?	Hospitei:			-5 0	28. Place of Dea				
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Division	or Attending after death. Director: After I in by the fune	flca	3 ☐ Suictde 6 ☐ Could not	be 28e. Place of tnju	ry - At home, fe	rm, atre	et, fectory, office				er or Rui	ral Route Number,
á	aftar Ohre	Certification:	4 Homicide	building, etc.	(Specify)				City or To	wn, State)		
	To the Hospital or Att within 24 hours aftar d To the Funeral Direct complataly filled in by		29a. Certifier 1 Certifying F	hysician: To the best of	f my knowledge	, death	occurred at the t	ime, dete end piece	, end due to the	cause(s) end ma	anner as	steted.
	n 24 n 24 ne Fu	edical	(Check only 2 Medical Exa	miner: On the basis of end manner stet	examination an ted.	d/or inve	estigetion, in my	opinion, deeth occu	rred et the time,	date and placa,	and due	to the cause(s)
	To the within 2 To the compia	Σ	29b. Signature and title of certifier	001	-1		29c. Licen	se number		29d. Dete signe	d (Month	, Day, Year)
			water	2/1	XC		DO	11 20		9/4/199	6	
,		- 11	30. Neme and address of person who	completed cause of de	att (Item 23a)	(Type, P						
	8		Dr WALTER (FOOZH 230	29 SHO	mef	ield RD	When	ton W	D 20	902	
	Sta		31. Dete filed (Month, Dey, Year)	32. Registre	r's Signeture	0.	••	,				
	Registr	ar	SEP 0 9 199	b	avidson-D	lautor	Die .					

DHMH 16 Rev 6/95

State of Maryland / Department of Health and Mental Hygiene

Certificate of Death

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I	Physic	an	1. Decedent's Nama (First, Middle, Last	Arthur				eff	2. Date of D Month	Dav	Year	3. Time of Death
	_/Medi		4a. Facility Name (If not institution, giva				L-C	4b. City, Town, or		ber 8, 1		11:25 PM
	Exami	ner	Manor Care Health					Wheato		Monto		,
1			5. Social Security Number 6. Sa:		a (In yrs. last		f Under 1 Ye					
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	Mand Isand		10a. State 10b. County		10c. City, T	own or Locat	tion				1	0d. Inside City Limits
	Mary Fed	to	Maryland Montgome	rv	Silv	ver Spi	rina					1 ☐ Yas 2 💢 No
	with the Marylan a or 28e-f show be notified at	Director	10e. Street and Number				10f. Zip Code	9		10g. Citizen of	What Coun	try?
	h wit		2207 Richland Pl	ace			2091	0		Unite	d Sta	tes
	72 hours after death with the Maryland natural', or items 23a or 28a-f show final Examinat must be notified at	Funeral		12. Was Dacedant E Armed Forces?	Evar in U,S.	13. Wa		of Hispanic Origin? (uban, Maxican, Pue	Specify Yes or N	o- 14. Rad	e - Amaric	
0	after or its		1 Nevar Married 2 Married	1 ☐ Yes 2 ☑ N	lo			lo Specify:	no moan, atc.)		ck, White,	etc.
00	ours	d by	3 ☑ Widowed 4 □ Divorced	Yaar or Dates:			7103 гдл	о ороспу.		Specif	whit	e
Maryland 21215-0020	"netural",	Completed	15. Decedent's Edu (Specify only highest grad	cation a completed)	1	6a. Deceden (Give kin	it's Usuei Occ d of work do	cupation ne during most of wi ired)	orking	16b. Kind of B	usiness/Inc	dustry
12		du	Elementery/Secondery (0-12)	College (1-4or 5	+)			ve Law Ju		AI I	D D	
d 2	be to the	ပိ	17. Fathar's Name (First, Middle, Last)	//	,	Aumini	Strati			N. L.		
an	d be ental	o Be	Isador Leff					11 2000 11111		nson		
37	nd 2 should be fitted and Mental H	2	19a. Informant's Name/Reletionship (Ty	pe. Print)	1	19b. Malling	Address (Stre	eet and Number or F			State. Zin	Code)
	alth ar 27 is r trau		Joanna Pinsky	F - 1 · · · · · · · · · · · · · · · · · ·				Street, Ev				,
e,	- 4 E E		20a. Method of Disposition		20b Piace	a of Dispositi	on (Name of		Date	20c. Location	City or To	wn, State
altimore,	Page ment o ant: If i		1 ☐ Burial 2 ☐ Cremetion 3 ☐ F 4 ☐ Donetion 5 ☐ Other (Specify)	emoval from State			e Crem		9-10-96	Beltsv	ille,	Maryland
Ball	permit. Pages Department of Important: If it any injury or o		21. Signature of Funeral Service Licans	Rap	4	Rap Q33	p Fune	dress of Facility eral Servi Avenue,	ices, P.	A.	*D 200	210
			23a. Pert1. Enter the disease, or complishock, or haart feilure. List only or	cations thet caused	the death. [Do not enter t	the mode of o	tylng, such es cardi	oc or respiratory	arrest,	10 203	Approximate Interval Between
Box 68760,	Certificate be axecuted ding physician and ise as the burial-fransit	an/Medical Examiner	Immediate Causa (Finel disease or condition resulting in death) Sequantially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or injury that initieted events resulting in death) Last	Transie	Due to (or as ent Is Due to (or as	a conseque	nce of): Atta(nce of):					
XO		M/		J								
	deat de att		Part II. Other significant conditions con	tributing to death bu	it not rasultin	g in the unde	erlying causa	given in Part t.	23b. Did	tobacco use co	ntributs to	the cause of death?
P.0	es that the death igned by the atter be detached for t	, Phy	Esophageal Stenos	is					1	Yes 2□No	3 ☐ Prot	oably 4 Unknow
of Vital Records,	aw requires is been sign 2 should be	Completed by Physic	Dementia						24a. We	s an autopay formed?	COI	ara autopay findings allable prior to mpletion of cause death?
E	E # 8	Con							1	Yes 2 No	1 🗆	Yas 20 No
ita	certificate	Be	25. Was casa referred to medical examiner?					28. Place of De	eath (Check only	one)		
× 1	Physician: this certific ral director,	2	1 ☐ Yas 2 ☐ No		nt 2 ER	/Outpatient	3 DOA	Other: 4X Nursing	Home 5 Res	idence 6 Ott	er (Specif)	y)
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	To the Hospital or Attending I within 24 hours after death. To the Funeral Director: After completely filled in by the funer	edical	29e. Certifier (Check only one) 1 Cartifying Phys	ician: To the bast of her: On the basis of and manner sta	examination	dge, deeth od and/or inves	curred et the	time, date and place y opinion, death occ	ea, and due to the curred at the time	cause(s) and m , date end piace,	anner as st and due to	ated. the cause(s)
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	10		30. Name and address of person who co									
	,			y, M. D.,			gia Av	enue, #22	7, Silve	er Sprin	g, MD	20902
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Registrar

SEP 1-1 1996

State of Maryland / Department of Health and Mental Hygiene 28509 Certificate of Death 1. Decedent's Name (First, Middle, Last) 2. Date of Death **Physician** Month 8:15 PM September 11, 1996 Doris Μ. /Medicai 4a. Facility Name (If not Institution, give street and number) 4b. City, Town, or Location of Death 4c. County of Death Examiner Collingwood Nursing Center Rockville Montgomery Hours Min. 8. Date of Birth (Month, Day, Yea April 19, 5. Social Security Number If Under 1 Yaar 7. Age (In yrs. last birthday) Birthpiace (State or Foreign Country) **Funeral** Deys 1□ M 2□XF Vrs 1919 Director Massachusetts 031-05-0359 Usual Residence of Decedent 10a State 10b. County 10c. City, Town or Location 10d. Inside City Limits 28a-f show r than "natural", or items 23a or 28a-f show the Medical Examiner must be notified at 1 Yes 2 No Director Silver Spring Maryland Montgomery 10e. Street and Number 10f. Zip Coda 10g Citizen of What Country? 3554 Fiske Terrace 20906 United States Peges 1 and 2 should be filed within 72 hours after death nearl of Health and Mentel Hygiene.

11. Heart 27 is marked outher than 'natural', or items 23. Items 20. It Completed by Funeral 12. Was Decedent Ever in U,S. Armed Forces? Was Decedant of Hispanic Origin? (Specify Yes or No-if Yes, specify Cuban, Mexicen, Puarto Rican, etc.) Race - American Indian, Black, White, etc. 1 Yes 2 No If Yes, Give Year or Dates: 1 □ Never Married 2 □ Married ⊭. Baltimore, Maryland 21215-0020 1 ☐ Yes 2 X No Specify: 3 Widowed 4 Divorced Specify. White 16e. Decedent's Usual Occupetion (Give kind of work done during most of working life. DO NOT use retired) 15. Decedent's Education 16b. Kind of Business/Industry (Specify only highest grade completed) Montgomery County Elementery/Secondery (0-12) College (1-4or 5+) Secretary Public Schools 17. Father's Name (First, Middle, Last) 18. Mother's Name (First, Middle, Maiden Sumame) Be Henry Schoenherr Edith Allison Marie 19a. informant's Name/Relationship (Type, Print) 19b. Meiling Address (Street and Number or Rural Route Number, City or Town, State, Zip Code) 9480 Seven Locks Road, Bethesda, MD 20817 permit. Peges 1 end Department of Health Important: If Item 27 any injury or other tr once. Edith A. Webster 20a. Method of Disposition 20b. Place of Disposition (Name of cemetery, crematory or other place) 20c. Location - City or Town, State 1 ☐ Burial 2 🂢 Cramation 3 ☐ Removal from State 4 ☐ Donation 5 ☐ Other (Specify) 9-12-96 Beltsville, Maryland Chesapeake Crematory 21. Signature of Funarai Service Licensee 22. Name and Address of Facility
Rapp Funeral Services, P. A. 933 Gist Avenue, Silver Spring, MD 20910 23a. Part1. Enter the disease, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiretory arrest, shock, or heart failure. List only one cause on each line. Approximate interval Between Onset and Death Physician /Medical Immediate Ceuse (Final Cerebrovascular Accident disease or condition resulting in death) 2 months Examiner Due to (or as a consequence of) The law requires that the death certificate be executed bunial-trans Sequentially list conditions, if any, leading to immediate ceuse. Enter Underlying Cause (Disease or Injury that initiated events resulting in death) Last Due to (or as a consequence of) Division of Vital Records, P.O. Box 68760, physician Physician/Medicai the Due to (or as a consequence of) for use as Part ii. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 23b. Did tobacco use contribute to the cause of death? signed by 1 Yes 2 No 3 Probably 4 Unknown Dehydration; Malnutrition; Fever þ 99 Be Completed 24b. Were autopsy findings available prior to completion of ceuse of death? 24a. Was an autopsy performed? certificate has ASPACT ; 2 10 No 1 ☐ Yes 1 Yes 20 No or Attanding Physician: 25. Was case referred to medical 26. Place of Deeth (Check only one) Hospitel: 1 ☐ inpatient 2 ☐ ER/Outpatient 3 ☐ DOA 1 Yes 2 No Other: 4 Nursing Homa 5 Residence 8 Other (Specify) Certification: To nours after death.

neral Director: After this
filled in by the funeral di After this 27. Menner of Death 28e. Date of injury (Month, Dey Year) 28c. Injury at Work? 28d. Describe how injury occurred 28b. Time of 1 Netural 5 Pending investigation 1 Yes 2 No 2 Accident 6 Could not be determined 3 Suicida 28e. Place of Injury - At home, farm, street, fectory, office building, etc. (Specify) 28f. Location (Street and Number or Rural Route Number, City or Town, State) 4 - Homicide To the Hospital o within 24 hours af To the Funeral Di completely filled in Medical 29a. Certifier 1 Certifying Physician: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(s) and menner as stated.

2 Medical Examiner: On the basis of examination and/or invastigation, in my opinion, deeth occurred at the time, date end place, and due to the ceuse(s) and manner stated. 29b. Signature and title of certifier 29c. Licanse number 29d. Data aigned (Month, Day, Year) llantons D 42518 September 12, 1996 30. Name and address of person who completed ceuse of death (item 23a) (Type, Print) Gul Chablani, M. D., 11119 Rockville Pike, #316, Rockville, MD 31. Date filed (Month, Day, Year) 32. Registrar's Signature

Tulia Davidson

DHMH 16 Rev 6/95

State

State of Maryland / Department of Health and Mental Hygiene

Certificate of Death

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DHMH 16 Rev 6/95

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,092	be axecuted sician and burial-transit	i Examiner	Sequantially list conditions, if any, faading to immediate causa. Entar Underlying Cause (Disaasa or injury	b. ——	Fa Dua to	(or as a consac	quanca of):						i	
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á	의 기를 들	ert	4 Homicide	buildi	ng, etc. (Spec	ify)					City or Town	Stata) 495	- N-W	Branch
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Stephen S, 31. Data filed (Month, Day, Year) State Registrar

29b. Signatura and title of cartifier

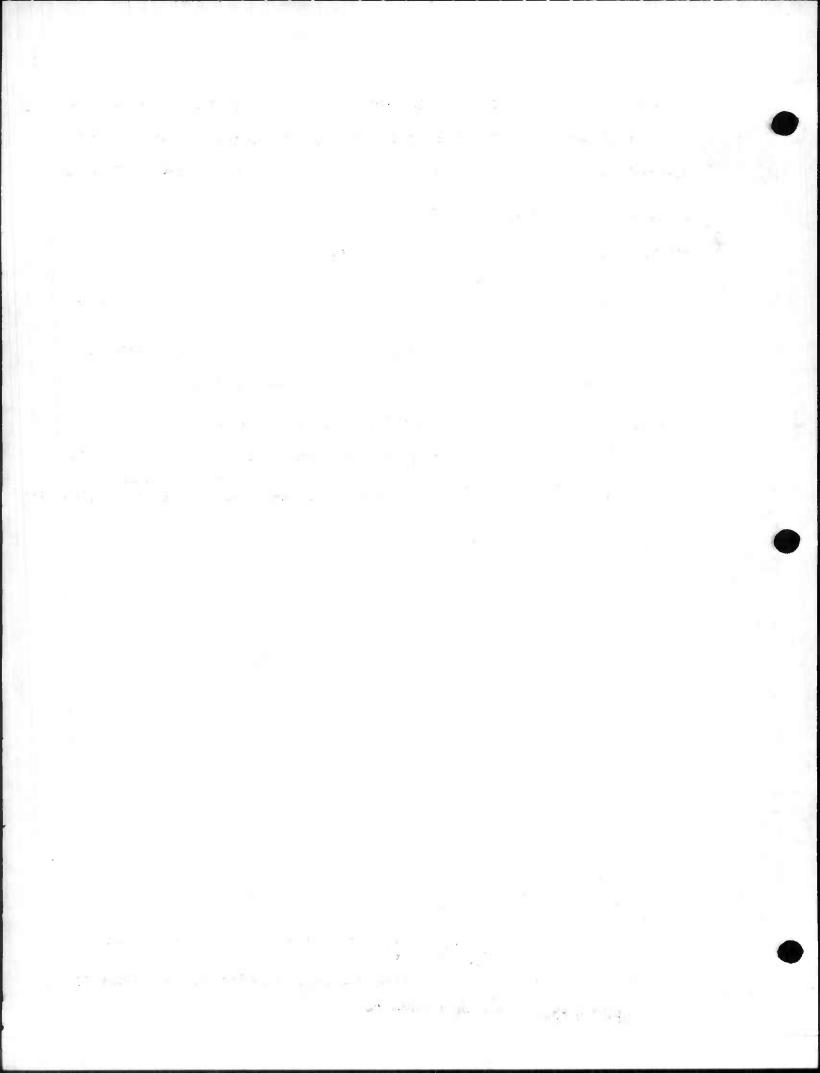
30. Nama and address of person who completed cause of death (Item 23a) (Type, Print)

Stephen S, Radentz 111 Penn Street, Baltimore, Maryland 21201 32. Registrar's Signature

29c. License number

O.C.M.E

29d. Data signed (Month, Day, Year)

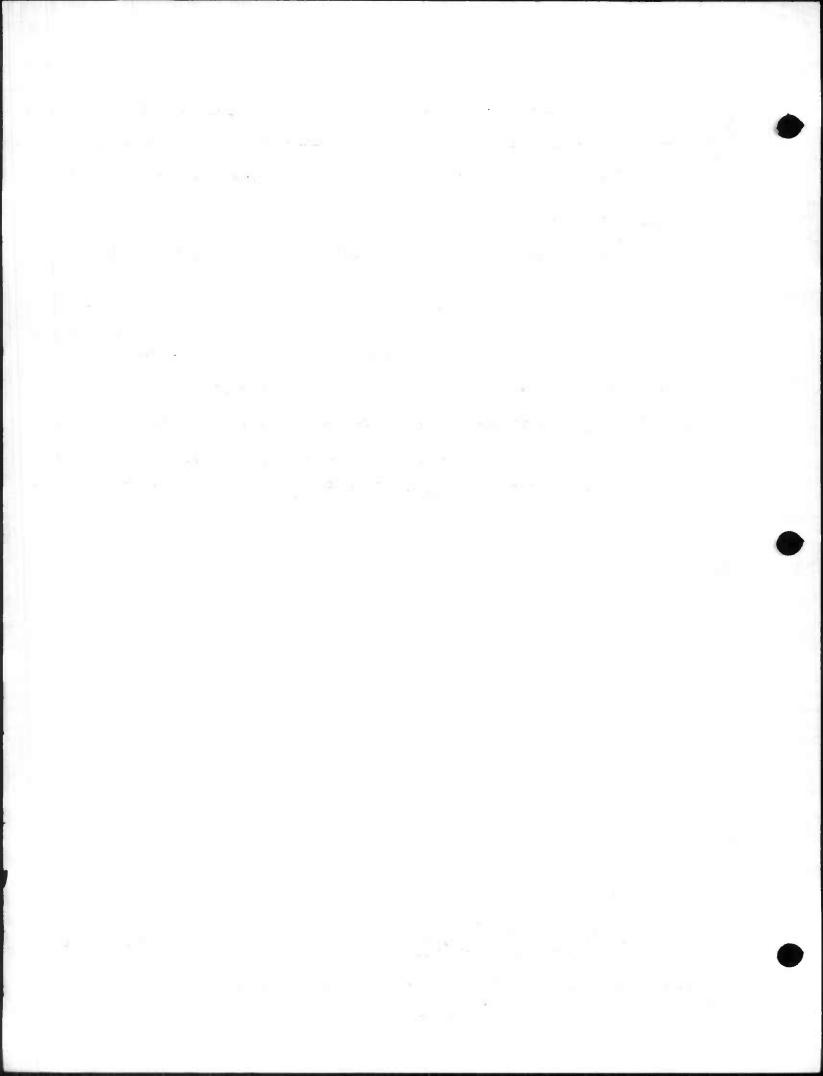


State of Maryland / Department of Health and Mental Hygiene

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Ē	Part:		4 □ Donetion 5 □ Other				ontgon	nery Cı	ema	toríum	n, Ir	nc.	Bet	hesd	a, M	aryland
alt	permit. Pages Department of Important: If i eny Injury or once.		21. Signeture of Funerei Service Licensee Robert A. Pumphrey Funeral Home/Bethesda-Chevy Chase,												Chase, Inc.	
·m	82 E 2 8		W///	20	X/ a.	MC	cons	on Ave	nue			,000	G. C. J			
		Bethesda, Maryland 20814-3501 23a. Party Enter the disease, or complication what caused the death. Do not enter the mode of dying, such as cardiac or respiratory errest.													1	Approximate
	Di I land	23a. Part / Enter the disease, or complication what caused the death. Do not enter the mode of dying, such as cardiac or respiratory errest, shock, or heer failure. List only one dause on each line.												1	Interval Between Onset and Deeth	
	Physiclan /Medical		Immediata Ceuse (Finel		-1			1 1		/ >			i		1	
T	Examiner	ш	disease or condition resulting in deeth)		e. C 46	1001	c 0	25/0	CIG	tic	_4	uagl	(56	1250	2	10x021s
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	and tran	Examiner	Sequentially list conditions,			Due to	o (or as a cor	sequence of	:							
00	sian surial		Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or injury	"												
68760,	ertificate be executed ling physician and se es the bunal-transit	Medical	that initieted events resulting in deeth) Last	"	y	Due to	(or as a con	sequance of)								
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	death co	ici	Part II. Other significant condi	tions cor	ntributina to d	eath but not	resulting in th	e underlying	causa d	ivan in Part	l.	23b. Did	tobacco	use cor	ntribute to	o the cause of death?
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	res that the signed by to be detact	y P	Steroid Myozztly								1	1,00		00110	out, and outliers	
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ec	S 00	idu													of	deeth?
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<u>=</u>	an: rtific	Be (25. Wes case referred to medi- examiner?	al						26. Plac	e of Deat	h (Check only	one)		-	
of Vital	Physician: this certific	ည	1 X Yes 2 No	F	fospitel:	Inpatient 2	□ ER/Outpe	etient 3 D	OA O	ther: 4 N	ursing Ho	ma 5 Nas	idence	6 □Oth	ar (Specif	(y)
0	g Phys er this ieral di		27. Menner of Death		28a. Date	of Injury	28b. Tim	e of	28c. Inje	ury et		28d. Describe	how Inju	ry occurr	ed	
0	oth. : After e fune	atio	t XNetural 5 ☐ Pend 2 ☐ Accident inves	ding stigation	(101CH E	in, Doy rear) Inju	M		Yes 2	No					
Division	or Attending effer deeth. Director: Affer I in by the fune	Certification:	3 ☐ Suicide 6 ☐ Coul	d not be	28e. Plece	of Injury - A	t home, ferm	street, facto	y, office)		28f. Location	Street e	nd Numb	er or Rura	al Route Number,
Ö	Olin L	ent	4 Homicide		buildi	ing, etc. (Spe	ecify)		•			City or To	wn, Stet	a)		
	To the Hospital or Attending Physicien: The is within 24 hours efter deeth. To the Funeral Director: After this certificate he completely filled in by the funeral director, page		29e. Certifier 1 (X) Certify	ina Phys	elclen: To the	heet of my l	nowledge d	eath occurrer	l at the t	ime dete er	d piece	and due to the	causa/s) and ma	00000000	teted
	How Pun Stely	edical		al Exami	ner: On the b	asis of exem	ination and/o	r Investigation	n, in my	opinion, de	th occur	red at the time	date an	d piace,	and due to	the cause(s)
	the the mple	Ž.	29b. Signature and title of certi	1	andmen	nei stateu.		20	c Licer	se number			204 De	ata eigno	d /Month	Day, Year)
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	191.		30. Neme and address of person													
-	1		Alan R. Sheff,	M.D	., 111	19 Ro	ckvill	e Pike	#32	20, Ro	ckvi	lle, Ma	aryla	and	2085	52-3143
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DHMH 16 Rev 6/95

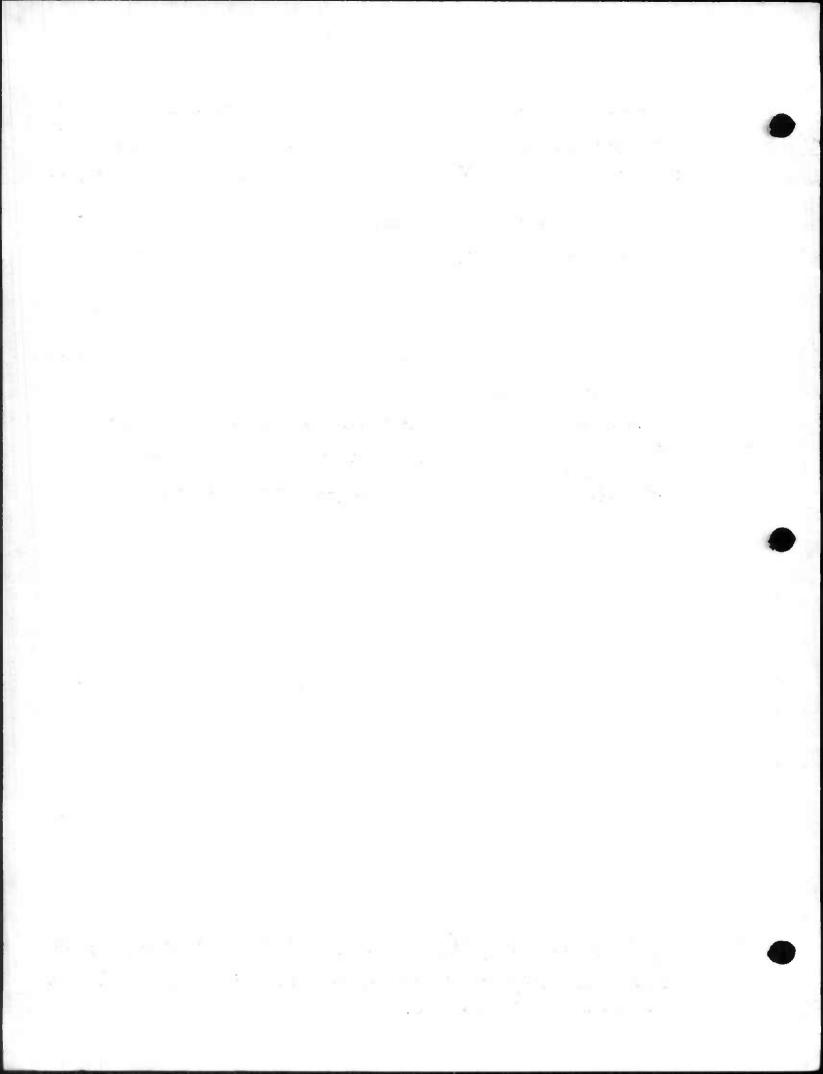


State of Maryland / Department of Health and Mental Hygiene 96

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							C	ertificate of	Death		Reg. No.		
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	Physic /Medi		Jose	ph Mo	oreno						3, 1996	1 6 4.1	3:10 Am
	Exami		4a. Facility Nama ((If not institution, g	ive street end number	r)			4b. City, Town, o			ty of Deeth	
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ylan	P P		10a. Stata	10b. County		10c. City	y, Town or	Location					10d. Insida City Limits
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deat	85	Funeral	11. Marital Status	01 00110	12. Was Deceden	t Ever in U.	S. 13	B. Was Dacedant of if Yes, specify Cul		(Specify Yes or h		ace - Amar	ican Indian,
o le	흔들		1 Navar Mar	ried 212 Merried	Armed Forcas					arto Mican, atc.)		ack, Whita	ı, atc.
21215-0020 d within 72 hours after death with the Maryland	"natural", or items 23s or 28s-f show ideal Examiner must be notified at	Ď	3 🗆 Widowed	4 Divorced	If Yas, Giva Yaar or Detes	WWII		1□ Yas 🏖 No	Specify:		Spec		hite
2 P	"natural", edical Exp	Completed	10	15. Decedant's	Education		16a. Dec	edant's Usuai Occu	pation	- 4.5	16b. Kind of		
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0 10		ati	2 Accident	invastigati	on				Yas 2 No				
DIVISION OF or Attending Phys	五黄五	th OH	3 ☐ Suicide 4 ☐ Homicide	6 ☐ Could not datarmine	d 286. Piece of it	iury - At ho	ma, fam,	street, lactory, office)		(Street and Nun	nber or Au	ral Route Number,
בֿ בֿ	a aner a Dire ad in b	Certification:			bolloning, a	no. (Opecin)	7			Ony or 1	own, ordro		
To the Hospital	Funeral Funeral Hely filled		29a. Certifier	Certifying P	hyalcian: To the best	of my know	wledge, dec	eth occurred at tha t	tima, data and pla	ce, and dua to th	e cause(s) and r	nanner as	stated.
¥ ;	2 4 2	edical	(Check only one)	2 Medical Exa	miner: On the basis of and mannar s	of exeminat	ion and/or	invastigetion, in my	opinion, daath oc	currad at tha time	a, data and piace	, and due	to tha cause(s)
0	To the comple	ž	29b. Signature and	title of certifier	\sim			29c. Lican	nsa number		29d. Deta sign	ned (Month	, Day, Year)
			A	male It	STOLDE	110		JAN-	77.80		Sylon	(Da)	2 1001
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5			0 000		WN MW	970	7 M	a, Print)	ATTED A	O Khru	111110	MIN.	7086
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	Sta Registr				Lie Vo	Adson-	Bonda 1	L					
	, region		SEP	0 9 1996	4	(400) 4-	1						

DHMH 16 Rav 6/95



McCarney

State of Maryland / Department of Health and Mental Hygiene Certificate of Death

Year

1996

2. Date of Death

September

Month

4b. City, Town, or Location of Death

Day

2,

2:25 p.m.

3. Time of Death

Birthpiace (State or Foreign Country)

10d. Inside City Limits

Approximete Interval Between Onset and Death

4 months

24b. Were autopsy findings evellable prior to

completion of cause of deeth?

1 ☐ Yes 2 ☐ No

0

1X Yes 2 □ No

Washington D.C.

White

3	Physician /Medical
	Examiner

1. Decedent's Name (First, Middle, Last)

Rosemary

/Medical Examiner The law requires that the deeth certificate be axecuted buriei-tran the USB BS ed by the el certificate has

4a. Facility Name (If not institution, give street and number) 4c. County of Death Fernwood House Bethesda Montgomery If Under 1 Yeer If Under 24 Hrs. 8. Date of Birth Months Days Hours Min. (Month, Day, Ye 5. Social Security Number 7. Age (In yrs. last birthday) **Funeral** Days 1 M 2 F Director 578.44.0409 72 Oct. 10.1923 Usual Residence of Decedent filed within 72 hours after death with the Meryland 10a. State 10b. County 10c. City. Town or Location r Rema 23a or 26a-f show siner must be notified at MD Montgomery Potomac Director 10a. Street and Number 10f. Zip Code 10g. Citizen of Whet Country? 10817 Gainsborough Road 20854 U.S.A. Funeral 12. Was Decedent Ever in U,S. Armed Forces? 1 ☐ Yes 2 1 No If Yes, Give Year or Dates: 13. Was Decedent of Hispanic Origin? (Specify Yes or No It Yes, specify Cuban, Mexican, Puerto Rican, etc.) 14. Race - American Indian, Black, White, etc. 1 Never Married 2 Married Baltimore, Maryland 21215-0020 ò 1 ☐ Yes 2X No Specify Specify: þ 3 Widowed 4 ☐ Divorced 'natural', Completed Medical 16e. Decedent's Usual Occupation (Give kind of work done during most of working life. DO NOT use retired) 15. Decedent's Education (Specify only highest grade completed) 16b. Kind of Business/Industry Hygiene. Elementary/Secondery (0-12) College (1-4or 5+) 2 12 Homemaker Own Home 17. Father's Name (First, Middle, Last) 18. Mother's Name (First, Middle, Malden Surname) . Peges 1 end 2 should be fili ment of Health end Mental H-lant: If Item 27 Is marked oth jury or other trsumatic even Be Hubert Thebo Loretta Grace 19e. intermant's Name/Relationship (Type, Print) 19b. Malling Address (Street and Number or Rural Route Number, City or Town, State, Zip Code) H. Andrew Thebo 10815 Gainsborough Road Potomac, Md. 20854 20b. Place of Disposition (Name of cemetery, crematory or other place) 20a. Method of Disposition Date 20c. Location - City or Town, State 1 Buriai 2 ☐ Cremetion 3 ☐ Removal trom State permit. Pege Department of important: If any injury or once. 9/6/96 Gate of Heaven Cemetery Silver Spring, Md. 4 ☐ Donation 5 ☐ Other (Specify) 22. Name and Address of Facility Joseph Gawler's Sons 5130 WI AVE. N.W. WASHINGTON DC 20016 riner the disease, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, or heert failure. List only one ceuse on each line. Physician Immediate Ceuse (Finel disease or condition resulting In death) Brain Metastasis Due to (or as a consequence of): Examiner Cancer/Sarcoma; unknown primary Sequentially list conditions, if any, leeding to immediate cause. Enter Underlying Ceuse (Diseese or injury that initiated events resulting in death) Lest Due to (or as a consequence ot): Division of Vital Records, P.O. Box 68760, Physician/Medical Due to (or as a consequence ot): Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 23b. Did tobacco use contribute to the cause of death? 1 ☐ Yes 2 ☐ No 3 ☐ Probably 4 ☑ Unknown þ Completed 24a. Was an autopsy performed? 1 Yes 2 No To the Hospital or Attending Physician: within 24 hours effer death.

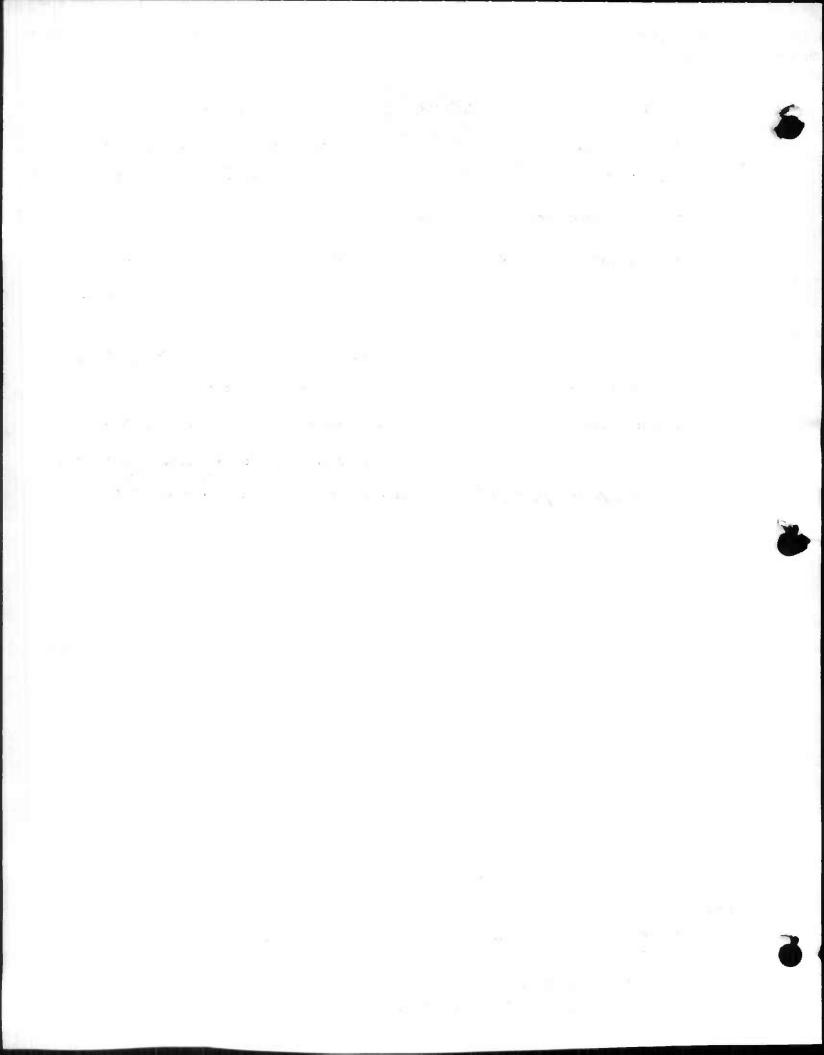
To the Funeral Director: After this certifica completaly filled in by the funeral director, I 25. Wes case referred to medical examiner? Be 26. Plece of Deeth (Check only one) Hospitai: 1 ☐ Inpatient 2 ☐ ER/Outpatlent Other: Certification: To 1 ☐ Yes 2 No 3 DOA 4 Nursing Home 5 ☐ Residence 6 ☐ Other (Specify) 27. Manner ot Death 28b. Time of 28c. tnjury at Work? 28d. Describe how injury occurred Injury 1 X Natural 5 Pending investigation 1 ☐ Yes 2 ☐ No 2 Accident 3 Suicide 6 Could not be determined 28t. Location (Street and Number or Rural Route Number, City or Town, State) 28e. Placa of Injury - At home, farm, street, tectory, office building, etc. (Specify) 4 Homlcide 29a. Certifier 1X Certifying Physician: To the best of my knowledge, death occurred at the time, date and placa, and due to the ceuse(s) and menner es steted.

2 Medical Examiner: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and placa, and due to the cause(s) and manner stated. edical (Check only one) 3 29c. License number 29d. Date signed (Month, Day, Year) 30. Name and eddress of person who cor leted cause of deeth (item 23a) (Type, Print) Robert B. Mozayen, M.D. 9800 Falls Road Suite 104 Potomac, MD 20854

State Registrar

31. Date filed (Month, Day, Year) SEP 0 9 1996 39. Registrar's Signature i wildon

DHMH 16 Rev 6/95



				State of M	larylan	-	rtificat			ina iv		Reg. No.	6	28515
	Physic /Medi		Decedent's Neme (First, Middle, Last, Yt	uri K.	Moi	ris					2. Deta of De Month Septem	per 2,	Year 1996	3. Time of Death 7:00A.
	Examir	ner	4a. Facility Name (If not institution, giva 10322 Summit Ave)				Kensi	ngto		Monte	of Deeth	У
	Funeral Director		323-40-7730	7. A	ga (In yrs. 88	B Yrs.	If Undar Months	1 Year Deys	If Under 2 Hours	Min,	6. Date of Bird (Month, Da August 2	, Year) 1908	9. Birthp	elaca (Stata or Foreign htry) nois
	e Maryland	ctor	Usuel Residence of Decedent 10a. Stete 10b. County Maryland Montgome	ery		y, Town or Lo nsingt							1	0d. Inaide City Limits XX Yea 2□ No
	th with th 23a or 28	Funeral Director	10e. Street and Number 10322 Summit Aver	nue			10f. Zip 20	Code 895				10g. Citizen of United		
020	ges 1 and 2 should be filed within 72 hours after death with the Manyand it of Health and Mental Hygiene. If item 27 is marked other than "natural", or items 23a or 28e-f ehow or other traumatic event, the Madical Examiner must be notified at	by	11. Maritel Stetus 1 Never Merried 2 Married 3 Widowed 4 XX ivorced	12. Was Decedant Armed Forcea 1 ☐ Yas ♣ if Yes, Give Yaar or Datas:	S. 13. Wea Decedent of Hispanic Origin? (: If Yas, specify Cuban, Mexican, Puer 1 Yas XXNo Specify:			gln? (Spi , Puerto	ecify Yea or No Rican, etc.)		e - Amarican Indian, ck, White, etc. w: White			
Maryland 21215-0020	within 72 ho jene. r than "natur the Wedical	Completed	15. Decedent's Edu (Specify only highast grade Elementery/Secondary (0-12) 12		⁵⁺⁾ 2		6a. Decedent's Usual Occupation (Give kind of work dona during most of work life. DO NOT use retired) Self Employed			of work	ing	16b. Kind of 8		
yland	should be filed and Mental Hygie marked other i umatic event, II	To Be C	17. Fether's Neme (First, Middia, Last) Kiyoshi Karl Ka	awakami					16. Mother Mild		e (First, Middle,	Maiden Sumar		rke
	of Health and of Health and I them 27 is me r other traums		19e. Informent'a Name/Reletionship (Ty Willard K. Morris 20a. Method of Disposition	pe, Print) (son)	20h P	9438	Wash	ingt				or, City or Town OK, Mar 20c. Location	yland	20706
Baltimore,	permit. Pages Department of I Important: If Ite any Injury or or once.		1 Burlel 2 Mixemetion 3 Removel from Stete 4 Donation 5 Other (Specify) cemetery, crematory or other place Metropolitan Crematory							9				Virginia
	Physician /Medical Examiner	ıer	23a. Pert1. Enter the disease of compleshock, or heart feilure. List entropy of firmediate Cause (Finel diseasa or condition rasulting in death)			4	400 P	owde	er Mil	.1 Ro	d. Belt: or respiretory a			1and 2070 Approximata Interval Between Onset end Death
	eath certificate be executed attending physician and 1 for use as the burial-transit	n/Medical Examiner	Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or injury that initiated events resulting in deeth) Last	c. Due to (or as a consequence of): d.									20 00 00 00 00 00 00 00 00 00 00 00 00 0	
J. O. D.	that the death certif ed by the attending detached for use a	Physician/M	Pert fi. Other eignificant conditions con	stributing to death b	out not resu	ulting In the u	inderlying c	ause giv	en in Pert I.	T	23b. Dld 1	lobacco uee co	ntribute to	the cause of death?
Hecords, P.	requires that the been signed by should be detacted	ρ	a fundamental								24b. W	bably 4 Unknown bere sutopsy findings allable prior to		
	has b	Completed									101	res 20 ANO	of	mpletion of cause death?
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VISION	Attending Ph or death. ector: After thi by the funeral	Certification: T	27. Mennar of Deeth 1 Netural 2 Accident 3 Sulcide 4 Homicide	28e. Dete of Injune (Month, Detection of Input) 28e. Pleca of Input)	ury ay Year) jury - At ho	28b. Time o Injury	M 2	8c. Injun Worl		No	26d. Describe I	now injury occur	rred	nl Route Number,
7	Hospital	edicai Ce	29a. Certifler (Check only one) Certifying Physical Medical Examination	ifcian: To the best ner: On the basis of and menner st	of examinet	wiedge, deeti ion end/or in	h occurred ovestigation,	et the tim	ne, date and pinion, deat	d pleca, h occurr	and due to the ed et the time,	cause(s) and m date end place,	anner as a and due to	tated. the cause(s)
	To the within 2 To the comple	Me	29b. Signatura and title of certifier	·					9 number 0 36 7	L		29d. Dete signe		Day, Year)

Joel Kalman, M.D. 6111 Executive Blvd. Rockville, Maryland 20852

32. Registrer's Signature

DHMH 16 Rev 6/95

State Registrar

31. Dete filed (Month, Day, Year)

SEP 0 9 1996

Since the second . . .

State of Maryland / Department of Health and Mental Hygiene

						Cer	tificate of	Death		Reg. No.			
		м	1. Decedent's Name (First, Middle, La	st)					2. Date of D			3. Time of Death	
	Physic		Alfred Joseph Mi	chael					Month	Day	Year	11.10DV	
1	/Medi		4a. Fecility Name (If not Institution, give					4b. City, Town, or		nber 4, th 4c. County		11:10PM	
Ų.	Examir	ner	Carried and the second										
			6408 Tisdale Lan				Williams A.Wass	Bethesd		Mont		4	
н	Funeral		5. Social Security Number 6. S	Sex 7.Ag XXXM 2□F	e (In yrs. la		If Under 1 Year Months Days	If Under 24 Hrs Hours Min		irth lay, Year)	9. Birthp	lace (State or Foreign	
	Director		5//-24-5495	20.23VI 21.21	73	Yrs.			August	28, 192	Was	hington, DC	
	9	1	Usual Residence of Decedent 10a. State 10b. County 10c. City, Town or Location 10d Ins.										
	larytar show ad at		10a. State 10b. County		10c. City,	Town or Loc	cation				1	0d. Inside City Limits	
	M Page	io i	Maryland Montgon	nerv	Beth	nesda						1 ☐ Yes 2XQNo	
	2 24	Directo	10e. Sfreet and Number				10f. Zip Code			10g. Citizen of V	Vhaf Cour	itry?	
	N 0 2		6408 Tisdale Lane				20017						
	death with the Maryland ms 23e or 28e-f show rmst be notified at	Funeral		12. Was Decedent	Europia II C	142.14	20817	lianania Oriaia (D===16 . 3/== == A1	United	State e - Americ		
		5	11. Meritel Stetus	Armed Forces?		. 13. V	Vas Decedent of I Yes, specify Cub	an, Mexican, Pue	to Rican, etc.)	Bisc	k, White,		
20	and and	by F	1 Never Married 2 Married	1 X Yes 2 ☐ I If Yes, Give T	Norld	1	I□Yes 2♥No	Specify:		Specify	2		
Maryland 21215-0020	filed within 72 hours after death with the Maryle Hydiens. ther than "natural", or litens 23e or 28e-f show int, the Medical Examiner inset be notified at		3 Widowed 4XX Divorced	If Yes, Give Year or Dates:							Whi	lte	
'n	72 meth	Completed	15. Decedent's En (Specify only highest gra	ducation ide completed)		16a. Deced	ent's Usuel Occup kind of work done OO NOT use retire	ation during most of we	nkina	16b. Kind of Bu	siness/inc	dustry	
2	Fee B	ğ	Elementary/Secondary (0-12)	College (1-4or 5	5+)	life. L	OO NOT use retire	d)					
2	giene giene er tha	5	12			Syste	ms Analy	st		U.S. G	overr	nment	
b	0 = 0 2	Be	17. Fether's Name (First, Middle, Last,)				18. Mother's Na	me (First, Middle	e, Maiden Sumam	e)		
ä	ental sental sed o	ToE	Alfred Joseph Mi	chael				Clara B	Lowe				
5	d 2 should b h and Menta 7 is marked traumatic e	-	19a. informant's Name/Reletionship (19b Maliin	g Address (Street			her City or Town	State Zin	Code	
Š	4 4 5 E E E E E E E E E E E E E E E E E												
ė,	1 and Health em 27 other tr		Steven Craig Mich	ael/son	not Di-		Cambridg					22030	
ō	2 to 10 to 1		20a. Method of Disposition 1XD Buriai 2 ☐ Cremeflon 3 ☐	Removal from State	200. Pia	netery, crem	sition (Name of natory or other pla	ce)	Date 0 1006	20c. Location -	City or To	wn, State	
Ε	Pages nent of int: If the ary or o		4 □ Donetion 5 □ Other (Specif		Fort	Linc	oln Ceme	terv	9,1990	Brentwo	od. N	Maryland	
altimore,	permit. Pages 1 an Department of Heal Important: If Item 2 any injury or other otics.		21. Signeture of Euneral Service Licer	isee		22.	. Name end Addre	ss of Facility Ro	bert A.	Pumphre	v Fur	neral Home/	
m	SEES		1 Alinote	-lomy.	11000	∣Be	thesda-C	hevy Cha	se. Inc.	. 7557	Wisco	nsin Avenue	
_	_	_	23a. Part1. Enter the disease, or com	, ,			thesda,					A	
			shock, or heart feilure. List only	one cause on each li	ne.	DO NOT GITTE	er are mode or dyn	ig, such as cardia	ic or respiretory	errest,	1	Approximate triterval Between	
)	Physician		1								1	Onset and Death	
	/Medical Examiner		Immediate Cause (Finat disease or condition	Recurre	ent Lu	ing Ca	ncer				i	2 Years	
	LAGIIIIIGI		resulting in death)	α,	Due to (or a	as a conseq	uence of):						
	, ,	ner		Smoking	7							Years	
	certificate be executed iding physician and ise as the buriel-transit	Examiner	Sequentially list conditions	b. Dinotting		as a consequ	neuce of).					Tears	
,	exec n an iel-tr	EX	Sequentially list conditions, if any, leading to immediate cause. Enfer Underlying		0 (0)	as a consequ	derice ory.				t		
9	be sicla		Cause (Disease or Injury that initiated events	c					_				
68760,	phy s	edicai	resulting in death) Last		Due to (or e	es e consequ	uence of):				1		
OX	ling ling	N.		d							į		
8	deeth c e attended for us										1		
0	0 0 0	Physician	Part II. Other significant conditions of	ontributing to death b	ut not result	ing in the un	derlying cause giv	en in Part t.	23b. Dio	tobacco uss cor	ntribute to	the cause of death?	
<u>.</u>	The law requires that the de- ate has been signed by the a page 2 should be detached f	۴	Anomia Ostooner	acic Amor					iXC	XYss 2□ No	3 Prof	bebly 4 Unknown	
10	a de de	by	Anemia, Osteopor	OSIS, Anoi	exia								
Hecords,	erin n sig								24a. Wa	s an autopsy	24b. We	ere autopsy findings	
00	been si should I	lete							perl	ormed?	COL	allabte prior to mpletion of cause	
ě	The law ate has page 2	Completed									of	death?	
_		ပ္ပ							1 🗆	Yes 2 No	10	Yes 2□ No	
Vita	iclan: The certificate rector, pag	Be	25. Was case referred to medical examiner?					28. Place of De	ath (Check only	one)			
> .	ysiclan: is certifica director, p	ျှ	1 Yes 2 No	Hospital: 1 ☐ Inpatie	nt 2 E	R/Outpatient	1 3□ DOA Oth	ner: 4 Nursing I	Home 5 🕅 Res	idence 8 DOthe	ar (Specifi	y)	
ō	D 45 60		27. Manner of Death	28a. Date of Inju	ry 2	8b. Time of	28c. inju	y at	28d. Describe	how injury occurr	ed		
0	th. After	유	1 Naturai 5 Pending 2 Accident investigation	(Month, Day	r rear)	injury		Yes 2 □ No					
S	death. ctor: A y the fu	lica	3 ☐ Suicide 8 ☐ Could not b		ury - At hom	e form etro	et, factory, office		28f Location	(Street and Numb	er or Rura	I Boute Number	
Division	or A Siren	Certification:	4 ☐ Homicide determined	building, etc	. (Specify)	ie, iaiiii, stie	set, lactory, office			wn, Stete)	97 OI 71010	rriodie reamber,	
_	ral led								1				
	t ho	edicai	(Check only 2 Medical Exam	ysician: To the best on niner: On the basis of	of my knowle examination	edge, death in and/or invi	occurred at the tire estigation, in my o	ne, date and plec	e, and due to the	cause(s) and ma	nner as st	ated.	
	To the Hospital or Atten within 24 hours after deat To the Funeral Director: completely filled in by the	8	one)	and manner ste	eted.			,, assur 900		, sire present, t			
į	To	Σ	29b. Signature and title of certifier	0			29c. Licens	e number		29d. Dete signed	I (Month, I	Day, Year)	
	25+		Jely / ik	ey			D3625	2		Septembe	r 6	1996	
	7 1gr.		30. Name and address of person who	completed cause of 4	eath (Item 9	3e) (Type 5				DOP COMDE	_ 0,	1770	
	1 9"		Steven T. Kariya	/				#515	T.11.)(D 00	000	1060	
	-01	•	31. Date filed (Month, Day, Year)	00 0	A. Wilson by		a Avenue	# 515 ,	wneaton	, MD 20	902-	1962	
	Sta Registr			- V. f.	Buil	on Br	delle						
	Registr	ai .	SEP 1 0 19	30 /									

State of Maryland / Department of Health and Mental Hygiene

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Fune Direc			5. Sociel Security Number 6. S 216-05-8620	Sex 7. Ag	e (In yrs. lest bii 82		Inder 1 Year oths Deys		24 Hrs. 8. Min. Ma	Dete of Birth (Month Dey 11 Ch 27	7,647,1914	9. Birthpl Mar y	ace (Stete or Foreig Pland	
pu ,		-	Usuel Residence of Decedent		10c. City, Tow									
e Maryla 3a-f shov	Died at	ctor	Maryland Montgom				10	od. Inside City Limite 1 ☐ Yes 2 📉 💢						
th with th	atbene	al Director	10e. Street and Number 3020 Castleleig	h Road		10	f. Zip Code 2090)4		10g. Citizen of What United S			,	
72 hours after death with the Maryland natural", or Items 23a or 28s-f show	Examiner m	by Funeral	11. Meritel Stetus 1 Never Merried 2 Merried 3 Nidowed 4 Divorced	12. Wes Decedent Armed Forces? XX Yes 2 1 If Yes, Give Yeer or Detes:	No	If Yes,	ecedent of I specify Cub es 2 No	en, Mexicar	igin? (Specify n, Puerto Ric	Yes or No- an, etc.)		ce - America ck, White, e		
.s 11	the Medical	Completed	15. Decedent's Ec (Specify only highest gra Elementery/Secondery (0-12)	ducation	16a	Decedent's (Give kind of life. DO No	Usual Occup of work done OT use retire	during mos	st of working	1	6b. Kind of B	usiness/Ind	ustry	
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and 2 should I	rac l		19e. Informent's Neme/Reletionship (Joan Burroughs (Type, Print) Daughter)	19t 40	. Meiling Ad 026 Sp	ring \	end Number	eror Rumal R Drive	oute Number, White	City or Town,	Stete, Zip	^{Code)} 1. 20695	
-15	y or othe		20e. Method of Disposition to Buriel 2 □ Cremetion 3 □			ry, cremetory	or other ple		ery 9/1		0c. Location		wn, Stele	
permit. Pages Department of Important: If It	eny injury		4 Donetion 5 □ Other (Specification 21. Signet Per of Funeral Service Licer		NO	Dona Dona	e and Addre	Borgw	vardt 1	Funeral	L Home,	P.A.	-	
		+	23a Parti Enter the diseases or com	SOAMM	the death. De							mary.	Land 2070	
Physici /Medic Examir	ical		Pert1 Enter the disease, or comshock, or heert feilure. List only Immediate Ceuse (Finel disease or condition resulting in death)										Interval Between Onset and Death	
certificate be executed ding physician end	is the bunal-transit	Medical Examiner	Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or injury that initiated events resulting in death) Lest	c. My	Due to (or es e	IAL	IN	FACE	27.01	J			7 days 11 days	
death of etten		clan	Pert II. Other significent conditions of	dontributing to death be	ut not resulting i	n the underly	ing cause gi	ven in Pert I	I. [23b. Did tot	pacco use co	ntribute to	the cause of death	
requires that the de een signed by the hould be deteched		by Phy	CORONAR	Y ARTERY diSEASE					1 🗆 Ye	1 Yes 2 No 3 Probably 4 Unk				
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	dor.	Be	25. Wes case referred to medical					26. Plece	e of Deeth (C	heck only one)		, ,	
5 00	Gira	0	examiner? 1 Yes 2 No	Hospitei:	nt 2 ER/Oi	utpetient 3[DOA Ot	her: 4 🗆 Nu	ursing Home	5 Resider	nce 6 Oth	er (Specify	')	
Attending Ph or death. ector: After thi			27. Manner of Deeth 1 Neturel 5 Pending 2 Accident investigation	26a. Dete of Injui (Month, Da)		Time of Injury	28c. Inju Wo	ry et rk? Yes 2		. Describe how	w injury occur	red		
5 분 분 등	ad in by t	Certification:	3 Suicide 6 Could not b 4 Homicide determined	28e. Pleca of Injubuilding, etc	ury - At home, fe c. (Specify)	erm, street, fe	ctory, offica		28f.		Location (Street end Number or Rural Route Number, City or Town, Stete)			
To the Hospital or within 24 hours afte To the Funeral Dir completely filled in	letery fille	edicai	29a. Certifying Ph (Check only one) Certifying Ph	ysician: To the best of niner: On the besis of end menner ste	exemination en	e, deeth occu d/or investig	rred et the ti etion, in my	me, dete en opinion, dee	d plece, end oth occurred e	due to the ceret the time, da	use(s) end me te end place,	enner es sto end due to	eted. the cause(s)	
To the Within To the	d l	_	29b. Signeture end title of conflict				29c. Licen	se number		29	d. Date signe	d (Month, L	Dey, Year)	
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12	4		30. Neme and eddress of person who	completed cause of d	eeth (nem 23e)	(Type, Print)		, .				0	1	
l		•	DR. KAUSENCE		-1ky	7400	CAL	roll	AUE	TAK	oma y	ACK	ms 2091	
	State	е	31. Dete filed (Month, Day, Yeer)	32. Registra	y's Signature	. 30.0	00							

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Please Type or Print in Black Indelible Ink. Assure All Coples Are Legible. State of Maryland / Department of Health and Mental Hygiene 28518 Certificate of Death 1. Decedent's Name (First, Middle, Last) 2. Date of Death 3. Time of Death Day Month Year **Physician** Ralph Paul Marcotte September 5,1996 2:45 PM /Medical 4e. Facility Neme (If not Institution, give street and number) 4b. City, Town, or Location of Deeth 4c. County of Death Examiner 5 Derbyshire Court Bethesda Montgomery If Under 24 Hrs. Hours Min. If Under 1 Yeer 5. Sociei Security Number 7. Age (In yrs. last birthdey) 8. Date of Birth (Month, Day, Year) Birthpiace (State or Foreign Country) **Funeral** Months Days 10 M 2□ F Yrs. Director 037-12-1718 April 13, 1924 Rhode Island Usual Residence of Decedent permit. Peges 1 end 2 should be filed within 72 hours after death with the Maryland Department of Health end Mental Hyglene. Important: if item 27 is marked other than "natural", or items 23e or 28a-f show eny injury or other traumatic event, the Medical Examination and be notified at once. 10e. State 10b. County 10c. City, Town or Location 10d. inside City Limits 1 ☐ Yes 2 No Directo Montgomery Bethesda Maryland 10e. Street end Number 10f. Zip Code 10g. Citizen of What Country? 5 Derbyshire Court 20817 United States Funeral Was Decedent of Hispanic Origin? (Specify Yes or No-if Yes, specify Cuban, Mexican, Puerto Rican, etc.) 14. Rece - American indian, Black, Whita, etc. 1 ☐ Never Merried 2 X Married 1 Yes 2 No Specify: þ Specify: 3 Widowed 4 Divorced White Completed 15. Decedent's Education 16a, Decedent's Usual Occupation 16b. Kind of Business/Industry (Give kind of work done during most of working life. DO NOT use retired) (Specify only highest grade completed) United States Eiementary/Secondary (0-12) College (1-4or 5+) 5+ Postal Service Mechanical Engineer 17. Father's Name (First, Middle, Last) 18. Mother's Name (First, Middle, Malden Sumame) Be Wilfred Marcotte 2 Beryl Currie 19a. informant's Neme/Relationship (Type, Print) 19b. Mailing Address (Street and Number or Rural Route Number, City or Town, State, Zip Code) Elizabeth M. Marcotte / wife 5 Derbyshire Court, Bethesda, Maryland 20817 20b. Pleca of Disposition (Name of commetery, crematory or other place) September Date 7, 1996 20a. Method of Disposition 20c. Location - City or Town, Stata 1 ☐ Burial 2 ☐ Cremetion 3 ☐ Removal from State 4 □ Donation 5 □ Other (Specify) Montgomery Crematorium, Inc. Bethesda, Maryland 21. Signature of Funeral Service Licensee 22. Name and Address of Fecility Robert A. Pumphrey Funeral Home/ M00831 7557 Wiscon 20814-3501 Wisconsin Bethesda-Chevy Chase, Inc. annence Avenue, Bethesda, Maryland 23a. Pert1. Enter the disease, or complications that caused the death. Do not enter the mode of dying, such as cardiec or respiretory errest, shock, or heart failure. List only one cause on each line. Interval Between Onset and Deeth **Physician** /Medical Immediate Cause (Finel disease or condition resulting in death) Metastatic Colon Cancer l year Examiner Due to (or as a consequence of) 3 years Adenocarcinoma of Colon Sequentially list conditions, if any, leeding to immediate cause. Enter Underlying Cause (Disease or injury Due to (or as a consequence of) Physician/Medical that initiated events resulting in death) Last Due to (or as e consequence of): Part tt. Other eignificant conditions contributing to death but not resulting in the underlying cause given in Part I. 23b. Did tobacco use contribute to the cause of death? 1 ☐ Yee 2 ☐ No 3 ☐ Probably 4 🖾 Unknown by 24b. Were autopsy findings evallable prior to Completed 24a. Was an autopsy completion of cause of death? 1 ☐ Yes 2 No 1 ☐ Yes 2 ☐ No 25. Wes case referred to medical Be 26. Placa of Death (Check only one) Other: 4□ Nursing Home 5 N Residence 6 □ Other (Specify) 2 1 Yes 2⊠ No 1 ☐ Inpatient 2 ☐ ER/Outpetient 3 ☐ DOA 28a. Date of tnjury (Month, Day Year) Certification: 27. Menner of Death 28d. Describe how injury occurred 28b. Time of 28c. injury et Work? 5 Pending 1 Naturai

** Hospital or Attending Physicien: The law requires that the death certificate be executed at bloads after death.

• Funeral Directors: After this certificate has been also and the funeral bloads.

Baltimore, Maryland 21215-0020

investigation 2 Accident 6 Could not be determined 3 Suicide 4 Homicide

🖒 Certifying Physician: To the best of my knowledge, deeth occurred at the time, date end plece, and due to the cause(s) and menner as stated.

28e. Place of Injury - At home, farm, street, factory, office building, etc. (Specify)

1 ☐ Yes 2 ☐ No

D21531

28f. Location (Street and Number or Rural Route Number, City or Town, State)

2 Medical Examiner: On the basis of examinetion and/or investigation, in my opinion, deeth occurred et the time, dete end placa, and due to the cause(s) and menner stated. 29b. Signatur

29c. License number

29d. Date signed (Month, Dey, Year) September 6, 1996

30. Name end address of person who completed cause of death (Item 23a) (Type, Print)

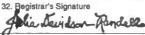
G. Peter Pushkas, M.D. 11510 Old Georgetown Road, Rockville, Maryland

31. Date filed (Month, Dey, Year) State

29a. Certifier

Medical

SEP 1 0 1996



To the Hosp within 24 hor To the Fune completely fi

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1 grut 5

State of Maryland / Department of Health and Mental Hygiene Certificate of Death 1. Decedent's Neme (First, Middle, Last) 2. Dete of Death 3. Time of Death Dev **Physician** Month Vaer Jean Guy Marcoux September 8, 1996 12:05 PM /Medical 4a. Facility Neme (If not Institution, give street end number) 4b. City, Town, or Location of Death 4c. County of Deeth **Examiner** Shady Grove Adventist Hospital Rockville Montgomery If Under 1 If Under 24 Hrs. 8. Data of Birth (Month, Day, Year) Birthplece (Steta or Foreign Country) 5. Social Security Number 7. Age (In yrs. lest birthday) **Funeral** Days 10 M 2□ F Yrs Director 63 219-48-1833 November 10,1932 Canada Usuel Residance of Decedent the Manyland 10e State 10b. County 10c. City, Town or Location 10d. Insida City Limits ral", or itams 23a or 28a-f shov Examiner must be notified at 1 ¥ Yas 2 □ No Directo Maryland Rockville Montgomery 10e. Street end Number 10f. Zip Code 10g. Citizan of Whet Country? with permit. Pages 1 and 2 should be filed within 72 hours after deeth with Department of Health and Mental Hygiene. Important: If Hem 27 is marked other than *--' any injury or other traument. 20851 513 Calvin Lane United States Funeral 12. Was Decedent Ever in U,S. Armed Forces? 13. Was Decedent of Hispanic Origin? (Specify Yes or No-if Yes, specify Cuban, Mexican, Puerto Rican, etc.) 14. Race - American Indian, Bleck, White, etc. 1 ☐ Yas 2 ☒ No If Yas, Give Yaar or Dates: 1 ☐ Never Merried 2 ☑ Merried 1 ☐ Yas 2 ☒ No Specify: à Specify: 3 Widowed 4 Divorced White Completed 16e. Decedent's Usuel Occupation (Give kind of work done during most of working life. DO NOT use retired) 15. Decadent's Education (Specify only highest grada completed) 16b. Kind of Business/Industry Elemantary/Secondery (0-12) Coilege (1-4or 5+) Construction 9 Carpenter Foreman 17. Fether's Neme (First, Middle, Last) 18. Mother's Neme (First, Middle, Maiden Sumeme) Be Regina Demers P Adelard Marcoux 19a. Informent's Neme/Relationship (Type, Print) 19b. Meiling Address (Street end Number or Rural Route Number, City or Town, Stete, Zip Code) Marie Irene Georgette Marcoux/Wife 513 Calvin Lane, Rockville, Maryland 20b. Pleca of Disposition (Name of cematery, cremetory or other plece) September 12, 1996 20e. Method of Disposition 20c. Location - City or Town, Stata 1 X Buriel 2 Cremetion 3 Removel from Steta Rockville, Maryland 4 ☐ Donetion 5 ☐ Other (Specify) Parklawn Memorial Park M00846

M00846

22, Name end Address of Fecility
Robert A. Pumphrey Funeral Home/Rockville, Inc.
300 West Montgomery Avenue
Rockville, Maryland 20850-2805

Part1. Enfer the disease, or complications that a used the deeth. Do not enter the mode of dying, such as cardiac or respiratory errest,

Applications of Fecility
Robert A. Pumphrey Funeral Home/Rockville, Inc.
300 West Montgomery Avenue
Rockville, Maryland 20850-2805 21. Signature of Fuperal Seg Approximete Interval Between Onset end Deeth **Physician** Immediate Cause (Final disease or condition resulting in death) /Medical Minutes Ventricular Arrhythmia Examiner Due to (or es e consequence of): Examiner Years Ischemic Cardiomyopathy physician and the buriel-transit The law requires that the deeth certificate be executed Sequentially list conditions, if eny, leeding to immediate cause. Enter Undarfying Cause (Diseese or Injury that initiated events resulting in death) Lest Due to (or es e consequence of) Division of Vital Records, P.O. Box 68760, Physician/Medical Due to (or as a consequence of) ettending pl signed by the e Part II. Other significant conditions contributing to death but not rasulting in the underlying cause given in Part I. 23b. Did tobacco use contribute to the cause of death? 1 ☐ Yee 2 ☐ No 3 ☐ Probably 4 ☐ Unknown Completed by 24b. Were eutopsy findings available prior to completion of cause of death? 24e. Wes an eutopsy performed? page 2 s 1 ☐ Yes 2 ☐ No certificate Hospital or Attending Physician: 3 24 hours after death. Funeral Director: After this certifica director 25. Wes case referred to medical Be 26. Plece of Deeth (Check only one) Other: 4 ☐ Nursing Homa 5 ☐ Residence 6 ☐ Othar (Specify) 2 1 ¥Yes 2 No 1 ☐ Inpatient 2 X ER/Outpatient 3 ☐ DOA funerei 28a. Dete of Injury (Month, Day Year) 27. Menner of Deeth 28d. Describe how Injury occurred 28b. Time of Certification: 28c. Injury at Work? 5 Pending investigation 1 X Naturel 1 ☐ Yes 2 ☐ No 2 Accident the 6 Could not be determined 3 Suicide 28f. Location (Street and Number or Rural Routa Number, City or Town, Stete) Plece of Injury - At home, ferm, street, factory, office building, etc. (Specify) filled in by 4 - Homicide 24 hours a edicai 29e. Certifler 1 Certifying Physician: To the best of my knowledge, deeth occurred at the time, dete end plece, end due to the ceuse(s) end manner as stated. Medical Examiner: On the basis of examinetion end/or investigation, in my opinion, deeth occurred at the time, date and place, and due to the cause(s) end manner stated. (Check only one) within 2 To the 29b. Signeture end title of certified 29c. License number 29d. Dete signed (Month, Day, Year) September 10, 1996 D07099 15 30. Name end eddress of person who completed cause of deeth (Itam 23a) (Type, Frint) Francis C. Mayle, M.D., 10215 Fernwood Road #301, Bethesda, Maryland

State Registrar

SEP 1 3 1996

31. Dete filed (Month, Day, Year)

32. Registrer's Signeture

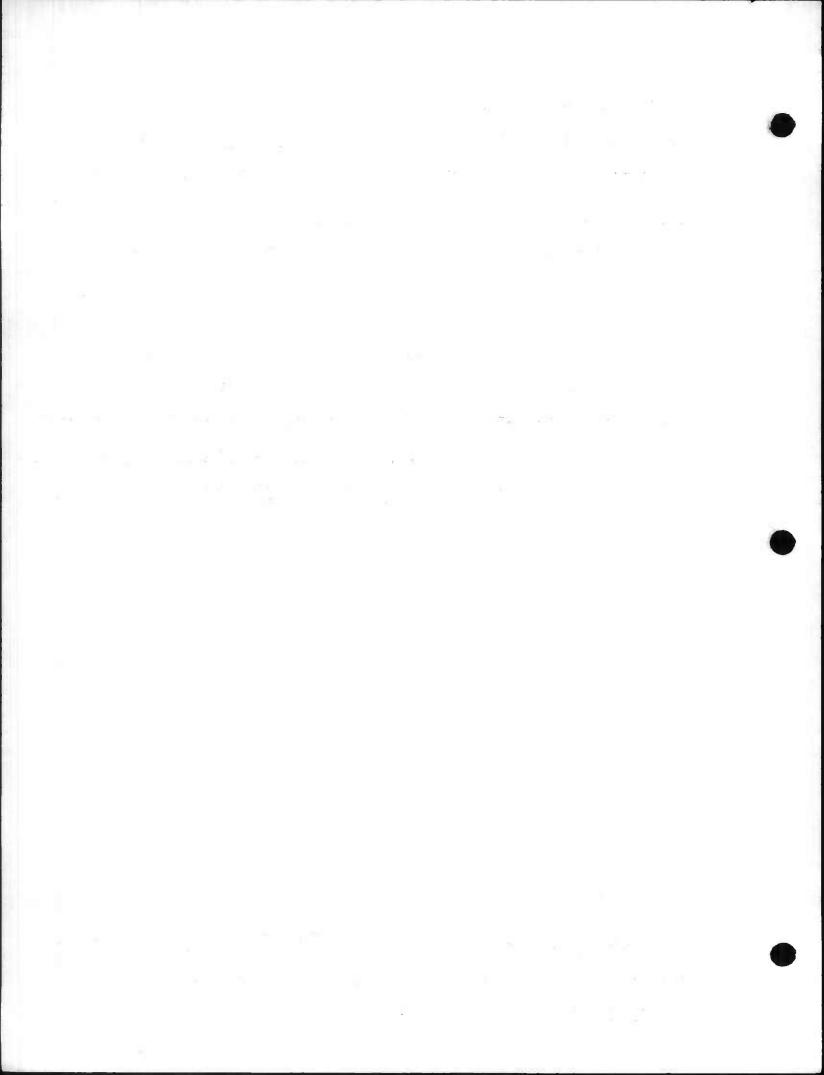
State of Maryland / Department of Health and Mental Hygiene 96 28520

						Cei	rtificat	e of	Death		Re	g. No.	O	40	020
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)	Exami		4e. Facility Neme (If not institution, g		10				4b. City, Town,	or Location of	Death	4c. County	of Death		
			Mutgowery Je	yearl 40 se	etal			(luey 1		ud	Mon	to ou	ery	-
	Funeral Director		138-05-6212	Sex 1 □ M 2 🖾 F	e (In yrs. las	Yrs.	If Under Months		If Under 24 H	fin. 8. Dete (Mon Dec.	of Birth th, Dey,	Year) 1909	9. Birthp Cour Ne	place (S	itate or Foreign ersey
	pue *_		Usual Residence of Decedent 10a. Stete 10b. County		10c. City.	Town or Lo	cation							I Od Inei	Ide City Limits
	the Menylar 28e-f show notified at	5	Maryland Montgo	morv	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		ver S	Snri	no						Yes 2 No
	the the	90	10e. Street end Number	mery		011	10f. Zlp		11g		10	g. Citizen of \	What Cour		
	With the same of t	Funeral Director	15210 Elkridge W	av			101. 240	0000	20906		10		USA	Itiy i	
	Seeth 23	era	11. Meritel Stetus	12. Wes Decedent E	ever in U.S.	13.1	Wes Deced	dent of h	lispanic Origin?	(Specify Yes	or No-		ce - Americ	can India	an.
21215-0020	d 2 should be filed within 72 hours after deeth with the Meryland th and Mental Hygiene. 7 is marked other than "natural", or items 23e or 28e-f show traumatic event, the Medical Examinational than collined at	by	1 ☐ Never Merried 2 ☑ Merried 3 ☐ Widowed 4 ☐ Divorced	Armed Forces? 1 Yes 2 N If Yes, Give Yeer or Detes:	lo				lispanic Origin? an, Mexican, Pu Specify:	ièrto Rican, ei	ic.)		ck, White,		
5-0	72 h	ted	15. Decedent's I	Education		16e. Dece	dent's Usue	el Occup	ation	working	1	6b. Kind of B	usiness/In	dustry	
21	ithin Ban	Completed	Elementary/Secondery (0-12)	College (1-4or 5	+)				during most of d	HOIKING					
	Hygien Hygien Other th	Co	8			Home	makeı	r					Home	5	
Pu	d del de	Be	17. Father's Neme (First, Middle, Las	it)					18. Mother's i				ne)		
yla	2 should be filed with and Mental Hygiene. Is marked other than sumstic event, the B	2	John F. Farrell									Flynn			
, Maryland	CENE		19e. Informent's Neme/Reletionship Laurence Peter M			15210	Elk:	ridg	e Way,						
ore	of Heel of Heel fitem 2 r other		20e. Method of Disposition 1 ☑ Burlei 2 ☐ Cremetion 3	□Removel from State	20b. Pled	ce of Disponence of Contract o	sition (Ner netory or o	me of other pia	ce)	Dete	2	Oc. Location -	- City or To	own, Ste	ite
Ë	Peges ment of 1 ant: If its ury or o		4 Donetion 5 Other (Spec		Gate	of H	leaver	n Ce	metery	9/12/	96 S	ilver	Sprin	ng,M	aryland
Baltimore,	permit. Peges Department of Important: If is any injury or		21, Signature of Funerel Servica Lice	ansee		I	ranc:	is J	ss of Fecility Colli rsity B						20001
			23a. Part1. Enter the disease, or cor shock, or heart feilure. List only	inplications that caused	death.	Do not ent	er the mod	le of dyin	ng, such es care	diec or respire	tory erres		ing, i	Approx	ximete
1	Physician		snock, of neer fellure. List on	y one ceuse on each lin Reselv	afore	2 fa	rilar	کد با	111111111	The y	()			Onset	al Between and Deeth
Э.	/Medicai		Immediete Cause (Finel disease or condition	Tuterst	ificil	Pu	lmor	Inv	on Fo	Frosv	0			24	Euro .
п	Examiner		resulting In deeth)	θ.	Due to (or e	e e consec			1				-+	1	
ш		ner			200 10 (01 0	0 0011000	1001100 017.								
	certificate be executed rding physician end use as the burial-transit	Examiner	Sequentielly list conditions, if any, leeding to immediate cause. Enter Underlying Cause (Diseese or Injury	l b. ————	Due to (or e	s a conseq	uence of):						1		
68760,	sician buni		cause. Enter Underlying Cause (Diseese or Injury thet initieted events	c									<u>i</u>		
89	ficete phy se the	Medical	resulting in deeth) Lest	ı	Due to (or e	s e conseq	uenca or):						1		
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0	that the de led by the detached	hys	Telt II. Other significant conditions	contributing to death bu	it not resulti	ng in trie ui	ilderlying c	ause gn	en wireiti.	200		s 2 No	3 Pro		4 2 Unknown
7	es that igned t	by P									1 100	# 2L NO	3 110	Deloty	4 12 OHKHOW
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Re	The law ate hes b page 2 s	mc									1 ☐ Yes	2 2 No			212 No
ta	ician: Ti certificat rector, pa		25. Wes case referred to medical						On Diago of I	Dooth (Chook				168	ZLM NO
5		To Be	examiner?	Hospitel: 1 Inpatle	nt 0 🗆 E	VOutpatier	it 3 DC	Oth	or:	Deeth (Check			(C)	4.1	
on of	Affer fune		27. Menger of Death 1 Netural 5 Pending 2 Accident investigation	28a. Date of Injur (Month, Dey	y 20	Bb. Time of Injury		8c. Inju		g Home 5 28d. Des		w Injury occur		y)	
Division	or Attending after death. Director: After I in by the fune	Certification:	3 Suicide 6 Could not determine	be One Diseasef laise	ry - At home (Specify)	e, ferm, str	111			28f. Loca City	ition (Stre or Town,	eet end Numb State)	ber or Rure	al Route	Number,
	To the Hospital or At within 24 hours after of To the Funeral Direct completely filled in by	edical Co	(Check only 2 Medical Exa	hysician: To the best o	exeminetion	edge, deeth	occurred vestigetion,	et the ti	ne, dete end ple	ece, end due to	to the cau	use(s) end me te end plece,	enner as a	iteted.	use(s)
	within 2 To the comple	Med	one)	end menner ste	ted.		200	Lione	a number		20	d Data signa	nd /Month	Day V	ner)
	5 1× 5 00		29b. Signeture end title of certifier					-	e number	>		d. Dete signe			
			wheres	wo				(1)	1918		A	effec	ever	7 .	1776
1	5		30. Name and eddress of person who	15 3305 No.	the Le	3a) (Type, 4000 (Print)	Son	levand,	Scher	Spri	ay Ma	ugla	w/ a	20906
	Sta Registr		31. Dete filed (Month, Day, Year) SFP 1 2, 1996	32. Registre	r's Signetur	Pandell									

DHMH 16 Rev 6/95

Registrar

SEP 1 2 1996



State of Maryland / Department of Health and Me

9	5	2	8	5	2
			-	-	-

					Ce	rtificate	of	Death	1	Reg. No.	70	2002
Physici		1. Decedent's Name (First, Mic		D.		Ma	//	2.3	2. Date of Dea Month	ath Day	Yeer 996	3. Time of Death 3.15 An
/Medic Examin		4a. Fecility Neme (If not institut		umber)		110		4b. City, Town, or I	ocation of Death		y of Death	O. 13 All
Funeral Director		Washington Ad 5. Social Security Number 560-44-9348	ventist Ho 6.Sex 1□M 2XDF	ospital 7. Age (In yrs. 84	lest birthdey) Yrs.			rakoma Pa		h y, Year)	gomer 9. Birthp Cour Miss	place (Stete or Foreign htry)
and		Usual Residence of Decedent 10a. State 10b. Coun	ty	10c. Cit	y, Town or Lo	ocation					1	Od. Inside City Limits
the Maryland r 28a-f show notified at	rot	Maryland Mo	ntgomery	C 4 1	Cn	wina						1 ☐ Yes 2 ☑ No
r 28a	Director	10e. Street and Number	ntgomery	211	ver Sp	10f. Zip Co	ode			10g. Citizen of	What Cour	ntry?
ms 23a or		202 Granville	Drive			2	090	11		U.S.	A	
or its	by Funeral	11. Maritel Status 1 Never Married 2 M	12. Wes Dec Armed F erried 1 ☐ Yes If Yes, G	2 ⊠ No ive		Wes Deceden	t of H	lispanic Origin? (S en, Mexicen, Puert	pecify Yes or No- o Rican, etc.)	14. Ra	ce - Americ eck, White,	
72 hours nature!,		3 ☑ Widowed 4 ☐ Divorce		Detes:	10. 5	Accorded to the same				400 100 100		nite
E .	Completed		ent's Education lest grade completed College) (1-4or 5+)	(Give	dent's Usual (kind of work of DO NOT use	done	during most of wor	king	16b. Kind of E	Buainess/In	dustry
77 75 10 10	Con		2		Age	nt				Real E		
d 2 should be filed th and Mental Hygis 7 is marked other traumatic event, the	To Be	17. Fether's Name (First, Middle Fred Thompson	e, Last)					18. Mother's Nan	ne <i>(First, Middl</i> e, Breiner	Meiden Sume	me)	
shound M		19e. Informant'a Name/Reletio	nship (Type, Print)		19b. Maili	ng Address (S	Street	end Number or Ru		r, City or Town	, State, Zip	Code O O O
alth ar 27 is r trau		Martha C. Wel	ls					irg Drive				
Pages 1 and nent of Health int: if Item 27 iry or other tr		20e. Method of Disposition 1 Burlai 2 □ Cremation 4 □ Donation 5 □ Other		State	Place of Dispo emetery, crea	esition (Neme metory or othe Memori	of er ple	ce)	Date 9/09/96	20c. Location	- City or To	own, State
pemit. Pag Department Important: If any injury o		21. Signature of Funerel Service			22	Neme end	Addre	ss of Fecility	F 1	77	т	
Physician		23a. Pert1\ Enter the disease, shock, ir heart failure. Li	or complications that st only one cause on	ce the deet each line.	h. Do not en	er the mode o	of dyir	ng, auch aa cerdiad	or respiratory ar	rest,		Approximete interval Between Onset and Deeth
/Medical Examiner		immediate Cause (Finel disease or condition resulting in death)	a. C	ordio-1 Due to (o te Re. Due to (o	espite	tory A	re	st				4 min
	ner		Arni	te Re	spireto	r Fro	1/2	12				lack.
ata be executed hysician and the bunal-transit	Examiner	Sequentially list conditions, if any, leading to immediate ceuse. Enter Underlying Cause (Disease or injury	Sere	Due to (o	r as e consec	juence of):	167	ine Gulon	200m	Disease		7grs.
as as	Medicai	thet initiated events resulting In death) Last	d.	Due to (or	r as a consec	uence of):						.3.0
e death certific the attending pl hed for use as t	Physician/	Pert II. Other significant condi	tions contributing to	death but not resi	ulting In the u	nderlying ceu	se giv	ven in Pert I.	23b. Did 1	obacco use c	ontribute to	o the cause of death
s that the ned by th e detache	by Ph								1,000	Yes 2 No	3 🗆 Pro	bably 4 ☐ Unknow
e law requires that the death cer has been signed by the attendin je 2 should be detached for use	ompleted b			×					24a. Was perfo	an autopsy med?	ev	ere autopsy findings eilable prior to impletion of cause death?
The la te ha	TO.								101	res 25 No	10	☐Yes 2☐No

Division of Vital this certifica To the Hospital or Attending Physicien: within 24 hours after death.

To the Funeral Director: After this certific complately filled in by the funeral director, Be To Medical Certification:

25. Was case referred to medical examiner? 1 Yes 2 No 27. Manner of Death 1 Neturei 2 Accident 3 Suicide

4 - Homicide 29a. Certifier

5 Pending investigation 6 Could not be

1 Cartifying Physician: To the best of my knowledge, deeth occurred at the time, date and piece, and due to the cause(s) and mannar as stated.

2 Medical Examiner: On the basis of examination and/or investigation, in my opinion, deeth occurred at the time, date and piece, and due to the cause(s) and manner atlated.

28e. Place of Injury - At home, farm, street, fectory, office building, etc. (Specify)

28b. Time of

Hospitel: 1 Inpatient 2 ER/Outpatient 3 DOA

28c. injury at Work? 1 ☐ Yes 2 ☐ No

28d. Describe how injury occurred

Other: 4 Nursing Home 5 Residence 6 Other (Specify)

28. Place of Deeth (Check only one)

28f. Location (Street end Number or Rurel Route Number, City or Town, State)

29b. Signature and title of certifier

29c. License number

29d. Date aigned (Month, Day, Year)

30. Name and address of person who completed ceuse of death (Item 23a) (Type, Print)
Phillip W. Pott, MO Suite 32, 63/

Type, Print) 20903 631 University Olud. East, Silve Spring, and.

State Registrar

31. Date filed (Month, Dey, Year) SEP 1 0 1996

32. Registrar's Signature

State of Maryland / Department of Health and Mental Hygiene

96 2852;

							Ce	rtificate of	Death			Reg. No.	0 0	20022
			1. Decedent's Neme (Firs	t, Middle, La	st)						2. Date of Dee	eth		3. Time of Deeth
	Physic /Medi		Donald	Lou	is N	owell					Month Septem	ber 8 1	Yeer 996	7:10AM
	Exami		4e. Fecility Neme (If not it						4b. City, To	wn, or L	ocation of Deeth			
7			Anne Arunde	1 Med	ical Ce	nter			Anı	napo	lis	Anne	Arur	ide1
Н	Funerai		5. Social Security Number			7. Age (In yrs.	last birthday)	If Under 1 Yea	r If Under	24 Hrs.				
ø.	Director		577-52-2412 Usual Residence of Dece		X□M 2□F	86	Yrs.	Months Days	s Hours	Min.	8. Dete of Birt (Month, De) Jan 29	1910	Mary	plece (State or Foreign ntry) r Land
	and and			County		10c. Cit	y, Town or Lo	ocation						10d. Inside City Limits
	Mary	ŏ	MD Ar	ne Ar	1 1		۸	1					1	1 ☐ Yes 2 No
	the 28s	9	10e. Street end Number	ille AL	under		Ailii	apolis				10g. Citizen of	What Cau	O. esten
	with with	ā	110 Lake	View I	Drive				1403		0.01	United		
	eath e 23	by Funeral Director		ATCW		elant Cuar In I I	C 40 1			Inin 0 (0-				
	Hems Hems	E.	11. Maritel Stetus 1 □ Never Merried 2	EV Manufact	Armed Fo		,5.	Wes Decedent of If Yes, specify Cu	ben, Mexical	n, Puerto	Rican, etc.)	Ble	ck, White,	can Indien, etc.
20	s aft	y F	3 Widowed 4 □ D	_	1 ☑ Yes If Yes, Giv	10		1 □ Yes 2XXV	Specify:			Specif	y: LTL	ite
21215-0020	filed within 72 hours after death with the Maryland Hygiene. ther than "natural", or items 23a or 28a-f show ant, the Medical Examiner must be notified at	8	112122			ates: WWII	16a Dasa	dankla Havet O				405 165 4 - 6 5		
5	n 72	Completed	(Specify on	ecadent's Ed y highest gra	de completed)		(Give	dent's Usual Occu kind of work done DO NOT use retir	e durina mos	t of work	dng	16b. Kind of B	usiness/in	dustry
12	withi than	dmo	Elementery/Secondary	(0-12)	College (1	-4or 5+)	Engi		60)			U.S. N	2777	
7	Hygin Hygin		17. Fether's Neme (First,	Middle Lest			Lingi	neer	19 Moth	nr's Nom	e (First, Middle,			
Maryland	should be filed within and Mental Hygiene. s marked other than surretic event, the Me	Be	Louis Nowe								Hartge	Meluell Sulliel	110)	
2	J Me J Me mark metic	To												
Ma			19e. informent's Neme/R Frances Man			11_U: fo		ng Address <i>(Stree</i> Lake Vie						
	permit. Pages 1 and 2 should be filed within Department of Health and Mental Hygiene. Important: If item 27 is marked other than may injury or other traumatic event, The MORGS.				La Nowe				M DII	ve A			-	
altimore,	H ite		20e. Method of Disposition XXX Buriel 2 ☐ Crer		Removel from	Stete	emetery, crer	sition (Neme of netory or other pl		į	Dete	20c. Location		
im	permit. Pages Department of I Important: If ite any injury or of		4 ☐ Donetion 5 ☐ C			Many	yland	Veteran	Cemet	ery	9/11/96	Crowns	ville	, Maryland
a	Depart Mport My Inj		21. Signature of Juneral	Service Licen	1	//	22	2. Neme end Add	ress of Fecili	yJoh	n M. Tay	ylor Fu	neral	Home, Inc
m	20119		Male	1	1/10	6	14	7 Duke o	of Glo	uces	ter St.	Annapo	lis,	MD 21401
			23a. Pert1. Enter the dis- shock, or heart feilu	ase, or com	plicetions that c	aused the deetl	n. Do not ent	er the mode of dy	ring, such es	cardiec	or respiretory en	rest,		Approximete
	Physician		snock, or neer reliu	re. List only	one ceuse on e	ach line.							i	interval Between Onset and Deeth
/:	/Medical		Immediate Cause (Final			- 10.	Ci)	6 ± month
	Examiner		disease or condition resulting in death)		0	Dunto		NCOV						C - Monin
		er				Due to (o	res e consec	quence or):						
	Detu d ansit	Examiner			b. ———	Due to (a		1-0.					1	
Ć.	eath certificate be executed attending physician and for use as the bunal-transit	Xa	Sequentially list condition if any, leading to Immedia cause. Enter Underlying Ceuse (Disease or Injury	s, ite		Due to (o	r es e conseq	juence or).					1	
92	sicia bur		Ceuse (Diseese or Injury thet Initieted events	~	C									
68760,	phy s the	Medical	resulting In deeth) Lest			Due to (or	es e conseq	uence oi):						
×	ding se a			-	d									
Bo	the death y the atter sched for u	Physician												
o	the de py the de tached	ysi	Pert II. Other eignificant of	onditions co	ontributing to de	ath but not resu	ulting in the ur	nderlying cause g	iven In Pert i	i.	23b. Did to	obacco use co	ntribute t	o the cause of death?
Ω.	that the ded by		Aneu	Mig	20	61	= b1	exel.	Am.	da	101	700 20K No	3 Pro	bably 4 Unknow
Records,	8 8 8	by				6I		- /					T	
0	v require	Completed			50	On	Como	PV			24e. Wes e	en autopsy med?	av	ere autopsy findings
ec	has b	pjdu						` 1						empletion of cause death?
H .	£ 9 6	ő									1□ Y	es No	1[☐Yes 2☐No
Vital		Be (25. Wes case referred to	nedical					26. Plece	of Deet	h (Check only or	ne)		
>	0 0	To	exeminer?		Hospitel:	patient 2	ER/Outpatien	t 3 DOA	ther: 4 🗆 Nu	irsing Ho	me 5 Resid	ence 6 Oth	er (Specia	(v)
ا و د	g Ph er th		27. Menner of Deeth	43000		of Injury h, Dey Year)	28b. Time of	28c. Inju			28d. Describe h		-	
0	leath. lor: After the fune	atio	Naturel 5 2 Accident	Pending Investigation		i, Day Tour,	injury		Yes 2	No				
Division		Hick	3 ☐ Sulcide 6 ☐	Could not be determined	288. PIECE	of Injury - At ho	me, farm, str	eet, factory, office)		28f. Location (S	treet and Numb	per or Run	al Route Number,
Ö	5 # 5 E	Certification:	4 Homicide		buildir	ng, etc. (Specify	")				City or Tow	11, 31818)		
	lospital I hours uneral sly filled	aic	29e. Certifier	ertifying Phy	/sician: To the	best of my know	viedge, death	occurred et the t	ime, dete en	d pleca.	end due to the o	euse(s) and me	enner es a	tated.
	P Full letely	edicai	(Check only 2 M	edicai Exam	inar: On the ba	sis of exeminet	ion end/or Inv	estigetion, in my	opinion, dee	th occur	red et the time, o	late end pleca,	end due to	o the cause(s)
	To the Hospital or At within 24 hours after of To the Funeral Direct completely filled in by	₹ E	29b. Signetyre end title of	certifier		Λ		29c. Licen	ise number		1 2	29d. Dete signe	d (Month,	Day, Year)
	->-0		bore	1 m.	Fand	~//		1) 1	796	1-	-	9/8	791	

State Registrar 30. Neme and eddress of person who completed cause of deeth (I)em 23e) (Type, Print)

31. Dete filed (Month, Day, Year)
SEP 11 1996

State of Maryland / Department of Health and Mental Hygiene

								Certificate	of i	Death		Reg. N	0.	20	600	123
			1. Decedent's Name (First, M	iddla, La	st)					-	2. Date of D	eath			3. Time of	Death
	Physici /Anadi		Margaret	Ce	cil	Noe					Septe		ay 6	1996	4:45	Dm
7	/Medi Examir		4a. Facility Neme (If not institu	ition, giv	a s <i>treet</i> end num <i>t</i>	ber)			4	4b. City, Town,	or Location of Dec			y of Deeth	7.72	Pin
71			Washino	ton	Adventis	st Hos	nita	1		Takoma	Park		Mor	ntgom	erv	
	Funeral		5. Social Security Number	6. 9	Sex 7.	. Age (In yrs		day) If Under 1 Y		If Under 24 H	rs. 8. Date of B	irth			place (State ontry)	or Foreign
	Director		216-40-5210 Usuai Residence of Decedent		□M 2📈 F	85	Υ	rs. Months D	ays	Hours M	Sept. 1			Wash	ington	D.C.
	death with the Maryland ms 23e or 28e-f show critist be notified at		10a. State 10b. Cou		_	10c. C	ity, Town	or Location						1	Od. Inside C	Ity Limits
	Marylar f show fled at	ō	Maryland Prin	202	Caorga!c			п	17.2	ttsvill	0				1 🗆 Yes	2 🔯 No
	1 the	Director	10e. Street end Number		OCOLEC 5	<u> </u>		10f. Zlp Co	-	CCSVIII		10g. C	itizen of	What Cour	ntry?	
	38 or	Ē	5805 Queen	c Cl	anol Por	a d				20782		,	T., J. 4	1 04		
	2 8 2	lera	11. Marital Status	5 01	12. Was Deced	ent Ever in	U.S.	13. Was Decedent			(Specify Yes or N			ed St.	en Indian.	
_		Funeral	1 ☐ Never Married 2 ☐ N	Married	Armed Forc	es?		13. Was Decedent If Yes, specify			erto Rican, etc.)		Bia	ck, White,	etc.	
Maryland 21215-0020	72 hours after death with the Maryla natural, or items 23s or 28s-f shouldest dical Examiner must be notified at	þ	3 ☑ Widowed 4 □ Divor		1 Tes 2 If Yes, Give Year or Date	es:		1 ☐ Yes 2 🔯	No	Specify:			Specify	y: LTI	nite	
7	를 클럽		15. Dece				16a.	Decedent's Usual O	ccup	ation	routine.	16b.	Kind of B	usiness/in		
212		Completed	(Specify only his Elementary/Secondary (0-1		-	los E .\	-	'Giva kind of work d lifa. DO NOT use r	ona d	during most of a	vorking					
2	d within plene. r than	E O	Ciementary/Secondary (0-1	2)	College (1-4	101 5+)	Mu	nicipal S	Sec	ertary		Dis	stric	t Go	vernme	nt
P	tal Hygid d other event, t	BeC	17. Fether's Name (First, Midd	la, Last,)	_					lame (First, Middl	a, Maida	n Suman	na)		
Tal.		ToB	Geo	rge	W. Cecil	1					Jose	phir	ne Se	nge		
ary	s 1 and 2 should f Health and Men them 27 is marke other treumatic		19a. Informant's Name/Relati				19b.	Maliing Address (Si	treet	and Number or		-		-	Coda)	
	and 2 is saith ar n 27 is ser trau		Mary M. Test/	Sis	ster		45	21 East-W	es	t Highw	av #604	Beth	esda	.Mary	land 2	20814
Ē,	es 1 and of Health I flam 27 r other tr		20a. Method of Disposition			20b.	Place of	Disposition (Nama	of		Date	_		- City or To		
Baltimore,	0 = 0		1 X Burial 2 ☐ Cremetic 4 ☐ Donation 5 ☐ Other					ber II,				041		Const	- Man	1 3
票	pemit. Pa Department important any Injury anse.		21. Signature of Funeral Serv			Ga	ite o	f Heaven				211	ver	Shir	ng,Mar	yrand
ä	Departs Departs Imports any inja		Daws	22	alet	MOC	335	Robert A Bethesda Bethesda	i-C	Pumphre hevy Ch Marylan	y Funera ase 20814-	1 Hg	me/ 57 V	Visco	nsin A	venue
			23a. Part1. Enter the diseese shock, or heart failure.	or com List only	plications that ceu	used the dea ch line.	ath. Do n	ot enter the mode of	f dyin	ng, such as cerd	liec or respiratory	arrest,			Approximat Interval Bet	ween
	Physician													į	Onset and I	Death
(0)	/Medical Examiner		Immediate Cause (Final disease or condition resulting In deeth)		a.	1	2	N)						_ 1	1076	1
ш		-	resulting in deetin)			Due to	(or as a c	onsequence of):							,	
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	icete be executed physicien end s the bunal-transit	Examiner	Sequentially list conditions,			Due to	(or as a c	onsequence of):								
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387	phys the	edical	that initiated events resulting in death) Last			Due to (or as a co	ensequence of):						į		
×	death certificete be executed e ettending physicien end of for use as the bunial-transit	2		-	d											
Вох	etten for u	Physician					_									
o.	9 5 4	ysle	Part II. Other significant cond	litions c	ontributing to deat	th but not re	sulting in	the underlying caus	e giv	ren in Part I.	23b. Di	d tobacc	o use co	entribute to	o the cause	of death?
Δ.	hat the od by detac										1[Yes	2 No	3 ☐ Pro	bably 4 🗌	Unknown
ds,	requires that been signed b	l by									04: 144:			24b W	ere autopsy	fin dia
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Sec.	8 8 8	npi												of	death?	_
=	T age	Completed									10	Yes :	2 No	1(☐Yes 2☐	No
Vital Record	ysician: The s certificate director, pag	Be	25. Was case referred to med examiner?	icel							Death (Check only	ona)				
of	5 00	2	1 ☐ Yes 2 ☐ NO		Hospital:	patient 2	□ ER/Out		Oth	4 LI Nursing	Home 5□ Re	sidence	8 DOth	her (Specif	y)	
		ino in	27. Mannasof Death 1 ☑Natural 5 ☐ Per	nding	28a. Date of (Month,	Injury Day Year)	28b. Ti	me of 28c.	Injur	y at k?	28d. Describe	how inj	ury occur	rred		
Sio	Attending r death. ector: After by the fune	cati	2 ☐ Absident Invi	estigation and not b				М	1 🗆	Yes 2 □ No						
Division	or Attendiation after death Director: A	Certification:		ermined	28e. Place of	f Injury - At I , etc. (Spec	home, fan	m, street, factory, of	ffice		28f. Location City or T	(Street a	ind Numl te)	ber or Run	i/ Routa Num	ber,
	ral Dell	_		-	e											
	To the Hospital or Attent within 24 hours after deat To the Funeral Director: completely filled in by the	edicai	29s. Certifier 11 Certification (Check only 20 Media	ng Ph	niner: On the basi	is of examin	owiedge, ation and	death occurred at the for investigation, in	he tin	ne, date and pla pinion, death o	ice, and due to the	e cause(s) and mand piace,	anner as s	tated. the cause(r	s)
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	5 ¥ 5 8		Sale Square and Square con					290, Li	Ceris	number	,				Dey, Year)	
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	Registr	ar	SEP	TU	1996	during										

State of Maryland / Department of Health and Mental Hygiene

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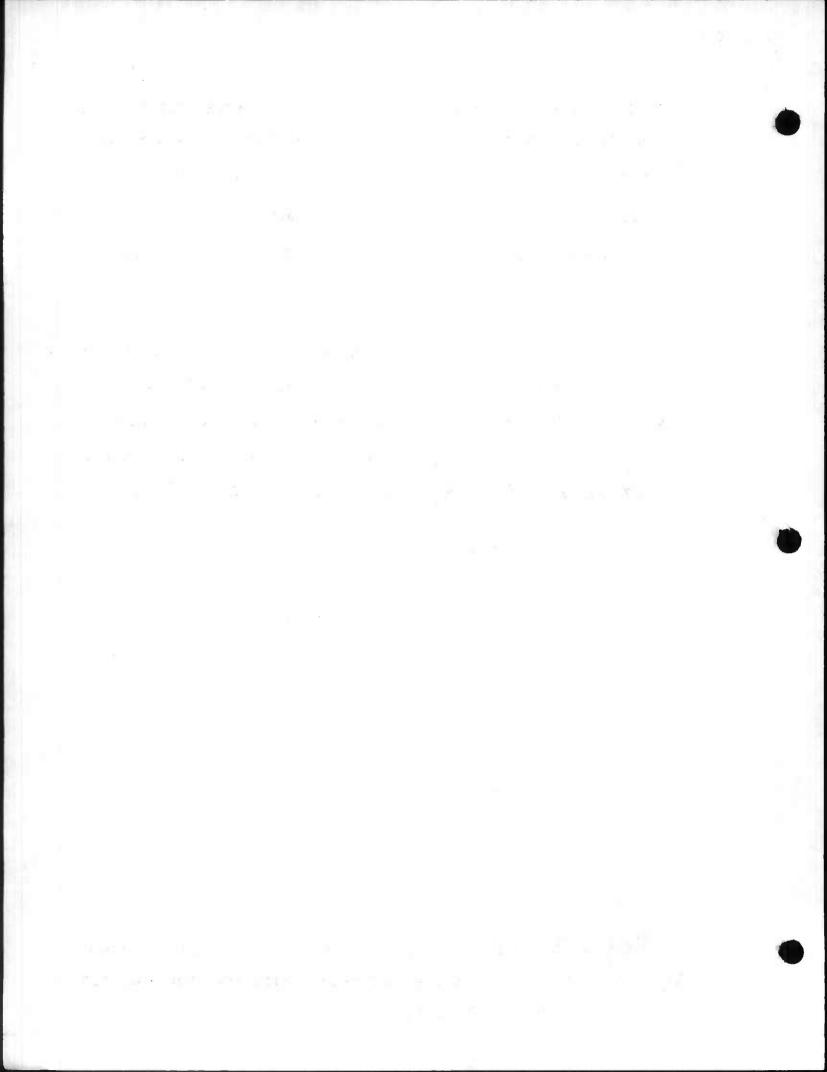
Certificate of Death

_						er lineale (Dealli	Re	g. No.	
	Physic /Med		Dacedant's Nama (First, Middle THOMAS FORT)	NER OS	BORNE				07,199	
2	Exami	ner	4e. Facility Nama (If not institution		r)			or Location of Death	4c. County o	
Ш			15918 DARK H			T. With a state of the	UPPI		BALTI	
	Funeral Director		5. Sociel Security Number 218–32–7644	6. Sax 7. A	iga (In yrs. last birthdo 59 Yrs	Months Da		8. Deta of Birth (Month, Dey, AUG 16,	Year) 1937	9. Birthplaca (State or Foreign Country) VIRGINIA
	Maryland H show	tor	Usual Rasidance of Decedant 10a. State 10b. County MARYLAND BAL	[IMORE	10c. City, Town or	Location	UPPERCO)		10d. insida City Limits 1 ☐ Yes 2 💆 No
	th with the 23e or 28a	ai Director	10e. Street and Number 15918 DARK HOLI	LOW ROAD		10f. Zip Cod	la 2115	1	Og. Citizan of Wh	nat Country?
020	172 hours efter death with the Maryland "natural", or items 23a or 28a-f show idical Examiner must be notified at	by Funeral	11. Maritel Status 1 Naver Marriad 2 Wentle 3 Widowed 4 Divorced	12. Was Deceden Armed Forcas ed 1 November 2 If Yes, Giva Yaar or Datas	June	3. Was Dacedent it Yas, specify C 1 ☐ Yas 2 ☐		(Specify Yas or No- larto Rican, atc.)		- Amarican Indien, Whita, atc. WHITE
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		S	8			CARPEN				CONSTRUCTION
Maryland	o la p	To Be	17. Father's Nema (First, Middle, L GIB MORGAN OSB					lama <i>(First, Middle, M</i> INDA JANE I		
a	d 2 should in and Mer 7 le marke traumatic		19e. intormant's Name/Raiationsh	ip (Type, Phint)	19b. Ma	illing Addrass (Str	eet and Number or	Rurel Route Number,	City or Town, S	tate, Zip Code)
	C = 8 =		CAROLE LYNN OS	BORNE WIFE	15	918 DARK	HOLLOW I	RD, UPPERC	O, MD 2	1155
Baltimore,	OF THE		20a. Mathod of Disposition 1 □ Buriai 2 □ Cramation 4 □ Donation 5 □ Other (Sp		cemetery, c	position (Name or rematory or other EAD CEME	place)	9/10		EAD, MD
Balti	pemit. Pege Department of Important: If any Injury or once.		21. Signature of tureral Sarvice L	Icensaa /	line	22. Nama and Ad	drass of Facility	ELINE FUN HAMPSTEAD,		
II.			23a. Part1. Enter tha disaase, or o shock, or haart feilure. List o	complications that cause	d the deeth. Do not a					Approximata Intarvai Batween
21	Physician /Medical Examiner		immediata Causa (Finai disaasa or condition rasulting in daath)	a. HUU	Dua to (or es a cons		2			Onset and Death
	uted d ansit	Examiner	Occupation of the second	b	Due to for on a cons	· · · · · · · · · · · · · · · · · · ·				
60,	icate be executed physician and s the buriel-transit	al Exa	Sequentially list conditions, if any, leading to immadiete causa. Entar Underlying Causa (Disease or injury that initiated evants	C	Dua to (or es e cons	equence or):				
ox 68/60,	h certificate be executed ending physician and r use as the buriel-transit	Physician/Medical	rasulting in death) Last	d	Due to (or es e cons	equence of):				
מ	E 8.	clan								
, r.o.	requires that the deet been signed by the eth hould be detached for	by Physi	Part It. Other eignificant condition	s contributing to death I	out not rasulting in the	undarlying causa	givan in Part t.	23b. Did tob	1	ribute to the cause of death? B Probably 4 Unknown
1	aw requir	Completed b						24a. Was an perform		24b. Wara autopsy tindings aveileble prior to complation of ceusa ot death?
	0 - 0	no.						₩ Yas	s 2 No	1 Vas 2□ No
2	defificate rector, pag	Be (25. Was casa ratarred to medical exeminar?				26. Place of D	aath (Check only one)	
-	Physician: this certific ral director,	2	11√2 Yes 2□ No	Hospitei: 1 Inpati	ant 2 ER/Outpat	ent 3 DOA	Othar: 4 Nursing	Homa 57 Resider	nce 6 Other	(Specify)
=			27. Manner of Death 1 □ Naturai 5 □ Panding	26e. Deta ot trije (Month, De	ury 28b. Tima lnjury	of 28c. tr	njury at Vork?	28d. Dascribe how	w injury occurred	
OISIA	or Attending after death. Director: After in by the fune	Certification:	Accident investige 3 Suicide 6 Could no 4 Homicide determine	otion Q - 7 ot be 28e. Piece of in	jury - At homa, term, sc. (Specify)	5 PM 1	☐ Yes 2 No	28f. Location (Str. City or Town,	eet and Number State)	or Rural Route Number, W
1	To the Hospital or within 24 hours afte To the Funeral Dir. completely filled in	edicai Ce	29a. Certifiar Certifying (Check only one) 2 Medical E	Phyalcian: To tha best kaminer: On the basis of end mannar si	of examinetion end/or	ath occurred at the	tima, deta end pia y opinion, deeth oc	ce, and due to the car	use(s) and mann	nar as steted. d dua to the cause(s)
	To the Comple	Mec	29b. Signature and titia ot certifiar	the Youll			anse number			Month, Day, Year)
•			30 Name and address of access	JUNO 1 TO	death (the open) T	O	CME	S.	EPT.08	, 1996

Volen 111 Penn Street, Baltimore, Maryland 21201

State Registrar

MADURAND B.
31. Date tiled (Month, Day, Year)
SEP 12 1996



State of Maryland / Department of Health and Mental Hygiene

Certificate of Death

					Certi	iicale oi	Dealli		Reg. No.		
Г	Physici	an	Decedent's Neme (First, Middle, Last)					2. Dete of De Month	Day	Year	3. Time of Death
	/Medi		GERTRUCE	A	h.		BRIEN	SEPT.	9 19	796	8:24 PM
)	Examir	ner	4e. Facility Neme (If not institution, give street end number)				4b. City, Town, or I	Location of Deet	h 4c. County	of Death	
			Washington Adventist Hospit	al			Takoma F			gomery	7
	Funeral			(In yrs. last birti	1.00)	If Under 1 Yaer Months Devs	If Under 24 Hrs. Hours Min.	(Month, De	th ev. Year)	9. Birthple	oce (State or Foreign
	Director		019-12-3703	76 Y	Yrs.		1,,,,,,	April 2	28,1920	Massa	chusetts
	p .		Usual Rasidence of Decedent 10a. Stete 10b. County	10c. City, Town	0.00	tine				100	d to the Oh the be
	sho	-		Toc. City, Town						10	d. Insida City Limits 1 ☐ Yas 2 ☐ No
	N Par	ctc	Maryland Prince Georges		E	Adelphi					
	الله الله الله الله الله الله الله الله	Director	10e. Street and Number			10f. Zip Coda			10g. Citizen of V		ry?
	23a		8207 17th Avenue				783		US	Α	
	to de	Funeral	11. Meritel Stetus 12. Was Decedent E Armed Forces?		13. We	s Decedent of has, specify Cub	Hispanic Origin? (S en, Mexican, Puert	pecify Yas or No o Rican, etc.)	- 14. Rec Blac	e - Amarica ck, Whita, et	
N	S aft	by F	1 Never Merried 2⊠ Married 1 Yes 2⊠ N	0	1 🗆	Yes 2 No	Specify:		Specify	White	e
3	72 hours after death with the Maryland "netural", or items 23s or 28s-f show of cal Examiner must be notified at	D	3 Widowed 4 Divorced Yeer or Detes:								
2	thin 72 hc a. an "natur Weden!	Completed	15. Decedent's Education (Specify only highast grede completed)	160.	(Give kir	nt's Usuel Occus nd of work done	petion during most of wor ed)	rking	16b. Kind of Bu	ısiness/Indu	ustry
Maryland 21215-0020	filed within Hygiena. ther than ent, are Ne	g E	Elementery/Secondery (0-12) College (1-4or 5-	+)	nemal		u)		0-	II	
3	o filed with al Hygiena. other than		17. Fether's Neme (First, Middle, Last)	поп	пешан	cer	18 Mother's Ner	ne /First Middle	. Meiden Sumer	m Hom	ie
2	d is d	Be c	John J. Mahoney					ude Swe		,	
	d 2 should the and Men 7 is marked traumatic	10	19e. Informent's Neme/Reletionship (Type, Print)	19h	Melling	Address /Street	t end Number or Ru			State 7in I	Codel
N N	2 2 2 2		F. Michael O'Brien				enue, Ade			2078	
	1 and 2 Health em 27 i		20e. Method of Disposition	20b. Plece of	Disposit	ion (Neme of	1	Dete Dete	20c. Location -		
			1 ☑ Burial 2 ☐ Cramation 3 ☐ Removal from Stete	cemeters	y, creme	tory or other ple	1				
paininore,	nit. Pe artmen ortant: injury		4 Donation 5 Other (Specify)	Gate o				9/13/96	Silver	Sprin	g,Marylan
0	pemit. Pegas Department of Important: If It any injury or o		21. Signeture of Funerel Sarvice Licanion	7		Neme end Addre	. Collins	Funera	1 Home.	Inc.	
	20200		feath & Smith	D	500	Univer	rsity Blv	d.W. Si	lver Spr		MD 20901
		/	Poa. Pert 1. Enter the district of pomp cetions that caused shock, or heart failing. List call one cause on each lin	the deeth. Do n e.	ot enter	the mode of dyl	ng, such es cardiec	or respiretory a	rrest,	1. 9	Approximete Interval Between
)ı	Physician		1.0	+ 6	2	/		7/	1		Onsat and Deeth
	/Medical Examiner		Immediate Cause (Final disease or condition resulting in death)	le g	W	none	ry J	non	bochs	OWN	4 Uncart
		<u></u>		Due to (or es e c						4	
	pe tis	n/Medical Examiner	b					-			
	icete be axecuted physician and s tha buriel-transit	xar	Sequentially list conditions, if eny, leeding to Immediate cause. Enter Underlying Cause (Disease or Injury c.	Due to (or es e c	conseque	nca of):					
00100	be a siclan burio	la E								-	
00	carificete be axecuted iding physician end usa as tha buriel-transit	be	resulting in death) Lest	Due to (or es e co	onsequa	nce of):				1	
4	nding p	3	d								
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5	the the	Physicia	Pert II. Other significant conditions contributing to death bu	not resulting in	4				1		the cause of death?
L	es that thighed by be detact	F P	(avolany free	y E	カケ	ene		1	Yes 2D No	3 Probe	ably 4 Unknown
necords,	raquires that ben signed to hould be deta	d by		1				24e Wes	en autopsy	24b. Wer	re eutopay findings
2	been s	ete		/					ormed?	evel	lable prior to pletion of cause
٥	hes ya 2	Completed						\ \ \	/	of de	eath?
=	pag pag							1×	Yes 2□No	104	Yes 2□ No
Aitai	ician: The certificate rector, pag	Be	25. Wes case referred to medical examiner? Hospital:			OH	26. Piece of Dee	eth (Check only	one)		
5	Physician: this certific ral director,	To.	TLI Yes 200 NO 1 Inpatier		-	3LI DOA	4 LI Nursing H		dence 8 Oth)
	ding P. h. After funar	lon	Netural 5 ☐ Pending (Month, Dey		ime of	28c. Inju Wo	rk?	28d. Describe	how injury occur	red	
2	Attending ir death. sctor: After by the fune	cat	2 Accident investigation 3 Sulcide 6 Could not be]Yes 2□No	00/1			
	or Attence frar daati Director: I in by tha	Certification:	4 Homicide determined 28e. Pleca of Inju	ry - At home, fer (Specify)	m, stree	t, fectory, office			Street end Numb wn, Stete)	er or Hurai	Houte Number,
3	urs e			_							
	To the Hospital or Attending I within 24 hours after death. To the Funeral Director: After completely filled in by the funer	edical	29a. Certifier Check only 2 Medical Examinar: On the basis of	examinetion end	, daeth o d/or Inves	ccurred et the til stigetion, in my o	me, dete end plece opinion, death occu	e, end due to the irred et the time,	dete end placa,	nner es sta and due to	ited. the cause(s)
	thin 2	Med	end manner stell	ed.		29c. Licens					
	5 × 1 × 10		29b. Signature and title of gentiller						29d. Dete signe	a (Month, D	oy, rour)
	10		Marin Keller Stop			2)3	2411	4	seaten	54/1	10 20 90
	10		30. Name end eddress of person who completed cause of de	eth (Item 23e) (Type, Pr	int)	14 0	Engler	WHE	ATOI	N -
			KHMUL GILLOIKH MI)	12016	56	SEURC	DIL UIL	01146	01/16	N	10 20 90
	Sta		31. Dete filed (Month, Dey, Yeer) 32. Registre		0						
	Registr	ar	SFP 1 8 1996	muidson-A	andel						

	fn	G781 3/2/00 yg		Certif	ficate of	Death		Reg. No.		8526
Physici	an	1. Decedent's Name (First, Middle, Last) Francis Larmour Oys	tor Tr				2. Dete of De Month	Dey	Year	Time of Death
/Medic Examir		4a. Facility Name (If not institution, give street				4b. City, Town, or L	-	per 4, 1		:45 AM
Funeral Director		Montgomery General 5. Social Security Number 6. Sex 577 18 6256	7. Age (In yrs. les		Under 1 Year lonths Deys	Olney If Under 24 Hrs. Hours Min.	8. Dete of Bir (Month, De Nov. 1	th ly, Year)		(State or Foreign
1		Usual Residence of Decedent 10a. State 10b. County	10c City 1	Town or Locati	ion					nside City Limits
a or 28a-f show be notified at	ior	Maryland Montgomery		ver Sp						☐ Yes 2 No
or 28a e notif	rect	10e. Street and Number		-	10f. Zip Code			10g. Citizen of	What Country?	
23a o unt by	alD	3700 International Dr	ive		20906	5		United	States	
ar, or herse Examiner m	by Funeral Director	1 Never Married 2 Married 1	is Decedent Ever In U,S. ned Forces?] Yes 2 [3] No 'es, Give ar or Detes:		Decedent of Hes, specify Cub	Hispenic Origin? (Sp an, Mexican, Puerto Specify:	pecify Yes or No Rican, etc.)	Specific	e - American Inck, White, etc. Whit	
figal.	Completed	15. Decedent's Education (Specify only highest grade comp	pleted)	16a. Decedent	i's Usual Occup	pation during most of work	kina	16b. Kind of B	usiness/Industry	1
Pan Me	mple	Elementery/Secondary (0-12) Co	liege (1-4or 5+)	lifa. DO	NOT usa retire	id)			ery Cou	-
other t		12 17. Father's Name (First, Middle, Last)	_	POLIC	e Clerk	18. Mother's Nam	e (First, Middle		ce Depa	rtment
tic evi	To Be	Francis Larmour Oys	ster			Susan	Parson			
is marked of	-	19a. Informant's Name/Relationship (Type, Pri		19b. Mailing A	ddress (Street	t and Number or Ru			State, Zip Code	9)
em 27 i		Suzanne Oyster Loos/S				ll Drive,	Hunti	ngton Be	ach, CA	92649
# b		20e. Method of Disposition 1 ☑ Burial 2 ☐ Cremetion 3 ☐ Remove 4 ☐ Donetion 5 ☐ Other (Specify)	II from State		on (Nama of ory or othar pie aven Ce	emetery 9/	Date /9/96	20c. Location	City or Town, S Spring,	
Important: any injury o		21. Signature of Funeral Service Chaques	A00689	Bet! Bet!	eme end Addre hesda-C hesda,	ess of Fecility Rob Chevy Chas Maryland	ert A. se. Inc. 20814-	Pumphre 7557	y Funer Wiscons	al Home/ in Ave.
ysician Medical aminer		23a Part Enterine disease, or complications and the part of the pa	s that coused the death.	Do not enter the	he mode of dyl	ng, such as cerdiac	or respiratory a	rrest,	tnte	roximate rval Between et and Death
nsit.	niner	b	Due to (or e	s a consequer	nce of):					
physician and the bunal-transit	al Examiner	Sequentially list conditions, if eny, leading to immediate cause. Enter Underlying Cause (Disease or injury that initieted events		s a consequer						
attending phy	n/Medical	resulting In death) Last	Due to (or as	s a consequen	ce of):				i	
the atte	Physician/M	Part II. Other significant conditions contributing	ng to death but not resulting	ng In the unde	rlying cause gi	ven in Part I.	23b. Did	tobacco usa co	ntributs to the	cause of death?
igned by the be detached	by Phy	CVA, Chro	nie kra	al fe	ailu	re.	10	Y98 2 No	3 Probably	4 □ Unknown
s been s 2 should	Completed			V			24a. Was	an autopsy ormed?	available	utopsy findings e prior to tion of cause 17
is certificate ha director, page	Con						10	Yes 2 No	1 ☐ Yes	2 □ No
certificate rector, pag	Be	25. Was cese referred to medical examiner?		71 - 2 - 3	Oil	26. Place of Dee	th (Check only	one)		
	5	TE TOS ZEZINO	1 ⊟mpatient 2 □ EH	VOutpatient Bb. Time of	3L DON	4 Li Nursing H		dence 6 Oth		
tor: After	Itlon	1 ☐ Netural 5 ☐ Pending 2 ☐ Accident investigation	. Date of Injury 25 (Month, Day Year)	Injury	28c. Inju Wo M 1	rk?]Yes 2□No	200. 20020			
completely filled in by the funeral	Certification:	3□ Suloido 6□ Could not be	Place of Injury - At home building, etc. (Specify)	e, ferm, street,	fectory, office	7		Streat and Numi wn, Stata)	per or Rurai Rou	ita Number,
within 24 hours after death. To the Funeral Director: A completely filled in by the funeral completel	edicai	29a. Certifier (Check only one) 1 Certifying Physician: 2 Medical Examiner: Or an	To the best of my knowie the besis of exemination d manner stated.	dge, death oc and/or invest	curred at the ti	me, date and place, opinion, death occur	and due to the red at the time,	cause(s) and m dete and place,	anner as stated and due to the	Ceusa(s)
with To th	×	29b. Signature and title of codifier	ays		29c. Licen	3047	7	29d. Dete signe SEPTEM	NEN S	1995
10		30. Name and address of person who complete	d cause of death (Item) 23	(Type, Prin	0.11	1000	21 11	2/ 1	1117	1817

DHMH 16 Ray 6/95

State of Maryland / Department of Health and Mental Hygiene 96 28527

						C	ertificate	of	Death			Reg. No.		
			1. Decedent's Neme (First, Middle, La	st)							2. Dete of De		14	3. Time of Death
	Physici		Raymond William	Pe110							Month Contomi	per 5.	Yeer	0.15 DM
1	/Medi Examir		4a. Facility Neme (If not institution, giv		er)				4b. City, To	wn, or Lo	cation of Deeth		y of Death	8:15 PM
	Exami	ier							-					
-			Montgomery Gener 5. Sociel Security Number 8. S		Age (In yrs.	lest hirthda	If Under 1	Year	01r	1e y 24 Hrs.	8 Defe of Bid	Mo1	ntgom	ery
п	Funeral Director		1	M 2□F		Vm	Months	Deys	Hours	Min.	8. Dete of Bird (Month, De			olece (State or Foreign htry)
	Director		577-60-1516 Usuei Residence of Decedent		8	6					Nov. /,	1909	Verm	ont
	B 18 14		10a. Sfete 10b. County		10c. Ci	ty, Town or	Location						1	IOd. Inside City Limits
	Varytar f show led at	ō	Maryland Montgom		0.1	1	3 1							1 ☐ Yes 2 ☐ No
	2 8	Director	Maryland Montgon 10e. Street and Number	lery	51	Iver 3	Spring 100. Zip C	ode				10g. Citizen of	What Cour	ntar?
	iar death with the Maryland Herrs 23e or 25s-f show Inst.must.be.notified.st	ā					Tol. Zip o	000				rog. Onizeri or	What Cour	my r
	E 23	by Funeral	14809 Pennfield C					090		1-1-0 (0-		U.S.		and to diese
		Š	11. Meritel Stefus	12. Wes Decede Armed Force	95?	1,5.	If Yes, specify	Cub	an, Mexica	n, Puerto	ecify Yes or No Rican, etc.)	Bla	ce - Americack, White,	
20	# 8 H	YF	1 Never Married 2 Married	1 X Yes 2 If Yes, Give			1 ☐ Yes 25	No	Specify:			Specia	ty:	
8	72 hours after "natural", or its edical Examine		3 ☑ Widowed 4 ☐ Divorced	Year or Dete	s: WW	1								ite
κ'n	전 혈류	Completed	15. Decedent's Ed (Specify only highest gra	ducation ide completed)		16a. Dec	edent's Usuel (ve kind of work DO NOT use	done	patlon during mos	at of work	ing	16b. Kind of E	Jusiness/In	dustry
12	within than "	d E	Elementery/Secondery (0-12)	College (1-4	or 5+)			retire	a)					
2				5+		Lav	yer			9071120				ernment
Ĕ		Be	17. Father's Neme (First, Middle, Last)	,					18. Moth	er's Nem	e (First, Middle,	Maiden Suma	me)	
충		ပို	Joseph S. Pello)					Je	nnie	Stoppi	lello		
Maryland 21215-0020	2 2 2 E		19a. Informant's Neme/Reletionship (Type, Print)		19b. Me	iling Address (Street	end Numb	er or Run	al Route Numb	er, City or Town	n, State, Zip	Code)
	s 1 and 2 should f Health and Mer them 27 is marks other traumatio		Patricia Pelszyns	ki		11906	Gold 1	Vee	dle W	lay C	olumbia	, Mary	Land	21044
e c	T Se P		20e. Mathod of Disposition	30	20b. I	Plece of Dis	position (Neme remetory or oth	of er ple	ce)	1	Dete	20c. Location		
Baltimore,	Pag		1 □XBurlei 2 □ Crametion 3 □ 4 □ Donetion 5 □ Other (Specification)		910		City C			n	9/09/96	Pleasa New J	ntvii	rie,
#	permit. Departri Importa any inju		21. Signeture of Funerel Service Licer	1800)		22. Neme end	Addre	ss of Fecili	ity				
m	Departition of the policy of t		Day 1	10	00							Home,		
-			23e. Part f. Enter the disease, or com-	plications that cau	self the deel	h Donote	00 Uni	ver	sity	B1vd	or respiretory e	1.Spr.	Mary	land 20901
	D 1 -1 1-		shock, or heart feilure. List only	one ceuse on eed	h line.	an Bornore	THO THOUSE	or ayı	ng, addir da	0410100	or respiretory e	1031,		Approximete Interval Between Onset and Deeth
	Physician /Medical		Immediate Cause (Final											- 1.11
	Examiner		disease or condition resulting in death)	a HEY	ATIT	1S_	B							INK
		-			Due to (or es e cons	equence of):							
	bed her	Examiner		b										
_	and I-tra	xar	Sequentially fist conditions, if any, leeding to immediate cause. Enter Underlying Cause (Disease or Injury		Due to (or es a cons	equenca of):						i	
60	be e	<u>8</u>	cause. Enter Underlying Cause (Diseese or Injury	C										
68760,	ertificate be executed ling physician and se as the bural-transit	Medicai	thet initieted events resulting in deeth) Lesf		Due to (d	or es e cons	equence of):							
×	ling F	Me	L	d										
Bo	that the death cer ed by the attendin deteched for use			0										
	the a	Physician	Pert fl. Other significant conditions of	ontributing to deat	h but not res	sulting In the	underlying cau	sa gh	van in Pert	f.	23b, Did	tobacco use co	ontribute t	o the cause of death?
P.0	requires that the sen signed by th hould be deteche	P.									10	Y88 2 No	3 Pro	bably 4 Unknown
	es tha igned be de	by										-		
Records,	been si should											an autopsy		ere sutopsy findings vailable prior fo
ပ္ထ	aw requisits been 2 should	pie											CO	ompiation of cause death?
R	9 7 8	Completed									10	Yes 2 No	11	□Yes 2□No
Vital		0	25. Wes case referred to medical						OC Diese	o of Doot				2010
5		0	examinar? 1 ☐ Yes 2 ☑ No	Hospitel:		\CD(0.44)		Ott	ner _		h (Check only o	_		
of			27. Manner of Deeth	28e. Date of		ER/Outpeti 28b. Time	-	: fnlu				dence 6 DOt		TY)
Division	Attending For death. Sctor: After by the funer	Certification:	1 Neturel 5 Pending investigation	(Month,	Dey Year)	Injury	М	Wo	rk? Yes 2□			in in jury occur		
S	death death tor: / the	ica	3 ☐ Suicide 6 ☐ Could not be		Selium At h				1100 2		20f Loopfion (Cleant and Num	har as Our	al Route Number,
<u>></u>	7550	Ē	4 ☐ Homicide determined	building	etc. (Special	by)	street, fectory,	mce			City or To		Der Ur Hurz	ar noble Number,
_	To the Hospital or within 24 hours after To the Funeral Dir completely filled in		20a Cadifiar 450 aut 1	velalas T ···								- 12		
	To the Hospital within 24 hours To the Funeral completely filled	edicai	29e. Certifier (Check only (niner: On the basi	s of axamina	wiedga, dar ition end/or	atn occurred et Investigation, ir	the ti	me, dete er opinion, daa	nd pleca, ath occur	and due to the ed at tha tima,	cause(s) and m data and place	anner as a , and due t	stated. o the causa(s)
	the the	Med	one)	end menner	steted.									
	or or or		29b. Signeture end fitte of certifier	. 1			290.1	Licens	se number			29d. Dete sign	ad (Month,	Dey, Year)
	10+		- Ulmi-W	1.Han		M	15.	23	(14			7-6-	2/P	
	190		30. Neme and addrass of person who	complated cause	of daeth (Itar	n 23e) (Typ	e, Print)							
_	. 0		DENNIS HANN	ION, M	10 3	3416	OLAN	JI	OOW	0	DURG	DWE	7 M	0 20832
	Sta	te	31. Dete filed (Month, Dey, Year)	32. Reg	istrer's Signa	ature	Andelle			-		-		
	Registr	ar	SEP 1 0 1	996	retia Das	ridson	fandelle							

State of Maryland / Department of Health and Mental Hygiene

6	2	8	5	2	8

					Ce	rtificate c	f Death		Reg. No.		
Dhyois	ion	1. Decedent's Name (First, Middle,	Last)					2. Date of	Death	-Vear	3. Time of Death
Physic /Med			TOFSKY					SEPT		9 ^{Vear}	9:25 PM
Exami	ner	4a. Facility Neme (If not institution, CARRIAGE HILLS N						m, or Location of De R SPRING			RY
Funera Director		135-14-2920	3. Sex 1 ☑ M 2 ☐ F	7. Age (fn yrs. 98	last birthdey) Yrs.	If Under 1 Ye Months Da		Min. (Month,	Birth Day, Year) 5, 1897	Cour	ntry)
and		Usual Residence of Decedent 10a. State 10b. County		10c. Cit	ty, Town or Lo	ocation				1	Death OMERY Death Death OMERY Death Deat
Mary Heh	ţ	MARYLAND MONTGO	MERY	CH	EVY CH	ASE					
h with the	al Director	10e. Street and Number 3809 BLACKTHORN	STREET			10f. Zip Cod	20815		10g. Citizen of UNITED S		
within 72 hours after death with the Maryland ene. than "ratural", or items 23a or 28s-4 show ha Medical Examiner mail be notified at	by Funeral	11. Marital Status 1 Never Merried 2 Married Midowed 4 Divorced	12. Was Dece Armed For 1 Tes If Yes, Give Yeer or De	ces? 2XXNo e		Was Decedent of Yes, specify C		in? (Specify Yes or Puerto Ricen, etc.)	No- 14. Rac Bla Specifi	ck, White,	etc,
s 1 and 2 should be filed within 72 hours f Health and Mental Hygiene. Item 27 is marked other than "natural; other traumetic event, the Medical Exp	Completed	15. Decedent's (Specify only highest Elementary/Secondary (0-12)		-4or 5+)	(Give life.	dent's Usual Oc kind of work do DO NOT use re	ne during most (Ired)		16b. Kind of B		
be filed v tal Hygie d other t	ပိ	8 17. Father's Name (First, Middle, La	ist)		SILK	FACTORY		's Name (First, Mid			RY
should be filed withing Mental Hygiene. marked other than metic event, the Mental Men	To Be	HERZL PITOFSKY						SE SIMKOW			
2 should and Men is marke sumstice	-	19a. Informant's Name/Reletionshi				_		r or Rural Route Nu	-		
1 and Health em 27		ROBERT PITOFSKY	(SON)	Table 2					1		
		20a. Method of Disposition 1		State	cemetery, cre	osition (Name of matory or other) OMON MEM	olece)	Date			
permit. Page Department of Important: If any Injury or once.		21. Signature of Funeral Service Lie	10 4	DA	Neme end Ad	dress of Fecility	DC MEMORI	TAT CITATO	7.0		
Physician /Medical Examiner	er	23 Art1 Enter the disease, or conshoot, or heert feilure. List or limited the Cause (Finel diseas or condition resulting in death)	. Seve	re an	emia or as e conse		aying, such as c	erdiac or respirator	y arrest,		Onset and Death
uted 1 Insit	Examiner		. Dive	rticul		3 65					years
ificata be axecu g physician and as the bunal-tra		Sequentially list conditions, if any, leeding to immediate ceuse. Enter Underlying Cause (Diseese or Injury		Due to (c	or as a consec	quence of):					'
n certificata be axecuted inding physician and use as the bunal-transit	Medical	Cause (Diseese or Injury that initiated events resulting In death) Last	c	Due to (o	r es a consec	juence of):					
eath cert attendin	ian/		0.					101		1	
es that the de igned by the be detached	by Physician	Pert II. Other algorificant conditions Hypertension	s contributing to dea	ath but not res	uiting in the u	nderlying cause	given in Part I.		id tobacco use co		
aw requir is been s 2 should	Completed b	Dementia							as an autopsy erformed?	ev	eilebie prior to empletion of cause
The ata h	Con	Renal insuffi	ciencu					1	☐ Yes 2 No	1 [☐ Yes 2☐ No
Physician: The this certificata ral director, pag	Be	25. Was cese referred to medical examiner?	Hospital:					of Deeth (Check on	ly one)		
Phys this ral di	1: To	1 ☐ Yes 2 No 27. Manner of Deeth	1 LI		ER/Outpetie	I 3L DOA			esidence 8 Oth		(y)
Attending For death.	atior	1 Naturel 5 Pending 2 Accident investige	28e. Dete o (Month	h, Dey Year)	Injury		njury at Vork? ☐ Yes 2 ☐ N		11.11.11.11.11.11		
i or Attendi after death. Director: A d in by the fu	Certification:	3 Suicide 6 Could no 4 Homicide determin	288. Place	of Injury - At hing, etc. (Specif	ome, farm, st	reet, factory, offi	ce		n (Street and Numi Town, State)	ber or Run	al Route Number,
To the Hospital or within 24 hours after To the Funeral Dir completely filled in	edical C	29a. Certifier (Check only one) 1 Certifying 2 Medical Ex	Physician: To the taminer: On the bearing	sis of examina	wledge, deat tion and/or In	n occurred et the vestigation, in m	time, date and y opinion, deati	place, and due to the control occurred at the tine	he cause(s) and m ne, date end place,	anner as s and due to	stated. o the cause(s)
To the To the compl	Me	29b. Signature and litle of certifier				29c. Lic	ense number		1 1		Day, Year)
		Muth Ke	vess-C	ohen	MD	L	33159		9/3/	96	
3		30. Name end address of person with Ruth Kevess-(A 1	of deeth (Item	23a) (Typa,	Print)	4110	H400 S.I.	ION Som	na h	10 20910
CA	210	31. Dete filed (Month, Dey, Year)		gistrer's Signa	ature	corgia	1100	100 311	Joi spill	19,11	10_20710

State

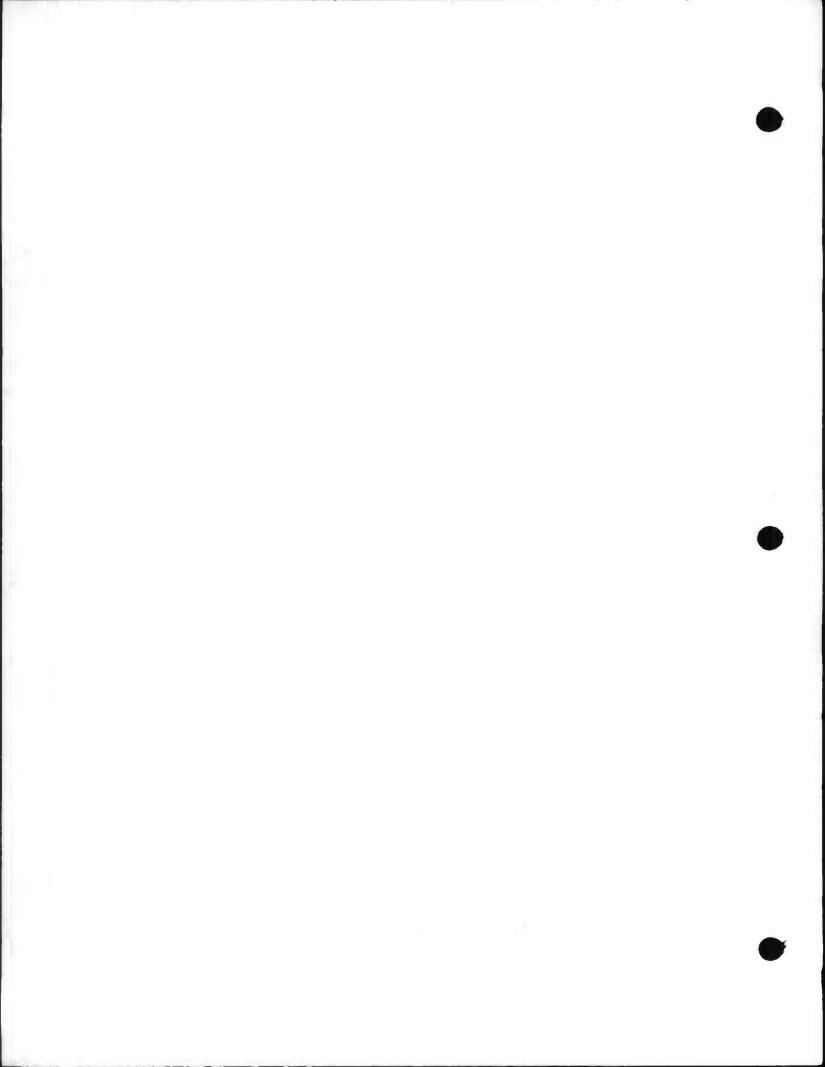
Registrar

SEP 1 0 1996

DIVISION OF VITAL RECORDS, P.O. BOX 68760

	TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the host	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached filed within 72 hours after death with the State Deor, of Health and Mental Hodiene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.	
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	2	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the fit be filled within 72 hours after death with the State Dent. of Health and Mental Hydiene prior to burial, cremation, or removal.	E	
			- 1	

	FOR STATE REGISTRAR	STATE OF MARYL	AND / DEPART				GIENE					
	1. DECEDENT'S NAME (First, Middle, Last)	0 :				2. DATE OF DEA	3. TIME OF DEATH					
	Norris Pry	yor Pet	erson			Septembe	- 10 1	994	0200 A M			
	4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. last birthday) F UNDER 1 YEAR IF UNDER 24 HRS. 7. DATE OF BIRTH S. BIRTH											
	578-18-8573	1 X M 2 □ F 7 G	YRS.	DATS	HOUNS I MIN.	Aug. 2,			praska			
œ	9a. FACILITY NAME (If not institution, give at				OR LOCATION OF D	EATH	9c. COU	NTY OF D	EATH			
DIRECTOR	SHADY GROVE ADV			Rockv		e Montgomery						
iRE	10a. STATE 10b. COUNTY			TOWN OR LOCA	TION				10d, INSIDE CITY LIMITS?			
	Maryland Monto	omery	Ro	<u>ckville</u>					1 TES 2 X NO			
FUNERAL	13917 Vista Dri	ivo		10	20853				WHAT COUNTRY?			
NO.	11. MARITAL STATUS	12. WAS DECEDENT EVER IN	U.S. ARMED	13. WAS DEC	CCOUS	NIC OBIGIN? (Spec			States			
	1 Never Married 2 W Married	FORCES? 1 YES		If yes, sp	ecify Cuban, Maxico 2 NO Specie	en, Puerto Ricen, el		Black	— American Indian, k, White, etc.			
ВУ	3 Widowed 4 Divorced	1934-1938			Å Specia	,.		Spec	White			
COMPLETED	15. DECEDENT'S EDUC (Specify only highest grade	CATION completed)	18e. DECEDENT'S U	SUAL OCCUPATION of done during incorporation of the control of the	ON at of working	16b. KIND C	F BUSINESS/INC	USTRY				
, E	Elementary/Secondary (0-12)	College (1-4 or 5 +)							110			
M	17. FATHER'S NAME (First, Middle, Last)		Fire Ch	ief		ID. C.	Fire [lepar	tment			
		Dataman				ME (First, Middle, N		1				
B	19a, INFORMANT'S NAME (Type/Print)	Peterson	19b. MAILING A	DDRESS (Street)	Bessi and Number or Rural							
2	Charlotte C. Pet	cerson		as 10	TO THE OF THE SE	riodie Hullion, Ony	or lown, stere, Es	(0000)				
	20a. METHOD OF DISPOSITION	206	PLACE AND DATE OF	DISPOSITION (No	me of	DATE 20	oc. LOCATION —	City or To	wn, State			
	1 Donation 6 Other (Specify)		etery, crematory or othe hesapeake	er place)	torv	9-11 B	eltsvil	le.	Maryland			
	22. NAME AND ADDRESS OF FACILITY Rapp Funeral Services, P. A.											
	I Cleen Fr	1. Kap	0	1933 C	ist Aven	services	or Sori	na	MD 20910			
	23. PART i. Enter the diseases, or c	omplications that caused	the death. Do no	t enter the mo	da of dying, suc	h an cardiac or	reapiratory an	est,	Approximata			
	iMMEDIATE CAUSE (Fine)	List Dnly Dne cause on e	ich line.						Interval Between Onset and Death			
	disease or condition resulting in death) a. Bilateral Rullmania.											
	DUE TO (OR AS A CONSEQUENCE OF):											
N N	Sequentially list conditions, a chronic obstitutive pulmonary disease years											
CERTIFICATION	If any, leading to immediate cause. Enter UNDERLYING											
FIC	CAUSE (Disease or Injury that Initiated events Due to (OR AS A CONSCOUENCE OF):											
E	that initiated events reaulting in death) LAST											
	DART II On a standing of the											
N.	PART II. Other algnificant conditions	a contributing to death be	it not resulting in	the underlying	g cause given in		AS AN AUTOPSY ERFORMED?	24b	WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO			
ă						I 🗆 Y	ES 2 NO		OF DEATH?			
X	DID TODA CCO LICE COATT	NOUTE TO CALLET		5 5		_			1 - YES 2 1 NO			
PHYSICIAN: MEDIC	DID TOBACCO USE CONTR		F DEATH YES		UNCERTAI	N 🗆						
20	EXAMINER?	HOSPITAL:		OTHER:		W 5500-						
¥	27. MANNER OF DEATH	1 € Inpatient 2 ☐ ER/Output 26a. DATE OF INJURY	26b. TIME		e 5 Residenca	6 Other (Specif) 28d, DESCRIBE I		HIDEO				
	1 Return 5 Pending	(Month, Day, Year)	INJUI	WO WO	RK?	and, Deponible i	TOW INSURT OC	OHED				
Э ВУ	2 Accident Investigation 3 Suicide 8 Could not be	28e. PLACE OF INJURY	- At home, farm, str			281. LOCATION (Street and Number or Rural Route Number,						
Ī	4 Homicide determined	building, etc. (Speci	fy)			City or Town,	State)					
COMPLETED	29a. CERTIFIER (Check only	CIAN: To the best of my knowle	edge, death occurred	at the time date	and place, and due	to the cause(s) on	d magnar as stat	ard.				
MC		R: On the basis of exemination) and manner as stated.			
	29b. SIGNATURE AND TITLE OF CERTIFIER				29c. LICENSE NUI	_			(Month, Day, Year)			
BE	8. Aboutarast, MD 313910 September											
임	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) #230											
	Suhair H. Abulfarag, M. D., 481 North Frederick Avenue, Gaithersburg, MD 20879											
	31. DATE FILED (MONTH, Day, 16ar)	2. REGISTRAR'S SIGNA	TURE			,		1 1 1	2 20075			
	SEP 1, 1 1996 Suite Davidon-Ronder											



					State	of Mar	yland	Dep / D	artmer <i>rtificat</i>	nt of h te of	dealth <i>Death</i>	and M	Mental Hy	/giene Reg. No.		6 28	3530	
			1. Decedent's Neme	(First, Middle,	Last)								2. Dete of De	eeth			Time of Death	
	Physic		PAUI	L BROOK	S PUCKET	IT. SI	R						Month SEP 9	199		Year	4:18 PM	
	/Medi Exami		4e. Facility Neme (If	not Institution,	give street end r	number)					4b. City, To	own, or L	ocation of Deal			of Death	1110 111	
			NATION	NAL NAV	AL MEDIC	CAL CI	ENTE	R			BET	THES	DA		MC	NTGOME	RY	
	Funeral		5. Sociel Security No	umber 6	S. Sex		'In yrs. le	st birthday)	If Under	r 1 Year	if Under	24 Hrs.	6. Dete of Bi (Month, D	rth			(State or Foreign	
	Director		445-09-89		XX M 2 F	7	6	Yrs.	Months	Deys	Hours	Min.	APRIL 1	1, 1	920	HARTSH	ORN, OK.	
9			Usuel Residence of 10a. Stete	10b. County		1	Oc. City.	, Town or L	ocation							10d I	neide City Limite	
with the Mandand	la-f show	Director	MARYLAND	MONTGO	MERY		POTO										Yes XXNo	
6	or 28a-f	Dire	10e. Street and Nun						10f. Zip	Code				10g. Citi	izen of V	Whet Country?		
6	23a		12104 DRE	WS COUR	T				208	354				U.S	.A.			
5-0020	ours anior death with the Melytu af, or items 23s or 28s-f sho Examinet must be notified at	by Funeral	11. Meritei Stetus 1 Never Merrie 3 Widowed		d 1XX/es	Armed Forces? ff Y			ff Yes, spe	Vas Decedent of Hispanic Origin? (Spec Yes, specify Cuban, Mexican, Puerto Ri Yes 2 No. Specify:						k, White, etc.	American indien, White, etc. WHITE	
200	Age at	Completed	(Speci	15. Decedent's	Education grade completes	d)		16a. Dece	dent's Usu	ei Occup	oation	et of wor	kina	16b. K	ind of Bu	usiness/Industr	у	
121 William	- See	nple	Elementery/Secon			(1-4or 5+)					during mos d)	31 01 11011	wy					
d 21	Hygier dher th ent, the	Cor	12	A1 100 100 100 100 100 100 100 100 100 1				LAIVA	OR/PE	ROFE		- 111/		-		DUCATIO	N	
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aryla	BEE	-	19e. Informent's Ne	me/Reletionshi	p (Type, Print)			19b. Maiii	ng Address	s (Street	end Numb	er or Ru	ral Route Numb	per, City o	r Town,	Stete, Zip Cod	le)	
, Ma	Health av sem 27 is other trau		MARY JAN	E PUCKE	TT. WIF	E		12104	DREW	IS C	OHRT.	POT	OMAC, M	m 2	n 85/			
re,			20e. Method of Disp	osition			20b. Ple	ece of Disponentery, cre	sition (Ne	me of		101	Dete			City or Town,	Stete	
e e	o m to		1 X Buriei 2 C		B ☐Removel from	m Stete		NGTON					9/18	ARLT	NGTO	ON, VA.		
altimore,	Department of Important: If I any Injury or otice.		21. Signetare of Fur												-			
Ball	Day Imp		1 Cled	An. A	. 6 4400								S, INC.		O W	LSCONSI	N AVE.	
0		Н	23a. Part Lent 1	dis se, or co	omplications the	t caused th	e deeth						C. 2001		-	Apr	proximate	
DI DI	hunlalan.		shoot or heert feliure. List only one cause on each line.									Inte	rvei Between set and Deeth					
	hysician Medicai											-						
	xaminer	П	disease or condition resulting in deeth)	,	θ			SYSTEM ORGAN FAILURE (or es e consequence of):										
		ē						es e conse	quence of):									
8	nsit	Examiner			b	SEPSIS												
9,000	n and	Exa	Sequentielly list conditions, if any, leeding to immediate cause. Enter Underlying									uence or):						
8760,	hysician and the burial-transit	dicai	Cause. Enter Underlying Cause (Disease or injury that initiated events Due to (or es a consequence of):															
68 ficat	of phy as th	Pe	resulting in deeth) L			Du	e to (or e	es a consec	luence or):									
Box ath cert	attending for use as	Z			d													
m to	d for	Physician/Me	Pert II. Other signific	cent condition	a contributing to	death but r	oot recul	ting in the I	nderiving (nauco cir	on in Dect		235 Did	tohecoo	1100.00	atellaute to the	cause of death?	
P.O.	ed by the detached	hys	Totti, ottor organi	ount containon	a continuating to	death but i	100 10001	ung in the c	indenying c	ause gn	ron in Fait	1.		Yee 2	_		4 Unknow	
T that	peu e det	by P												100 2		0_1100001	, volument	
I Records, P.O. Box 6. The law requires that the death certific	n sign													an autor	psy	24b. Were e	utopsy findings	
0 5	should	Completed											perf	ormed?			le prior to tion of cause	
B a	ata has page 2	E												V 0	X No			
			25 Was assa safass	ad to madical											₩ No	1 LI Ye	s 2 No	
<u> </u>	s certific director,	9 Be	25. Wes case referre		Hospitel:	7.	-0-			Ott	205:		th (Check only					
Phy Phy	ral of	- To	1 ☐ Yes 2 💢 I	-	1 1 2	Inpatient		R/Outpetie		JA	4 L N	ursing H	ome 5 Res					
Division of Vita	death. ctor: After thi	ation	1 Neturei 2 Accident	5 Pending investige	tion	e of Injury onth, Dey Y	'ear)	Injury	М	28c. injui Wo: 1 🗌	rk? Yes 2□] No	200. 2000120	riow injur	y occur			
5 6	i Dia	Certification:	3 ☐ Suicide 4 ☐ Homicide 6 ☐ Could not be determined 28e. Pleca of fnjury - At home, ferm, street, fectory, office building, etc. (Specify)							fectory, office 26f. Location (Street and Number or Rurel Route Number, City or Town, State)								
Ospital	file all		29e. Certifier	1 Certifying	Phyelcian: To th	ne best of n	ny know	iedge, deet	h occurred	et the tir	me, dete e	nd plece	and due to the	cause(s)	end ma	nner as stated		
HO	Fun e Fun	dicai	(Check only one)	2 ☐ Medical Ex	caminer: On the	basis of ex	aminetic	on and/or in	vestigetion	, in my o	opinion, de	eth occur	red et the time	dete and	d pisce,	and due to the	cause(s)	

To the Hospita within 24 hours To the Funeral completely fille

20

Medical

State Registrar

M.B.ALI, LCDR, MC, USNR

GFE-72359 (CA)

29c. License number

29d. Dete signed (Month, Day, Year)

30. Neme end eddress of person who completed cause of deeth (Item 23a) (Type, Print)

NATIONAL NAVAL MEDICAL

BETHESDA MD 20889-5600

29b. Signeture end title of cartifier

31. Dete filed (Month, Dey, Year)
SEP 1 3 1996



2011 271 7 Et al. No more

State of Maryland / Department of Health and Mental Hygiene 06 20521

					·	Cert	ificate	of L	Death		Reg. N	-	0 20	0001
	Physic	ion	1. Decedent's Name (First, Middle, L	ast)						2. Dete of De		av	Year 3.	Time of Death
J	/Medi		Beulah	Mae Powel	1					Septembe		199		3:20 PM
	Exami		4a. Fecility Name (If not Institution, g	ive street and number)				41	b. City, Town, or I	ocation of Deat	h 4	c. County	of Death	
			Collingswood		nter				Rockvill		Montgomery			
П	Funerai		ALM TO SERVE SERVE	Sex 7. Ag	ge (In yrs. les		If Under 1 Months	Yeer Days	If Under 24 Hrs. Hours Min.	(Month, De	rth By, Yea	7)	9. Birthplace Country)	(Stete or Foreign
U.	Director		577-42-7014 Usuel Residence of Decedent		81	Yrs.				January	10,	1915	Washing	ton, D.
	P Au		10a. State 10b. County		10c. City,	Town or Loc	ation						10d. lr	side City Limits
	Varytar f show led at	5						D 0						Yes 2 No
	with the Maryland a or 28a-f show Lbe notified at	Director	10e. Street and Number		Wa	shing	10f. Zip C		•		10a C	itizen of V	What Country?	
		ō	4925 Untobing D1	one N II									•	
	deeth ma 23 r.maa	era	4835 Hutchins Pl	12. Wes Decedent	Ever In U.S.	13. W	200 as Decede		spanic Origin? (S	pecify Yes or Nr			States e - American in	dian
120	a 58	by Funeral	1 Never Married 2 Merried 3 MWidowed 4 Divorced	Armed Forces? 1 ☐ Yes 2 📉 it Yes, Give Year or Detes:			Yes, specif □ Yes 2[spanic Origin? (S n, Mexican, Puert Specify:	o Rican, etc.)	Specify: White			
Ş	natural,	B	15. Decedent's B			16a. Decede	nt's Heust	Occupa	tlon		16b	L	ueiness/Industry	,
15		Completed	(Specify only highest g	rade completed)		(Give k	ind of work O NOT use	done d	uring most of wor	king	100.	KING OF BU	zeniess/industry	
2	d 2 should be filed within 72 hours at the and the should be filed within 72 hours at the annual Hygienes than "natural", or traumatic event, the Medical Exam.		Elementery/Secondary (0-12)	Coilege (1-4or	5+)	Home	emake	r			0)wn H	ome	
g			17. Father's Name (First, Middle, Las	t)					16. Mother's Nan	Name (First, Middle, Maiden Sumame)				
ä			Harris Jones						Mamie '	V. Davis	2			
ary	2 shot and N is man	To	19a. intormant's Name/Relationship	(Type, Print)		19b. Mailing	. Mailing Address (Street and Number or Rural Route Number, City or Town, State, Zip C						State, Zip Code	9)
	s 1 and 2 should f Health and Mar sen 27 is marks other traumatic		Charles R. Powe	11/ Son		816 1	Duke :	Stre	et. Roci	kville.	Mar	vlan	d 2085	0
Saltimore,	of Hern Hern rothe		20a. Method of Disposition	tion (Neme	of place	alc 1	Date			City or Town, S				
Ĕ	0 - H 0										Washington, D.C.			C
를	Semil. Pag Department Important: any injury o		21. Signeture of Funeral Service Lice	**	Wigi	-22,	Name and	Addres	s of Fedility		was	HILING	con, D.	U.
Ö	Pagin and State of the State of	21. Signeture of Funeral Service Licensee 22. Name and Address of Fecility Robert A. Pumphrey Funeral Home Rockville, Inc. 300 West Montgo												ue
		23a. Part1. Enter the disease, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or hear failure. List only one cause on each line.											App	roximate val Between
	Physician /Medical		tmmediete Ceuse (Finai disease or condition	a. No taso	6 f.	16	2		neer				Ons	et and Deeth
	Examiner		resulting in death)	a. 111 /200		s a consequ		Cic	nev					
	D 55	ner				96-540-11							1	
	nd trans	Examiner	Sequentially list conditions,	b. ————	Due to (or a	s a consequ	ence of):						1	
Ď,	se exe		Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or Injury	.e C										
68760,	death certificate be executed e attending physician and of for use es the burial-transit	Cause (Disease or Infjury the Initiated events resulting in death) Last Due to (or as a consequence ot):												
	e es			d									1	
ROX	attendin for use	lan		0.									1	
		Physician/	Part il. Other significant condittone	contributing to death b	ut not resultin	ng in the und	derlying cau	ise give	n in Part I.	23b. Dld	tobacc	o use cor	ntribute to the	cause of death?
Z.	thet the ed by th detech	F.	Arderiosc	Posetie	and	Entes	- 0	-	Disagla	10	Yee	2□ No	3 Probably	4 Donknow
S	8 8 8	by		ce to oct	0.0	o o occ j		,	Heigh					
5	neen houli	Completed								24a. Wes	an automed?		eveliable	stopsy tindings prior to ion of cause
စ္	2 S	npidu											of death	
=	E ag	Co								10	Yes :	2 No	1 ☐ Yes	20 No
or vital Records,	Physicien: The this certificate ral director, page	Be	25. Was case reterred to medical examiner?					Tail	26. Place of Dea	th (Check only	one)			
5	D is 5	2	1 ☐ Yes 2 ☑ No	Hospital: 1 Inpatie		VOutpatient	3□ DOA	-	4 LLH Nursing H	ome 5□Resi	idence	6 □Oth	er (Specify)	
Ē	After t	on:	27. Manner of Death 1 □ Neturei 5 □ Pending	26a. Date of inju (Month, Da	ry y Year) 28	3b. Time of Injury		c. Injury Work		26d. Describe	how inj	ury occurr	red	
20	Attending or death. ector: After by the fune	Certification:	2 Accident Investigation 3 Suicide 6 Could not it				M	1 🗆 Y	es 2 No					
DIVISION	after deat Director: In by the	E	4 Homicide determined	28e. Piace of Inj building, et		e, farm, stree	et, tactory, o	office		26t. Location (City or To			er or Rural Rou	te Number,
_	urs a urs a rail of						F-10-1							
	To the Mospital or Attending Ph within 24 hours after death. To the Funeral Director: After th completely filled in by the funeral	edicai	29a. Certifier 1 ☐ Certifying P (Check only one) 2 ☐ Medicat Exa	hyeicten: To the best miner: On the basis of	examination	oge, death of and/or inve	occurred at stigation, in	the time	e, date and piace Inion, death occu	, and due to the rred at the time,	cause(s) and ma nd place, a	nner as stated. and due to the	cause(s)
	To the within 2 To the comple	Mec	29b. Signeture and title of certifier	and manner sta	sted.		29c I	Irenso	number		29d D	ata slano	d (Month, Day,	Vear)
	N T S		200. Digitatal and title of certifier				230.	///	160		250.0	are signed	- (moinii, Day,	
	d		190	20	0	_	-	14	195/		76	9+	1,1	196
	8		30. Name and address of person who	completed cause of d	eeth (item 23	3e) (Type, P	rint)	//	11	When	(.	1 0	1 2	00
			21 Date Hind (Month Day Vacil	2000	507	Dho	Che	19	14	when	100	100	D 20	702
	Sta Registr		31. Dete tiled (Month, Day, Year)	J 1.	ar's Signatur	Ball	SP.							

State of Maryland / Department of Health and Mental Hygiene

28532

Certificate of Death

Physician /Medical Examiner

FRANK SHANNON

1. Decedent's Neme (First, Middle, Last)

PURSELL

2. Dete of Deeth SEPTEMBER 10 1996 3. Time of Death 5:45 PM

1 ☐ Yes 21X No

Approximete Interval Between Onset and Death

YEARS

Funeral

Director

Director

Funeral

þ

Completed

Be

permit. Pages 1 and 2 should be filed within 72 hours after death with the Maryland Department of Health and Mental Hygiene. Important: If item 27 is marked other than "natural", or items 23s or 28s-f show any injury or other treumstic event, the Medical Experient must be notified.

physician and the burial-transit 980 signed by the a Completed page 2 : funeral filled in by

Physician/Medical Examiner

à

Be

Certification: To

Medicai

Baltimore, Maryland 21215-0020 **Physician** /Medical Examiner The law requires that the death certificate be executed Division of Vital Records, P.O. Box 68760, Attending Physician: 24 hours after death.

Funeral Ofrector: A 6 Hospital within 24 ho To the Fune completely fi å,

4a. Facility Neme (If not institution, give street end number) 4b. City, Town, or Location of Death 4c. County of Deeth Gaithersburg Montgomery Mediplex Nursing Home If Under 1 Year If Under 24 Hrs. 6. Data of Birth (Month, Dey, Year) 5. Sociei Security Number 7. Aga (In yrs. last birthday) Birthplece (Steta or Foreign Country) 10XM 2□ F Months Yrs. 77 203-05-5438 24, 1919 Pennsylvania Usual Residence of Decedent 10e. Stete 10c. City. Town or Location 10b. County 10d. Inaide City Limits Maryland Montgomery Gaithersburg 10e. Street and Number 10f. Zlp Code 10g. Citizen of What Country? 7704 Warfield Road 20882 United States 11. Meritel Stetus Wes Decedent Evar In U,S. Armed Forcaa? Wes Decedant of Hispanic Origin? (Specify Yas or No-It Yes, specify Cuben, Mexican, Puerto Rican, atc.) 14. Race - American Indien Black, White, etc. 1 ☐ Yas 2 XX No If Yes, Giva Yaar or Detes: 1 □ Navar Married 2 □ Married 1 ☐ Yes ZX No Specify: 3 X Widowed 4 □ Divorced White 16a. Decedent's Usuel Occupation (Giva kind of work dona during most of working life. DO NOT use retired) 15. Decedent's Education (Specify only highest grade completed) 16b. Kind of Business/Industry Elementery/Secondery (0-12) Coilege (1-4or 5+) 12 Auditor Hotel Industry 17. Fether's Neme (First, Middla, Last) 18. Mother's Name (First, Middle, Malden Sumeme) Fred Pursell Ann Shannon 19e. Informent's Neme/Relationship (Type, Print) 19b. Melling Address (Street end Number or Rural Route Number, City or Town, State, Zip Code) Dale Gilbert Pursell (son) 7704 Warfield Road, Gaithersburg, MD 20882 20b. Place of Disposition (Neme of cemetery, cramatory or other place) 20e. Method of Disposition 20c. Location - City or Town, Stete 1 ☑ Buriel 2 ☐ Cramation 3 ☑Removel from Stete 4 ☐ Donetion 5 ☐ Other (Specify) 9/13/96 Harding, Pennsylvania Mountain View Cemetery 21. Signature of Funeral Service Licenses 22. Name end Address of Facility DeVol Funeral Home 23a. Part1 Entar the disease, or complications that caused the death. Do not anter tha mode of dying, such as cardiac or respiretory arrest, shock, or heart feiture. List only one cause on aach line. Immediate Cause (Finel CHRONIC OBSTRUCTIVE PULMONARY DISEASE disaese or condition resulting in deeth) Due to (or es a consequence ot) BRONCHITIS YEARS Sequentielly list conditions, if any, leading to immediata cause. Enter Undarfying Cause (Disease or Injury that initiated events rasulting in death) Last Due to (or es e consequence of) Dua to (or as a consequence of) Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part i. 23b. Did tobacco use contributs to the cause of death? 1 Yes 2 No 3 Probably 4 Unknown 24b. Were sutopsy findings available prior to completion of cause of death? 24a. Wes an autopsy performed?

1 ☐ Yes 2 ☑ No 2 No 25. Wes case referred to medical examiner? 26. Place of Death (Check only one) Hospitei: Other: 4 Nursing Home 5 Residence 6 Othar (Specify) 1 Yes 2 No 1 ☐ Inpatient 2 ☐ ER/Outpatient 3 ☐ DOA 27. Menner of Deeth 28e. Dete of Injury (Month, Dey Year) 28b. Tima of 28c. Injury at Work? 26d. Describe how Injury occurred 5 Pending investigation 1 Neturel 1 ☐ Yes 2 ☐ No 2 ☐ Accident 6 Could not be determined 281. Location (Street and Number or Rural Route Number, City or Town, State) 3 Suicide Plece of Injury - At homa, ferm, street, factory, office building, etc. (Specify) 4 Homlcide 29a. Certifier 1 Certifying Physician: To the best of my knowledge, deeth occurred at the time, dete end piece, and due to the cause(a) and manner as stated (Check only one) 2 Medical Examiner: On the basis of examinetion end/or investigation, in my opinion, deeth occurred at the time, date and place, and due to the cause(s) and menner stated.

29b. Signature and title of certifier lula

29d. Date signed (Month, Dey, Year) SEPTEMBER 10, 1996

30. Name end eddress of person who completed cause of deeth (Item 23e) (Type, Print)

481 N. FREDERICK AVE, SUITE 230, GATHERSISULG, MD mo KANAN HUDHUD 31. Dete filed (Month, Dey, Year) 32. Registrer's Signature

State Registrar

SEP 1,1 1996



DHMH 16 Rev 6/95

State of Maryland / Department of Health and Mental Hygiene

28533

						Certifica	te of	Death	F	leg. No.		_ 0 0 0 0
	Dharais	,	1. Decedent's Neme (First, Middle, L						2. Dete of Dee	th	Voar	3. Time of Death
	Physic /Medi		Ruth Lewis	Parrott					Sept.	11, 19	96	9:17 pm
	Exami		4e. Facility Neme (If not institution, ga	CONTRACTOR OF THE PARTY OF THE				4b. City, Town, or	Location of Deeth	4c. County	of Deeth	
L			9106 High Ban					Easto			Talbo	
	Funeral Director			Sex 1□M 2⊠F	e (In yrs. last bir 92	Yrs. If Und Months	er 1 Yeer Deys	Hours Mir	8. Dete of Birth (Month, Day Jan. 1	, Year)	9. Birthple Countr Geo	oce (Stete or Foreign y) Orgia
	land m		10a. Stete 10b. County		10c. City, Town	n or Location					10	d. Inside City Limits
	Mary	io	Maryland Talb	ot		Ea	stor	ı				1 ☐ Yes 2X No
	r 28s	Director	10e. Street and Number			10f. Z	ip Code			l0g. Citizen of \	What Countr	y?
	h wit		9106 High Bank	s Drive			2	1601		U.	S.A.	
21215-0020	s 1 and 2 should be filed within 72 hours effer death with the Maryland If Health and Mental Hygiene. Item 27 is marked other than "natural", or items 23s or 28s-f show other traumstic event, the Medical Examiner must be noticed at	by Funeral	11. Meritel Stetus 1 Never Merried 2 Married 3 AWidowed 4 Divorced	12. Wes Decedent I Armed Forces? 1 Tyes 2 N If Yes, Give Yeer or Detes:				Hispenic Origin? (ben, Mexican, Pue Specify:	Specify Yes or No- rto Rican, etc.)	14. Red Blee Specify	ce - America ck, White, et	
2-0	72 ho	Pe	15. Decedent's E	ducation	16e.	Decedent's Us	uel Occu	petion		16b. Kind of B	usiness/Indu	ıstry
21	en .	Completed	(Specify only highest gi Elementery/Secondery (0-12)	College (1-4or 5	i+)	life. DO NOT	use retire	during most of wi	orking			
2	wer th	S	12	2		Stenoo	rap			Secre		1
Maryland	ould be filed wental Hygic arked other attices went, if	Be	17. Fether's Neme (First, Middle, Las	")					ome (First, Middle,			
3	should nd Men marks umartic	J.	Thomas Lewis					22	e Tallu			
Ma	d 2 sho h and 7 is m traum		19e. Informent's Neme/Reletionship						Rural Route Numbe			
	1 and Health em 27		Mrs. Joanne Pa 20a. Method of Disposition	rrott Mc		Disposition (N		sanks D	r., East	20c. Location		21601
altimore,	permit. Pages 1 an Department of Heal Important: if item 2 any injury or other once.		1 Burlal 2 Cremetion 3 4 Donetion 5 Other (Spec		cemeter	y, cremetory or cidge	other ple Cren	natory	9-12			, MD.
Bal	Depart Depart Import any in		21. Signature of Funeral Service Lice	L. Done	inel	Cambr	ida	ess of Facility e Crema 1464,	tory, 2 Cambrid	272 Hi	ıdson	Rd., 613
)	Physician /Medical Examiner	ner	Immediate Cause (Finel disease or condition resulting in deeth)		RCIN i):	DVAR	<i>Y</i>			S 14 96
,	executed n and isl-transi	Examiner	Sequentially list conditions, if any, leeding to immediate cause. Enter Underlying	b	Due to (or es a c	consequence of):	/				
x 68760,	eath certificate be executed attending physician and for use as the burial-transit	Medical	Cause (Diseese or injury thet initieted events resulting in deeth) Lest	C								
Bo	ath ce	lan		0.					-			
P.O.	hat the did by the datached	Physician	Pert II. Other significant conditions	contributing to death bu	at not resulting in	the underlying	cause gi	iven in Pert I.	23b. Did to	1/		the cause of death?
Division of Vital Records,	v requires to been signe should be	Completed by		Now	5				24a. Wes e		avai	e autopsy findings lable prior to spletion of cause
Rec	The law ate has page 2	d L								V	of de	eeth?
e			Of Management to an attent					W112075	1 U Y		10	Yes 26 No
5	ysician: is certific director,	o Be	25. Wes case referred to medical examiner? 1 Yes 2 No	Hospitel:	а П г в г в		Ot Ot	hor	eath (Check only or	10 -53		
o	두 두 등	1: To	27. Menner of Deeth	1 ☐ Inpatie	y 28b. T	tpatient 3□ 0 ime of	28c. Inju	4 🗆 Nursing	28d. Describe h	ence 6 □Oth ow injury occur		
0	nding ith. : Afta a fun	atlo	1 Neturel 5 ☐ Pending 2 ☐ Accident investigation	(Month, Day	Year) II	njury M		ork?]Yes 2∐No				
Divis	or Attending Ph aftar death. Director: Aftar th I in by tha funeral	ertification:	3 Suicide 6 Could not determined	28e. Piece of injubuilding, etc	ury - At home, fe :. (Specify)	rm, street, fecto	ry, office		28f. Location (S City or Tow		per or Rural	Route Number,
	To the Hospital or Attand within 24 hours aftar death To the Funeral Director; / completely filled in by that	edical C	29e. Certifier (Check only one) Certifying P	nysician: To the best of miner: On the basis of end menner ste	examinetion end	, deeth occurre Vor Investigetic	d et the t	ime, dete and piec opinion, deeth occ	e, and due to the courred et the time, d	euse(s) and ma lete end plece,	anner es ste and due to t	ted. he cause(s)
	To th To th comp	Me	29b. Signeture end title of certifier	0		2	9c. Licen	se number	2	9d. Date signe	d (Month, D	ey, Year)
			C-U	J. Frain	ND		9	0025		9]	20	16
			30. Name and address of person who				7 7 -					
Е	Sta	te	Dr. Callum R.W 31. Dete filed (Month, Day, Year)		nesape er's Signeture	ake Vi	тта	ge, Eas	ton, MD	. 216	01	

Alli Stevelson Rarball

SEP 1 3 1996

DHMH 16 Rev 6/95

State

Registrar

State of Maryland / Department of Health and Mental Hygiene Q &

96 28534

					Cen	ificate of	Death		Reg. No.	0	20034	
	Dhusia	ian	Dacadant's Neme (First, Middle, Last)					2. Dete of Dee	-	Yeer	3. Time of Death	
J	Physic /Medi		WALTER E	DWARD RE	ED, SF			SEPT		996	12;08 AM	
\mathcal{F}	Exami		4e. Facility Neme (If not institution, give street e	and number)			4b. City, Town, or Lo	ocation of Death	4c. County			
L			CARROLL COUNTY GENE			B11 4 414	WESTMIN			RROLL		
	Funeral Director		5. Social Security Number 6. Sax 1 XM 2 Usuel Residence of Decedent	7. Age (In yrs.	lest birthday) Yrs.	If Under 1 Yaar Months Deys		8. Dete of Birth (Month, De)	, Year)		elece (Stete or Foreign etry) YLAND	
	yland mow		10e. Stete 10b. County	10c. Cit	ty, Town or Loc	ation				1	0d. Inside City Limits	
	the Marylar 28a-f show	ţō	MARYLAND CARROLL				HAMPSTEAD				1 ☐ Yas 2 No	
	ath with the 23a or 28a	al Director	10e. Street end Number 1644 ST. PAUL STREET			10f. Zip Code	Whet Coun	try?				
21215-0020	after des	by Funeral	1 Never Merried 2 Married 1 If Y	s Decedent Ever in U, ned Forces?] Yas 20 No es, Give er or Datas:		as Decedent of Yes, specify Cub	Hispanic Origin? (Spoan, Mexican, Puarto Specify:	ecify Yas or No- Rican, etc.)	14. Rec Bied Specify	a - Americ ck, Whita,		
2-0	72 hours "natural",	ted	15. Decadent's Education	to to all	16e. Decede	nt's Usuel Occu	petion		16b. Kind of Bu			
21	C 1	Completed	(Specify only highest grade comp Elementery/Secondery (0-12) Col	llege (1-4or 5+)	life. De	ond of work done ONOT use retire	during most of work ad)	ing				
	filed within Hygiene. other than	5	6		S	ELF EMP	LOYED		FAF	RMING		
Maryland	be file d oth	To Be	17. Father's Neme (First, Middle, Last)		18. Mother's Neme (First, Middle, Meiden Surneme)							
yla	Maryidhu a 42 should be filed h and Mental Hygi 7 is merked other traumatic event,		HARRY E. REED				EFFIE I	LIPPY				
Mar	2 8 8 2		19e. Informent's Neme/Relationship (Type, Prin				t end Number or Run					
	C = N L		WALTER E. REED JR, SC				EAD MEXICO					
altimore,	of of		20a. Method of Disposition 1 ■ Buriel 2 □ Cremetion 3 □ Remove		Pleca of Disposi cometery, creme	atory or other ple	oce)	Dete	20c. Location -	City or To	wn, Stete	
tim			4 ☐ Donetion 5 ☐ Other (Specify)	S	-	SURG CEM		9/12	HAMPST	EAD,	MD	
Bal	permit. Pag Department Important: any injury once.		21. Signeture of June al Service Licansee	Elin		Name end Addr 34 S MA	ess of Fecility EI IN ST, HAM	LINE FUN APSTEAD,				
68760,	death certificate be executed e ettending physician and drouse as the burial-transit	Examiner	Medical Examiner	Immediate Cause (Finel disease or condition resulting in deeth) Sequentially list conditions, if eny, leeding to Immediate cause. Enter Undartying Ceuse (Disease or Injury that Initiated events resulting in deeth) Lest	Due to (o	or es e conseque	enca of): ence of):		Jack			morilles
Box	eath cert ettendin for use		d									
. 0		sicia	Pert II. Other significent conditions contributing	g to death but not resi	ulting in the und	lerlying cause gi	ven in Pert I.	23b. Dld to	obacco uae cor	tribute to	the cause of death?	
s, P.O	that the led by detac	by Physician/	Chromic Al	3	Mitro	al re	gung				pebly 4 Unknown	
of Vital Records,	aw requir	Completed	and Pnd	'CA	BG	Surg	zery	24e. Wes e perfor	in eutopsy med?	COL	ere eutopsy findings aileble prior to apletion of causa death?	
E	T age	S						1 □ Y	es 20No	10	Yes 200	
Vita	ysician: The is certificate director, par	Be	25. Wes case refarred to medical exeminer?				26. Plece of Deeth	(Check only or	ne)			
of	G io	2	1 Yes 2 No Hospitel: 27. Menner of Death 28e.	1 Inpatient 2	ER/Outpatient	3LI DOA	her: 4 Nursing Ho)	
LO O		lon	1 Neturel 5 Pending	Dete of Injury (Month, Dey Year)	28b. Time of Injury	28c. Inju Wo		28d. Describe h	ow Injury occurr	ed		
Division	or At	Certification:	2 Accident Investigetion 3 Sulcide 6 Could not be determined 28e.	Plece of Injury - At ho building, etc. (Specify	M 1 ☐ Yes 2 ☐ No home, ferm, street, fectory, office 28f. Location (Street end Number or Rural Route Number, City or Town, Stete)							
	To the Hospital or At within 24 hours effer of To the Funeral Direct completely filled in by	edical Co	29e. Certifier (Check only one) 1	To the best of my know the basis of examinet if menner steted.	wledge, deeth o	occurred et the ti stigetion, in my o	me, dete end plece, opinion, deeth occurre	end due to the c ed et the time, d	Buse(s) end ma ete end plece, e	nner as st and due to	ated. the ceuse(s)	
	To the To the comp	Me	29b. Signeture and title of certifier	2 alan	a'	29c. Licens	se number	5	9d. Dete signed	(Nonth, L	Pey, Year)	
			30. Nema and eddress of person who completed DINESH S. KA	ceuse of deeth (Item A L ARIA	23e) (Type, Pr		shingto	n Hb	. WE	51 m	INSIER md2115;	
	Sta	te	31. Dete filed (Month, Dey, Year)	32. Registrer's Signet	ture						my ello	

Registrar

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DIVISION OF VITAL RECORDS, P.O. BOX

O THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed with O THE FUNERAL DIRECTOR. After this certificate has been signed by the attending physician and complete e filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, crem MPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event,	hours after death. Page 6 may be retained by the hospital or attending physician.	if this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should	ation, or removal.	the medical examiner must be notified at once.
	HE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed with nours after death. Page 6 may be retained by the hospital or attending physician.	Affe	led within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	ORTANT: Il item 28 is marked, or tem 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

9

DIRECTOR

FUNERAL

BY

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CERTIFICATION

MEDICAL

PHYSICIAN:

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3 Suicide

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29h SIGNATURE AND TITLE OF CERTIFIES

96 28535 FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO. 1. DECEDENT'S NAME (First, Middle, Lest) 2. DATE OF DEATN 3. TIME OF DEATH YEAR 7. DATE OF BIRTN (Month, Day, Year) Bernard 2:54 Robert Rosenber 96 YO M 6. AGE (In yrs. lest birthday) 4. SOCIAL SECURITY NUMBER 5. SEX IF UNDER 1 YEAR | IF UNDER 24 H 8. BIRTHPLACE (State or Foreign DAYS HOURS 1 M 2 D F 87 YRS. 578-05-4772 7/29/09 Maryland 9e. FACILITY NAME (If not institution, give street end number) 9b. CITY, TOWN OR LOCATION OF DEATN BC COUNTY OF DEATH 16th Street Silver Spring Montgomery RESIDENCE OF DECEDENT 10e. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d, INSIDE CITY Maryland Montgomery Silver Spring 1 TYES 2 NO 10e. STREET AND NUMBER 10g, CITIZEN OF WHAT COUNTRY? 8201 16th Street Apartment Number 813 20910-3250 United States of Am 12. WAS DECEDENT EVER IN U.S. ARMED 11. MARITAL STATUS 13. WAS DECENDENT OF NISPANIC ORIGIN? (Specify Yes or No-14. RACE — American Indian, Black, White, etc. FORCES? 1 YES 2 1 Never Married 2 Merried yes, specify Cuban, Mexican, Puerto Rican, atc.) 1 YES 2 NO Specify: Specify: 3 🔣 Widowed 4 🗌 Divorced White 16e. DECEDENT'S USUAL OCCUPATION 15. DECEDENT'S EDUCATION 16b. KIND OF BUSINESS/INDUSTRY (Specify only highe (Give kind of work done life. Do NOT use retired.) Elementary/Secondary (0-12) College (1-4 or 5+) Pharmacist/Owner Retail Drug 17. FATNER'S NAME (First, Middle, Last) 18. MOTNER'S NAME (First, Middle, Maiden Surname) Albert Rosenberg Sadie Roberts 19e. INFORMANT'S NAME (Type/Print) 19b. MAJLING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) <u>Jack Rosenberg/Son</u> Greenwich Point Road Reston Virginia 20a METNOD OF DISPOSITION 22094 20b. PLACE AND DATE OF DISPOSITION (Name of September 20c. LOCATION — City or Town, State compatery, crematory or other place)
King David Memorial Garden 6,1996Falls Church Virginia 20b. PLACE AND DATE OF DISPOSITION (Name of Burlel 2 Cremetion 3 Rem 4 Donation 5 Other (Specify) 21. SIGNATURE OF UNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY 1170 Rockville Pike Danzansky-Goldberg Rock. Maryland 20852 Memorial Gardens, Incorporated rank 23. PART I. Enter the diseasea, or complications that caused the death. Do not enter the mode of dying, such as cardiac or reapiratory arrest, Approximate shock, or heart failure. List only one cause on each line. interval Between IMMEDIATE CAUSE (Final Onset and Death disease or condition cu te myo cardial resulting in death) 5 MW DUE TO (OR AS A CONSEQUENCE OF): Sequentielly list conditiona, DUE TO (OR AS A CONSEQUENCE OF): if any, leading to immediate cause. Enter UNDERLYING CAUSE (Diseese or injury that initiated events DUE TO (OR AS A CONSEQUENCE OF): resulting in death) LAST PART II. Other aignificant conditions contributing to death but not resulting in the underlying cause given in Part I. 24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE 24a. WAS AN AUTOPSY PERFORMED? 1 YES 2 NO OF DEATH? 1 YES 2 NO

DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES NO K

25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATN (Check only one) EXAMINER? HOSPITAL OTHER ☐ Inpatient 2 ☐ ER/Outpatient 3 ☐ DOA 15%. Parkuno 4 - Nursing Nome 5 - Residence 6 Other (Specify) 27. MANNER OF DEATH 28a, DATE OF INJURY (Month, Day, Year) 28c. INJURY AT WORK? 26b. TIME OF INJURY 28d. DESCRIBE NOW INJURY OCCURED 1 Natural 2 Accident 5 Pending Investigation 1 YES 2 NO

1 CERTIFYING PNYSICIAN: To the best of my knowledge, death occurred at the time, date end place, end due to the cause(e) end manner ee stated. (Check only one)

2 MEDICAL EXAMINER: On the basic of examination end/or investigation, in my opinion, death occurred at the time, date end place, and due to the cause(s) and manner ea stated.

WISCONSIN

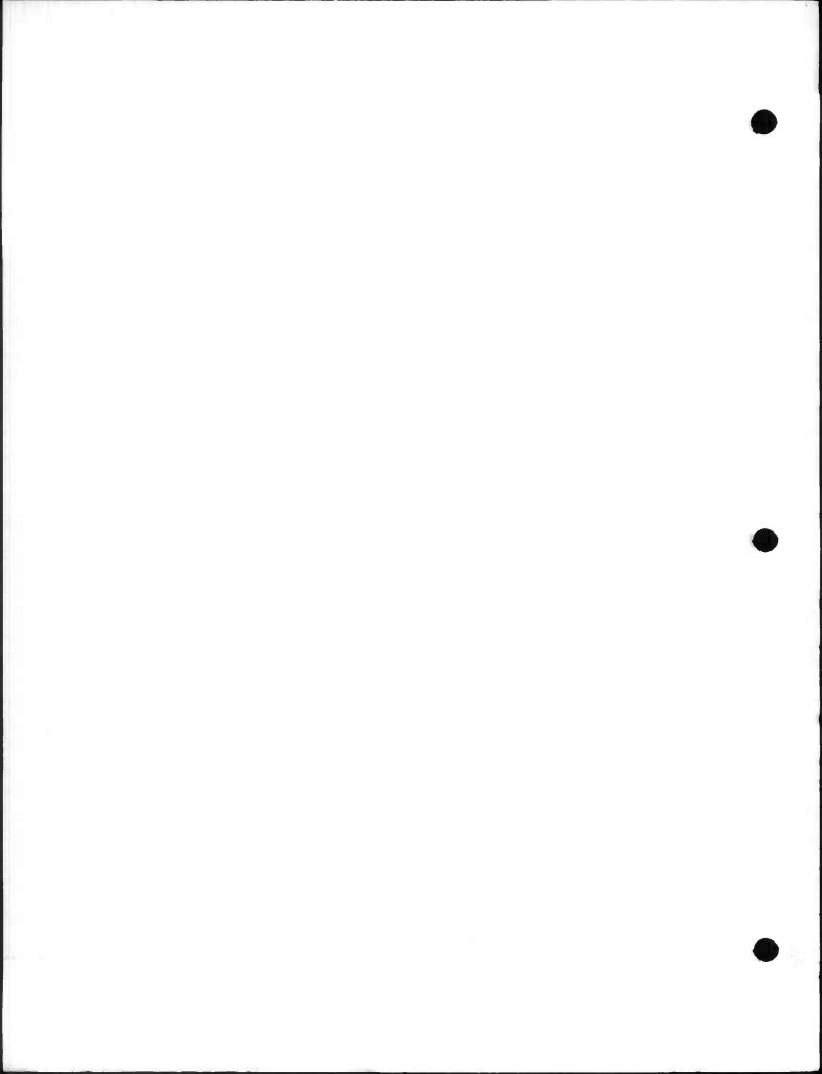
b. SIGNATURE AND TITLE OF CERTIFIER		29c. LICENSE NUMBER	29d. DATE SIGNED (Month, Day, Year)
John Tauler	mD	D08546	1 Sept 4

28e. PLACE OF INJURY — At home, ferm, street, factory, office building, atc. (Specify)

30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATN (ITEM 27) (Type, Print)

0000	laybor	8518
DATE FILED (SEP 1 0 1996	32. REGISTRAR'S SIGNATURE	-Mondalle

281. LOCATION (Street and Number or Rural Route Number, City or Town. State)



TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.

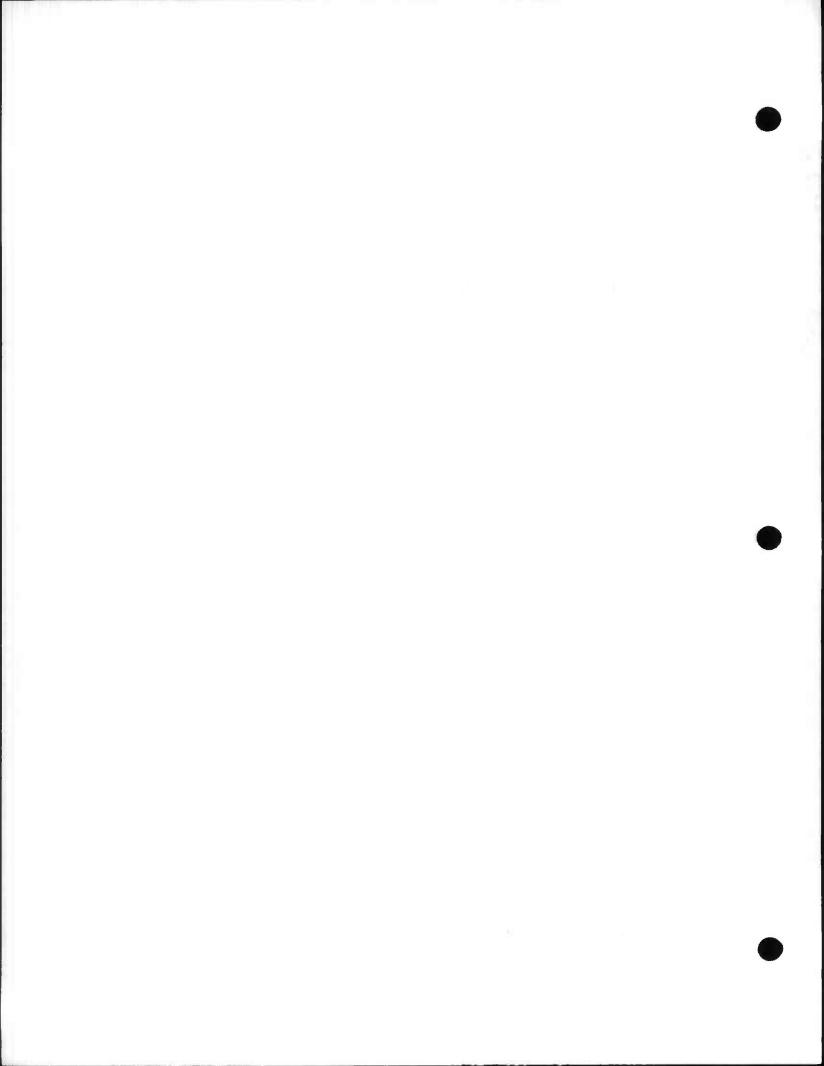
TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filed within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Hem 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once. BALTIMORE, MARYLAND 21215-0020 DIVISION OF VITAL RECORDS, P.O. BOX 68760

1 - STATE REGISTRAR

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

	REGISTRAN		U	ENIIF	ICALE	UF DE	AIH	Ri	EG. NO			
	1. DECEDENT'S NAME (First, Middle, Last, Henry	R.		Ro	2.(AC	ON		2. DATE OF E	eath ber	av6 .	1996	3. TIME OF DEATH 8:15 A
	4. SOCIAL SECURITY NUMBER 192-12-2429	5. SEX 6.	AGE (In yrs. les	t birthday) YRS.	IF UNDER 1 Y	EAR IF UN	DER 24 HRS, 8 MIN,	7. DATE OF B (Month, Day Septem	hth ber	19.		HPLACE (State or Foreign (V) Pennsylvan
œ	9e. FACILITY NAME (If not institution, give	street and number) on Stree	4.			www.or.coc Lver (EATH		% COUNTY OF DEATH Montgomery		
DIRECTOR	RESIDENCE OF DECEDENT	on beree	L		31.	LVEI (brru	g		MOI	itgon	lery
<u> </u>	10a. STATE 10b. COUN	TY		10c. CIT	Y, TOWN OR L	OCATION						10d. INSIDE CITY
	Maryland Mon	tgomery			Silv	er Spi				I		LIMITS?
FUNERAL	12513 O'Fallon	Street				101. ZIP C	904					what country? States
B⊀	11. MARITAL STATUS 1 Never Married 2 Married 3 Nidowed 4 Divorced	12. WAS DECEDENTE FORCES? 1 IF YES, GIVE WAR	YER IN U.S. AR YES 2 N OR DATES	MED V II	If yo	DECENDEN s, specify C YES 2	Jban, Mexic	NIC ORIGIN? (Sp an, Puerto Rican ly:	ecify Yer , etc.)	or No-	14. RAC Blac Spec	E — American Indian, k, White, etc. White
E	15. DECEDENT'S EDUCATION (Specify only highest grade completed) 16e. DECEDENT'S USUAL OCCUPATION (Specify only highest grade completed) 16b. KIND OF BUSINESS/INDUSTRY											
COMPLETED	(Specify only highest grade completed) College (1-5 or 5+) College (1-5 or 5+) Psychiatric Social Worker DC Government											
o o	17. FATHER'S NAME (First, Middle, Last)											
BE C	Stanley Rzoncki Mary Ritkowski											i
5	190. INFORMANT'S NAME (Type/Print) Irene Ronson 190. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 12513 O'Fallon Street, Silver Spring, Md. 20904											
	20a METHOD OF DISPOSITION 1/O'Surial 2 Cremation 3 Bemoval from State 4 Donation 5 Other (Specify) 20b. PLACE AND DATE OF DISPOSITION (Name of complete Cremation of City or Town, State of Crownsville, Md.											
	21. SIGNATURE OF EUNERAL SERVICE L	icenses	/									. 11800
Н	1 page	E MON	7		New	Hamps	hire	, Ave.,	Si	ver	Spri	ng, Md. 209
	23. PART i. Enter the diseases, or complications that caused the deeth. Do not enter the mode of dying, such as cardiac or reapiratory arrest, abock, or heert failure. List only one cause on each line. IMMEDIATE CAUSE (Finel disease or condition resulting in death) Due to (or As A consequence of):											
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury											
ERTIF	CAUSE (Disease or Injury that initiated events resulting in death) LAST d.											
	PART ii. Other eignificent condition	ns contributing to de	eth but not re	eauiting	in the under	lying ceus	e given in	Part i. 24a.		AUTOPSY	246	WERE AUTOPSY FINDINGS
EDICAL								1_	PERFOR			AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
Σ	DID TOBACCO USE CONT	DIRLITE TO CALL	SE OF DEA	TLI VE	S EL NO	179/11	CEDTAL					1 YES 2 NO
A	25. WAS CASE REFERRED TO MEDICAL	T CAUS		_	H (Check only		ICERTAI	МП				
PHYSICIAN:	EXAMINER?	HOSPITAL:			OTHER:		/					
ığ	27. MANNER OF DEATH	1 Inpetient 2 Ef					Residence	8 Other (Spe				
BY PH	1 Netural 5 Pending 2 Accident Investigation	28e. DATE OF INJ (Month, Day,		26b. TIM INJ	URY	WORK?	□ NO	28d. DESCRIB	E HOW II	NJURY OC	CURED	
	2 Accident investigation 28 BLACE OF IAL HARV. As home for start A but Miles									t and Number or Rural Route Number, e)		
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	296. SIGNATURE AND TITLE OF CENTIFIE		1			_						
TO BE	Hosem M	· Hagge	Unk	2			324					(Month, Day, Year) 1BER 06 1996
F	30. HAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type: Print) ROCIC VILLE											
	31. DATE FILED (Month, Day, Year)	32. REGISTRAR'S	SIGNATURE					,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	N/C		141	20850
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DIVISION OF VITAL RECORDS, P.O. BOX 68760	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremati	IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, it
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	뿚	분	lled 1	OR
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96 28537 FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH YEAR 1996 REISBERG ARON SEPTEMBER 10 10.10A M 4. SOCIAL SECURITY NUMBER 6. AGE (In yrs. last birthday) 5. SEX 7. DATE OF BIRTH IF UNDER 1 YEAR IF UNDER 24 HRS. 6. BIRTHPLACE (State or Foreign Country) 578-42-6471 h, Day, Y 1 M 2 D F DAYS HOURS MAY 6, 1914 82 POLAND 9a. FACILITY NAME (If not institution, give street and number 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH HEBREW HOME OF GREATER WASHINGTON DIRECTOR ROCKVILLE MONTGOMERY RESIDENCE OF DECEDENT 10a. STATE 10b. COUNTY 10c. CITY, TOWN DR LOCATION 10d. INSIDE CITY MARYLAND MONTGOMERY SILVER SPRING 1 YES 2 K NO 10e. STREET AND NUMBER FUNERAL 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 1121 UNIVERSITY BLVD W. #608 20902 UNITED STATES 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 ND IF YES, GIVE WAR OR DATES 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or No—If yes, specify Cuban, Maxican, Puerto Rican, atc.)

1 YES 2 NO Specify: 14. RACE — American Indian, Black, White, atc. 1 Never Married 2 Married BY 3 X Widowed 4 Divorced Specify: WHITE ETED 15. OECEDENT'S EDUCATION (Specify only highest grade complete 16a. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working life. Do NOT use retired.) 16b. KIND OF BUSINESS/INDUSTRY Elementary/Secondery (0-12) College (1-4 or 5+) COMPL 6 SALESMAN RETAIL 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname) YITZAK REISBERG BE SARAH 19a. INFDRMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 MARLA CAPLON (DAUGHTER) 926 FARM HAVEN DRIVE, ROCKVILLE, MD 20852 20a METHOD OF DISPOSITION
1 \(\tilde{\Omega}\) Burlal 2 \(\subseteq\) Cremation 3 \(\subseteq\) Removal from State 20c. LOCATION — City or Town, State 20b. PLACE AND DATE OF DISPOSITION (Name of DATE JUDEAN MEMORIAL GARDENS 4 Donation 6 Other (Specify) 9/11/96 OLNEY, MARYLAND 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY DANZANSKY-GOLDBERG MEMORIAL CHAPELS 1170 ROCKVILLE PIKE, ROCKVILLE, MD 20852 23. PART I/Enter the diseases, or complicatione that caused the death. Do not enter the mode of dying, such as cardiec or reapiratory arrest, Approximata ahock, or haart failure. List only one cause on each line. Interval Between IMMEDIATE CAUSE (Final Onset and Death diseese or condition_ ATHERO SCLEROTIC HEART DISEASE YEARS resulting in death) DUE TO (DR AS A CONSEQUENCE OF): CERTIFICATION Sequentially list conditions, DUE TO (DR AS A CONSEDUENCE OF): if any, leading to immediate cause. Enter UNDERLYING CAUSE (Diseese or injury DUE TO (OR AS A CONSEDUENCE OF): that initiated events reaulting in deeth) LAST MEDICAL

ART II.	Other aignificent	conditione	contributing	to deeth	but no	t resulting	In the	underlying	ceuse	given	in Pa	rt I
		PARK	INSO	NS	DI	SCAS	E					
												_

24a. WAS AN AUTOPSY PERFORMED? 24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE 1 YES 2 AO OF DEATH? 1 YES 2 NO

29d. DATE SIGNED (Month, Day, Year)

DID TOBACCO USE CONT	RIBUTE TO CAUS	E OF DEATH	YES		NO	B	UNCERTAIN	
5. WAS CASE REFERRED TO MEDICAL		26. PLACE OF	DEATH	(Chec	k only	one)		
EXAMINER?	HOCDITAL.							

HOSPITAL:
1 | Inpatient 2 | ER/Outpetient 3 | DOA | 4 (Control Home 5 | Residence 6 | Other (Specify) 1 YES 2 NO 27. MANNER OF DEATH 26a. DATE DF INJURY 28b. TIME DE 28c, INJURY AT WORK? 1 Natural

28d. OESCRIBE HOW INJURY OCCURED 1 YES 2 ND

26a. PLACE DF INJURY — At home, farm, streat, factory, office building, stc. (Specify) 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) 4 Homicide 29a. CERTIFIER 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(a) and manner as stated.

2 MEDICAL EXAMINER: Do the basic of examination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(a) and manner as stated. 29b. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER

Prouva MiD. 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) P. TALWAR, 6121

SEPTEMBER 10'1996 ROCKVILLE ROAD. MD. 20852

D 36552

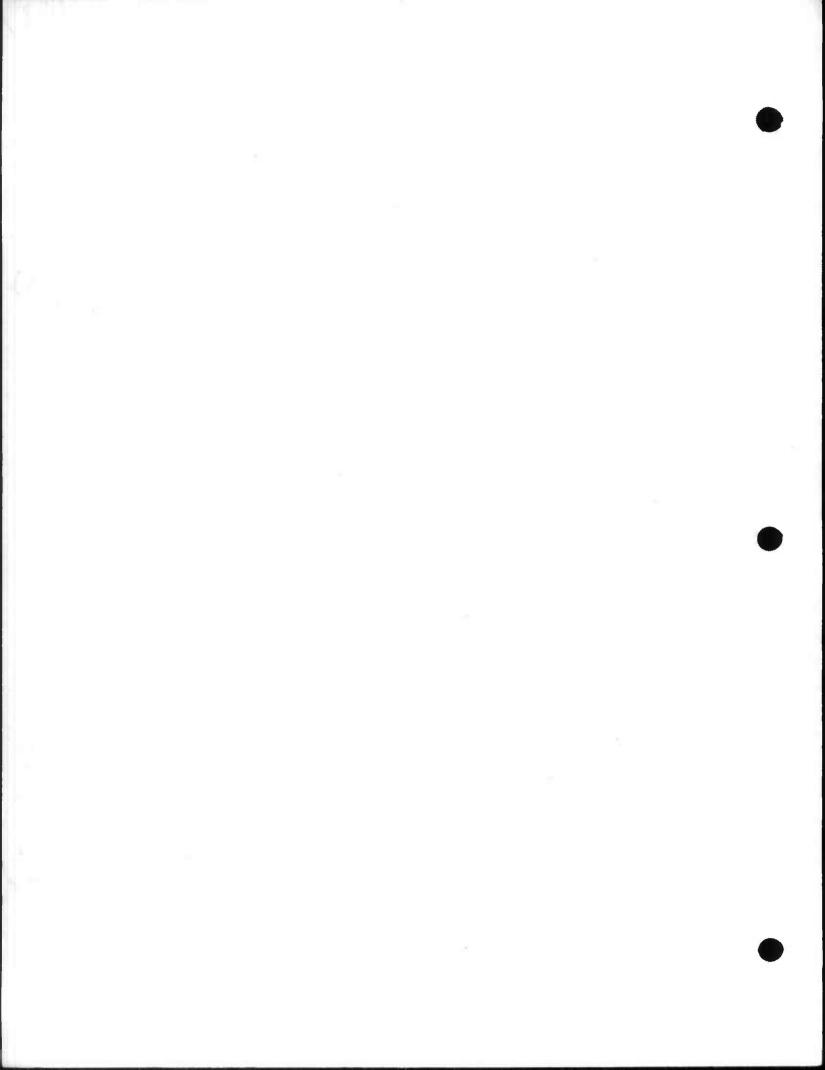
31. DATE FILED (Month, Day, Year) SEP 1 2 1996

Investigation

6 Could not be

32. REGISTRAR'S SIGNATURE - un willow- Handalle

MONTROSE



Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene 96 28538

							Cert	ificate	e of i	Death			Reg. No.		
			1. Decedent's Name (First, Midd	fle, Last)								2. Dete of D			3. Time of Deeth
	Physic		Eugene Littled	yke Rice								Month Septem	ber 3, 1	Yeer 1 9 9 6	11:10am
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	Eyanıı	ıcı	Sycamore Acres								wood			gomer	77
Н			5. Sociel Security Number	6. Sex	7. Age (In yr.	s leet hir	thday)	If Under	1 Year	if Under		8 Date of B			-
	Funeral Director		093-03-4546	12XM 2□ F	F		Yrs.	Months	Deys	Hours	Min.	8. Dete of B	Day, Year)	Coun	lece (State or Foreign try)
	Director		Usuel Residence of Decedent		80	J						Nov.	, 1915	New Y	ork
	and w		10e. Stete 10b. Count	у	10c. (City, Tow	n or Loca	ation						10	0d. Inside City Limits
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	72 hours after death with the Maryland nature!', or items 23e or 28e-f show oftel Examinet must be multied at							10f. Zip					10g. Citizen of	whet Coun	try?
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	y within 72 hours after death wildne. jane. tran "nature!", or items 23a	Funeral	11. Maritei Status	12. Was D Armed	ecedent Ever in Forces?	U,S.	13. Wa	as Deced Yes, spec	ent of H ify Cuba	lispenic Orl an, Mexicar	gin? (Spo	ecify Yes or N Ricen, etc.)	lo- 14. Red Ble	ca - America ck, White, o	
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Maryland 21215-0020	d 2 should be filed th and Mental Hygis 7 Is marked other traumatic event, to	Be	17. Fether's Neme (First, Middle	, Last)						18. Mothe	r's Neme	e (First, Middl	e, Malden Surnar	ne)	
<u> </u>	should be and Mental I marked of umatic eve	To	Clifford Eugen	e Rice						Oliv	e Je	sse Li	ttledyke		
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a)	t Health Hem 27 I		Peggy A. Smith 20e. Method of Disposition	, daugi	20b.			tion (Nam			LOOK	Dete	20c. Location		wn State
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류	artmen ortant: injury 8.		4 Donetlon 5 Other (Me	etro				atory		/4/96			Virginia
Baltimore,	permit. Pa Departmen Important: any injury once.		21. Signature of Funeral Service	Licensee									neral Ho	me	
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	VI O S		23e. Pert V. Enter the diseese, of shock, or heart feilure. Lis	r complications the	at caused the de	ath. Do							errest,		Approximete Intervel Between
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	Examiner		diseese or condition resulting in death)	e. Sep						-				1 4	2 Days
	130	ē					conseque								
	nsit ted	Examiner	X	b. Alz	heimers										Years
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68760,	certificate be executed inding physician and use as the burial-transit		Sequentially list conditions, if eny, leeding to immediate cause. Enter Underlying Cause (Disease or Injury	C											
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Ħ	Physician: The ratio contilicate or al director, page	Be	25. Wes cese referred to medical exeminer?								of Deeth	n (Check only	one)		
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_	ding P. h. After ti funera	ü	27. Menner of Deeth 1 ₩Neturel 5 □ Pendi		te of Injury onth, Day Year)		Time of njury	28	Bc. Injun Worl	y et k?		28d. Describe	how Injury occur	red	
0	Attending or death. ector: After by the fune	atic		igation	, , , , , , , , , , , , , , , , , , , ,		,,	М		Yes 2□	No				
Division	or Attendation of Director:	Certification:	3 ☐ Suicide 6 ☐ Could 4 ☐ Homicide determ	nined 286. Pie	ce of Injury - At I		rm, stree	t, factory,	office				(Street and Numi	ber or Rural	Route Number,
ō	or A safter	le l	4 1 Torricide	bui	ilding, etc. (Spec	iny)						City or 10	own, State)		
	pours fille	- F	29e. Certifier 188 Certifvio	ng Phyalcien: To t	he best of my kn	owledge	deeth o	ccurred e	t the tim	ne dete en	d place	and due to the	cause(s) and me	enner es sta	ated
	24 h 24 h Fur atah	edicai	(Check only 2 Medical	Examiner: On the	besis of examin	etion en	d/or Inves	stigetion,	In my of	pinion, deel	h occurr	ed et the time	, dete end place,	end due to	the ceuse(s)
	To the Hospital or Attanding Ph within 24 hours after death. To the Funeral Director: After th complataly filled in by the funeral	Me.	29b. Sanatura and title of certifie		o.mor oracou.			290	License	e number			29d. Dete signe	d (Month f	Pay Year
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9	1 1		John R. Melnic	k, MD 911	Russel	1 Av	renue	Gai	the	rsbur	g, M	D 2087	9		

DHMH 16 Rev 6/95

Registrar

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State of Maryland / Department of Health and Mental Hygiene 96

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							Ce	rtificat	e of	Death	_		Reg. No.			
	Dhamia		1. Decedent's Neme	e (First, Middle,	Last)							2. Dete of De Month	eth Dey	Year	3. Ti	me of Death
	Physic /Medi		Stanley		Sr	nith						Septem	- ^		3:3	30 pm.
}	Exami		4a. Facility Name (fi	f not institution,	give street end n	umber)				4b. City, To	own, or Lo	ocation of Deet	h 4c. C	ounty of Deat	h	
			Sinai He	spital						Balti	mon	9				
	Funeral		5. Social Security N	umber	6. Sex		s. lest birthdey)	If Under Months	1 Yeer Deys		24 Hrs. Min.	6. Dete of Bi	th V. Year)	9. Birt	hplece (S	tete or Foreig
	Director		213-34-53	18	1 / M 2□ F	59	Yrs.	Wiening	Doys	110010		SEPT. 5	1936	VIR	GINI	A
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	anyla show	_	106, 51616	10b. County		100. 0	City, Town or Lo	cation							1000	ide City Limits
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	ath v	Ta.	1826 W.	LAFAYET					121					US		
	72 hours after death with the Maryland "natural", or items 23s or 28s4 show dies Examiner must be notified at	Funeral Director	11. Meritel Stetus		12. Wes De Armed F	cedent Ever in Forces?	U,S. 13.	Wes Deced If Yes, spec	ent of the	Hispenic Ori en, Mexica	igin? (Sp n, Puerto	ecify Yes or No Rican, etc.)	- 14	. Rsce - Ame Bleck, White		en,
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of Vital Records,	uires sign	d by	<i>J</i> ,							9		24a. Was	an autopsy			opsy findinga
8	v require been si should	lete										peri	ormed?		avellable p completion	prior to n of cause
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O	ding Afte	tior	1 ☑ Neturel 2 ☐ Accident	5 Panding investige	(Moi	nth, Day Year)	Injury	м	8c. fnju Wo 1 □	rk? Yas 2□						
Division	or Attending after death. Director: After in by the funa	fica	3 ☐ Suicide	6 ☐ Could no determin	ot be	e of Injury - At	home, ferm, str					28f. Location	Street and i	Number or Ru	ural Route	Number,
Div	aftar Dire	Certification:	4 Homicide	GOGOTTIII		ling, etc. (Spec		,	,				wn, State)			
	To the Hospital or Attending Phy within 24 hours after death. To the Funeral Director: After thi completely filled in by the funeral		29e. Certifier	1 Certifying	Physician: To the	e best of my kn	owledge death	occurred i	at the ti	me dete ar	nd plece	and due to the	cause(s) er	nd manner sa	steted	
	Hoa 24 h Fur lataly	edical	(Check only one)	2 Medical E	xaminer: On the I	pasis of examin	etion end/or In	astigetion,	in my	opinion, dec	eth occur	red at tha time,	data and pl	lace, end due	to the ca	use(a)
	offin offi omp	Me	29b. Signeture and	title of Ceptier)			290	. Licens	se number			29d. Dete	signed (Mont	h, Day, Ye	ear)
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State of Maryland / Department of Health and Mental Hygiene Q C

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			Certifica	ite of Death	Reg	J. No.	20340
	Physic /Medi		1. Decedant's Nama (First, Middle, Last) DOROTHY: V. Sell MAN		2. Data of Death Month		3. Time of Death 12:03pin
	Exami		4a. Facility Nama (It not Institution, give street and number) ANNE TRUNTE MEDICAL CENTER	4b. City, Town, or Loc	OM ZILC	4c. County of E	Arundel.
	Funeral Director		5. Social Security Number 577-36-2248 6. Sax 1 M 2 F 67 7. Aga (In yrs. last birthday) 67 Yrs. If Und Month	ar 1 Yaar If Undar 24 Hfs. s Daya Hours Min.	8. Data of Birth (Month, Day, Y JULY 1.3 1	(ear) 9. 1929 M	Birthplaca (Stata or Foreign Country) ARYLAND
	72 hours effer death with the Maryland natural, or ferms 23a or 28a-f show ures Examine, must be notified at	Director	10a. Stata 10b. County 10c. City, Town or Location MARYLAND ANNE ARUNDEL LOTHIAN				10d. tnsida City Limits 1 X Yas 2 □ No
	Seath with the 23a or 2	Funeral Dire	1291 MARLBORO ROAD	the Coda 20711 Sedant of Hispanic Origin? (Specify Cuban, Maxican, Puarto I			t Country? US American Indian,
0020	ours efter aral, or ite	by	1 Navar Married 2 Married 1 Yas 2 No	ecify Cuban, Maxican, Puarto I 2⊡XNo Specify:	Rican, atc.)	Specify:	Whita, atc. BLACK
21215-0020	filed within 72 I Hygiene. ther than "natu	Completed	15. Decedent's Education (Specify only highast grada completed) Elamantary/Secondary (0-12) 7th 0 Custon	vork dona during most of workir use retired)	AN		DEL COUNTY
Maryland 2	should be filed nd Mental Hygi merked other ametic event, it	To Be C	17. Father's Name (First, Middla, Last) ROBERT PERKINS	18. Mothar's Nama MARY C		ARD OF nidan Sumama)	EDUCATION
Baltimore, Mar	es 1 and 2 shool of Heelth and f frem 27 is my			rothar place)	LANDOVEF Date 20		0785 y or Town, Stata
Balti	permit. Pag Department Important: I any Injury o		21. Signature of Funaral Sarvice Licensee WM . RE	and Addrass of Facility CESE & SONS MOF	RTUARY, E	P.A.	
	Physician /Medical Examiner	ner	23a. Part1. Enter tha disease, or complications that caused the death. Do not enter the meshock, or heart failure. List only one cause on each line. Immediate Cause (Final disease or condition resulting in death) Pue to (or as a pensequence of the condition o	oda of dying, auch as cardiac o		t,	Approximata Interval Between Onsat and Death Mivutes.
68760,	death certificeta be asscuted e attanding physician and od for use as the burial-transit	cai Examiner	Sequantially list conditions, if any, leading to immadiata causa. Entar Undarfying Cause (Disease or Injury that initieted evants. Dua to (or as a consequence of conseque	n):	Conconi	1144(11	1 11011.40
Box 68	eath certificet attanding phy I for use as th	Physician/Medical	rasulting in death) Last d	P			
P.O.	es that the designed by the all	by Physic	Part II. Other eignificant conditions contributing to death but not resulting in the underlying the production of the conditions of the co	causa given In Part I.	23b. Did tobe		pute to the cause of death? Probably 4 Unknown
Records,	aw requir 1s been s 2 should	Completed b			24a. Was an performe	autopsy 2-	4b. Were autopsy findinga available prior to completion of causa of death?
Vital	certificata rector, pa	o Be	25. Was casa rafarrad to medical axaminar? 1 Yas 2 10 10 Hospital: 1 Inpatient 2 10 17 10 11 12 11 12 13 13 14 15 15 15 15 15 15 15 15 15	26. Placa of Death			1 □ Yas 2 Ū-No
Division of	ng Ph fter thi	Certification: T	27. Mannar of Death 1 Directoral 5 Panding (Month, Day Year) 28b. Time of Injury (Month, Day Year) M	28c. Injury at Work? 1 Yes 2 No	me 5 Aesidan 28d. Describe how	Injury occurred	
Divi	To the Hospital or Attandii within 24 hours aftar death. To the Funeral Director: A completely filled in by the fu		4 Homicida datermined 29a. Place of Injury - At noma, farm, street, factor building, etc. (Specify) 29a. Cartifler 1 Certifying Physician: To the best of my knowledge, deeth occurre	d at the time, date and place, a	City or Town,	Stata)	or Rural Routa Number,
	To the Hospital within 24 hours of To the Funeral I completely filled	Medical	(Check only one) 2 Medical Examiner: Or ha basis of examination and/or invastigate and manner stated.	on, In my opinion, deeth occurre	ed at tha tima, date	a and place, and	dua to the cause(s)
			30. Nema and addrass of person who complated cause of daath (item 23a) (Type, Print)	J-17066	Par Dos	7/7/ A11	Um) 7 WA
	Sta Registr		31. Date filed (Month, Day, Year) SEP 1 2 1996 32. Registrar's Signetura Suhia Davidson—Rindste	e distribution of the	CHIV VKII	() ()	william, 141)

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			6892 TRAVELE	RS REST						EAST	ON			TALBO	Т	
	Funeral		5. Sociel Security Number	8. Sex	7. Age	(In yrs. last b	irthday)	If Under		If Under	24 Hrs.	8. Date of Bi (Month, D		_		or Foreign
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۰	_		Usual Residence of Decedent									111111111	1/1/1/	1444		
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	r 28a-f sh	5	10e. Street and Number		1			10f. Zip	Code				10g. Citizen of	What Coun		****
	23a or	0	6892 TRAVELE	RS REST	1				21	601				SA		
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		5	1 Never Married 2 Mer	Armed	Forces?		1	f Yes, spec	ify Cub	en, Mexican	, Puerto	pecify Yes or N Rican, etc.)		eck, White, e		
ž	hours after ural', or he	by	3 ☐ Widowed 4 ☐ Divorced	If Yes,	Give or Dates:		'	1□Yes :	No.	Specify:			Spec	ty: WH	ITE	
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=	Iling After fune	lo l	1 Neturel 5 ☐ Pendir		te of Injun fonth, Dey	Year)	Injury	M	Bc. Injur	k? Yes 2 □ I	No	200. Describe	now injury occi	med		
VISION	death death tor:	cal	2 Accident investi 3 Sulcide 6 Could	not be	ana of labo	a Albana A				165 2	140	20f Location	(Clanat and Muse	har as Russ	Doude Mi	mbar
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	To the Hospital or Attending Physicien: The law within 24 bours effectedath. To the Funeral Director: After this certificate has completely filled in by the funeral director, page 2	edical	29a. Certifier (Check only anal)	g Phyaician: To Examiner: On the	e basis of	examinetion a	e, death nd/or inv	occurred overtigetion,	in my o	ne, dete en pinion, dee	d place, th occur	and due to the red et the time	cause(s) and n , dete end plece	nanner as st , and due to	ated. the cause	e(s)
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			30 Name and address of person	who completed ca	ause of de	eth (item 23a)	(Type, I	Print)								

LAWRENCE D. BOHAN, M.D., 606 DUTCHMAN'S LANE, EASTON, MD 21601
31. Dete filed (Month, Day, Year)

SEP 1 0 1996

SEP 1 0 1996

DHMH 16 Rav 6/95

State Registrar

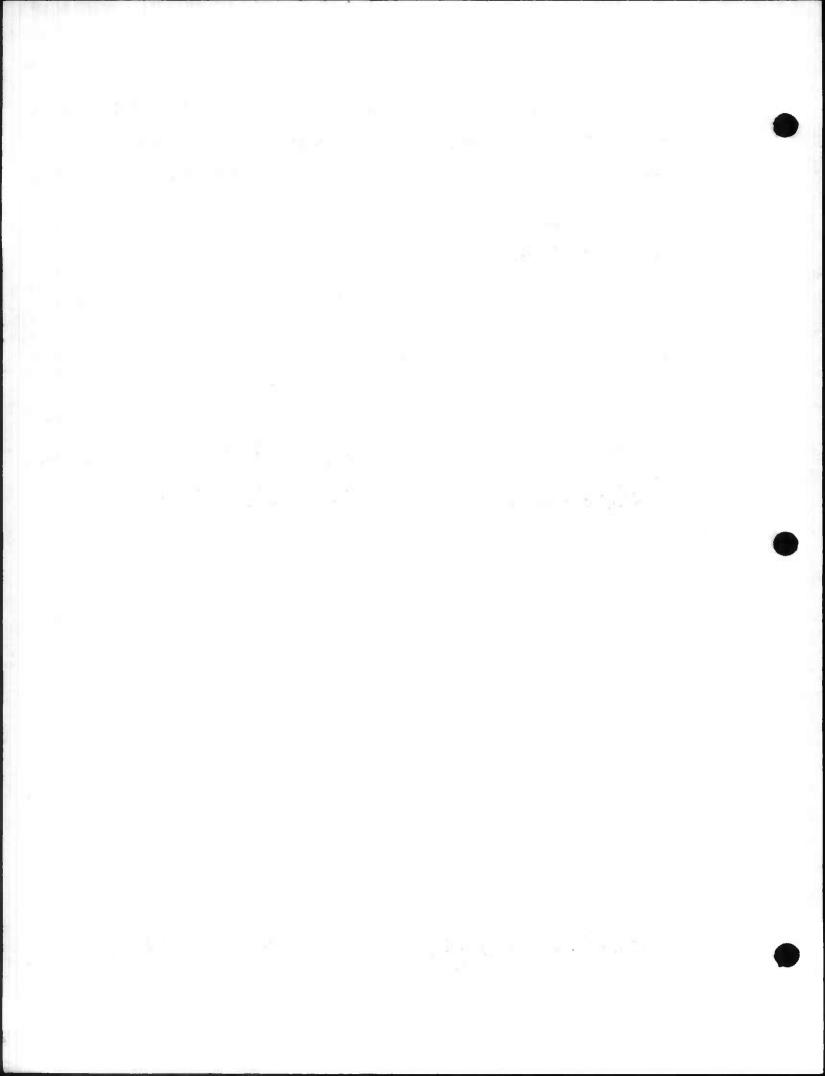
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State of Maryland / Department of Health and Mental Hygiene

Certificate of Death

28542

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	To the To the comp	M	29b. Signature and	d title of certifier	m Hu	co	10	(1)	29		188 number	715		29d. Data sig	ned (Mon)	h, Day, Year)
			30. Name and edd	lress of person v	who completed car	use of d	leath (Item 2	3a) (Type, f	Print)						//	
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	Sta Registr		J., Dote theo (MO)		L 3 1996				fande							



Division of Vital Records, P.O. Box 68760.

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Mer Par	ctor	MD. CARRO	LL I	WEST	MINSTE	R						1X Yes	2 No
可 67.28	Director	10e. Street end Number			10f. Zip	Code				10g. Citizen of	Whet Countr	у?	
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	ate	N. K. RAJPAR	A, M.D., P.A. 32. Registrer's Sign		21 / WAS	SHI	NGTON	HE	IGHTS,	_WEST	AINST:	ER,	MD.
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Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible.

State of Maryland / Department of Health and Mental Hygiene 28544 Certificate of Death 1. Decedent's Name (First, Middle, Last) 2. Date of Death 3. Time of Leasth **Physician** Spencer Mildred Waterman 12:3 PH September 15 96 /Medical 4b. City, Town, or Location of Death 4a. Facility Name (If not institution, give street and number) 4c. County of Death Examiner Carroll County General Hospital Westminster Carroll | If Under 1 Year | If Under 24 Hrs. | 8. Date of Birth (Month, Days Hours Min. | Min. | March 28, 1919 5. Social Security Number 7. Age (In yrs. lest birthday) 9. Birthplace (Stete or Foreign Country)
9 Maryland **Funeral** 10 M 201 77 217-12-1567 Director Usual Residence of Decedent the Maryland 10a. State 10b. County 10c. City. Town or Location ms 23a or 28a-f show 10d. Inside City Limits Director Carrol1 Westminster to Was 2 No 10e. Street and Number 10f. Zip Code 10g. Citizen of What Country? death with 154 East Green Street 21157 United States Funeral Hems 2 12. Was Decadent Ever In U.S. Armed Forces? 1 ☐ Yes 2 ₹ No if Yes, Give Year or Dates: Was Decedent of Hispanic Origin? (Specify Yes or Notif Yes, specify Cuban, Mexican, Puerto Rican, atc.) 14. Race - American Indian, Black, White, etc. r than "natural", or item the Medical Examiner filed within 72 hours efter 1 Never Married 2 ☐ Married 21215-0020 Be Completed by 1 Yes 2 No Specify: Specify: 3 ☐ Widowed 4 ☐ Divorced White 16a. Decedent's Usual Occupation (Give kind of work done during most of working life. DO NOT use retired) 15. Decedent's Education (Specify only highest grede completed) 16b. Kind of Business/Industry Elementary/Secondary (0-12) College (1-4or 5+) Hairdresser Own Business Baltimore, Maryland 17. Father's Name (First, Middle, Last) 18. Mother's Name (First, Middle, Meiden Sumeme) . Peges 1 and 2 should be filment of Heelth end Mental Hant: If Item 27 la merked oth Jury or other traumatic even Alvie G. Spencer Ethel Sprinkle 19e. Informant's Name/Reletionship (Type, Print) Brother 19b. Mailing Address (Street end Number or Rurel Route Number, City or Town, State, Zip Code) Alvie G. Spencer 27 Smith Ave. Westminster, Md 21157 20b. Placa of Disposition (Neme of 9-17-96 Date cemetery, cremetory or other place) 20a. Method of Disposition 20c. Location - City or Town, Stata 1 Burial 2 ☐ Cremation 3 ☐ Removal from Stata permit. Pege Department of Important: If any Injury or Patapsco UMC Cemetery 4 ☐ Donation 5 ☐ Other (Specify) Finksburg, Maryland 21. Signatura of Funaral Service Licensee 22. Nama and Addrass of Facility Pritts Funeral Home Mark A. 23a. Part1. Enter the disease, or complications that caused the death. Do not enter the mode of dylng, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line. 412 Washington Road, Westminster, Md 2115 Approximate interval Between Onsel and Death **Physician** /Medical tmmediate Cause (Final disease or condition resulting In death) a. Respira Wy failure 2
Due to (or as a consequence of):

Due to (or as a consequence of): to aspiration preumonia **Examiner** ipital or Attending Physician: The law requires that the death certificate be executed outsrafed death.

outs and death.

eral Director: After this certificate has been signed by the ettending physician and filled in by the turnest director, page 2 should be deteched for use as the build-trensit Sequentially list conditions, if any, leading to Immediata cause. Enter Underlying Causa (Diseese or Injury that Initieted events resulting In death) Last Bradyaythmia Box 68760, Physician/Medical Due to (or as a consequence of) Part II. Other significant conditions contributing to death but not resulting in the undarlying cause given in Part I. Division of Vital Records, P.O. 23b. Did tobacco use contribute to the cause of death? 1 Yes 2 No 3 Probably 4 Unknown Pulmohan embolism by 24b. Were autopsy findings available prior to completion of causa of deeth? Completed Seyves 24a. Was an autopsy performed' 25. Was case referred to medical examiner? Hospii 1 ☐ Yes 2 No 1 Yes 2 No Be 28. Place of Deeth (Check only one) Hospital: 1 X Inpatient 2 ☐ ER/Outpatient 3 ☐ DOA Other: 4 Nursing Homa 5 Residence 8 Other (Specify) Certification: To 1 ☐ Yes 2 No 27. Manner of Death 28a. Date of Injury (Month, Day Year) 28b. Time of 28c. Injury at Work? 28d. Describe how Injury occurred 1 Natural 5 Pending Investigation 1 Tes 2 No 2 Accidant 6 Could not be determined 3 Suicide 28a. Placa of Injury - At home, farm, street, factory, offica building, etc. (Specify) Location (Streat and Number or Rural Route Number, City or Town, Stete) 4 Homicide To the Hospital of within 24 hours of To the Funeral Dicompletely filled II edical 1 Certifying Phyaician: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(s) and manner as stated.

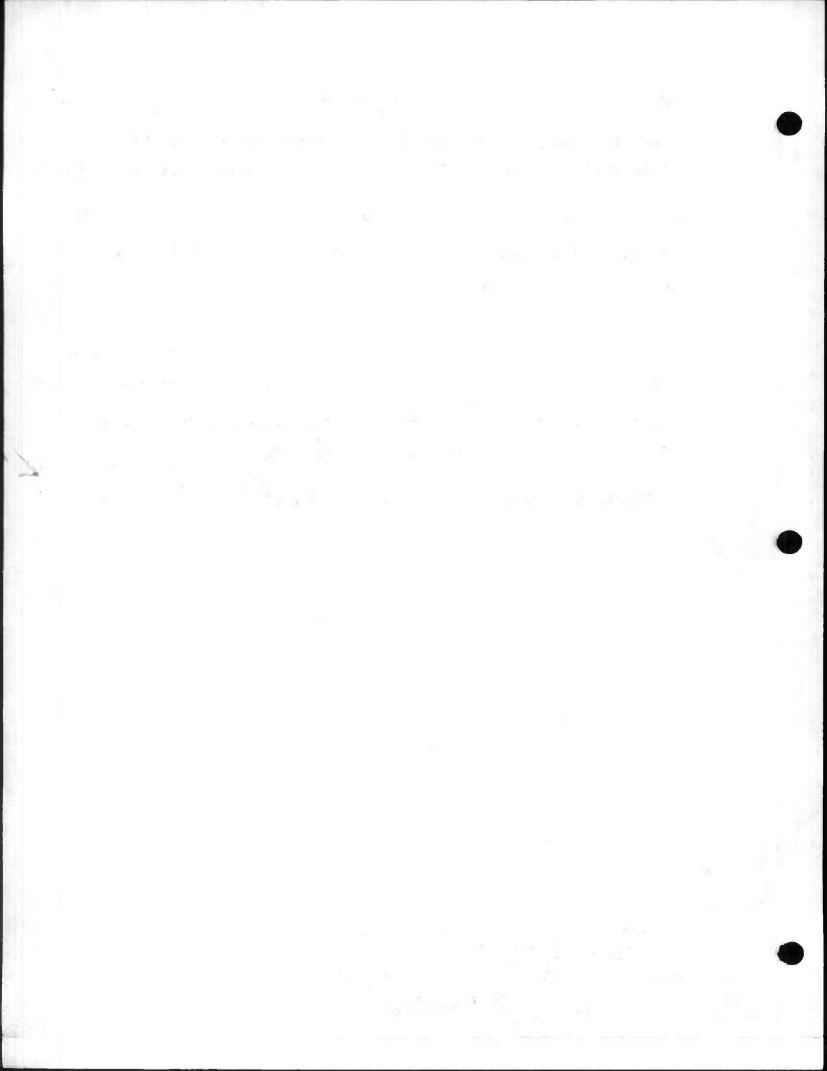
2 Medical Examiner: On the basis of examination end/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and manner stated. 29a. Certifier (Check only one) 29b. Signature and title of certifier 29d. Date signed (Month, Dey, Year) 29c. License number M.M Scatenber -17-96. 047423 30. Name and address of person who completed cause of death (Item 23a) (Type, Print)

Ali Sail, (101/County General Hospital, westminster, MD 21117. Sail 32. Pegistrar's Signature 31. Data fliad (Month, Day, Year) State

DHMH 16 Ray 6/95

Registrar

SEP 16



Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible.

Amended item #5 per F.D., 9/19/96 Carroll Co. P.L.C.

State of Maryland / Department of Health and Mental Hygiene

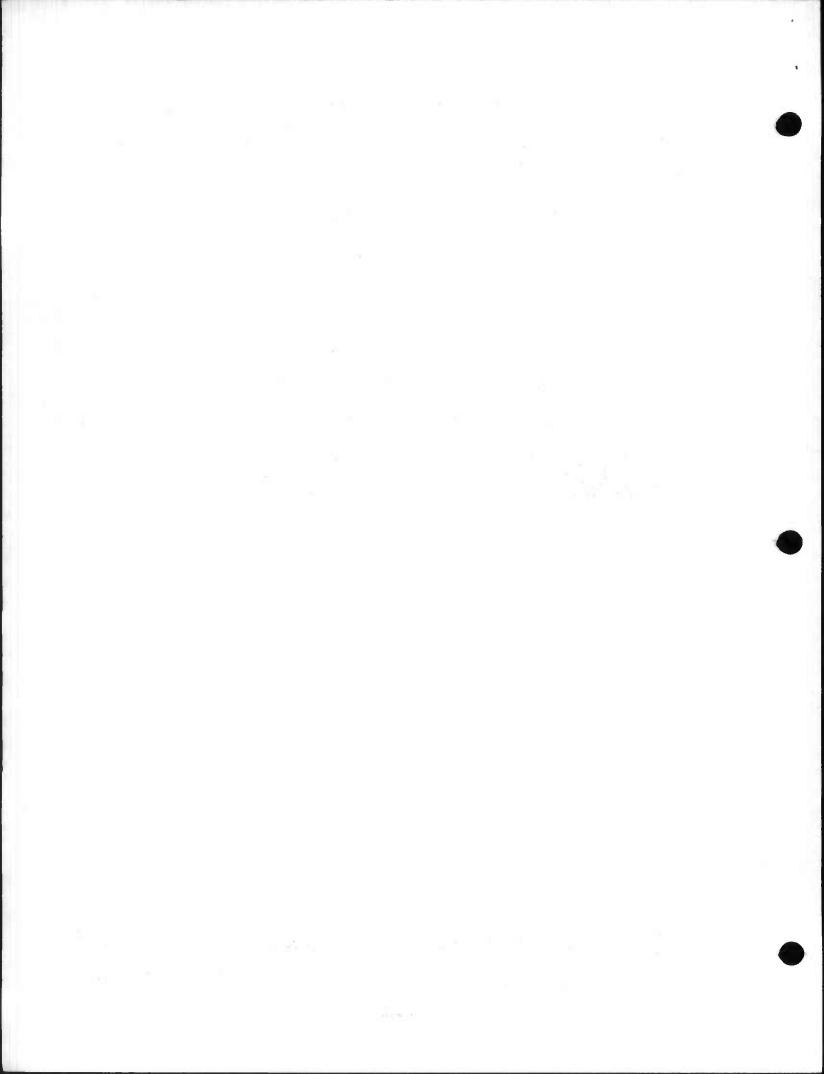
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	Funeral Director		5-Social Security Number 213-05-3837 218-42-7051	6. Sex 1 □ M ½ □ F	7. Age (In yrs	3. last birthday	y) if Unde Months			24 Hrs. Min.	8. Data of Bir (Month, Di 6 / 25	7 1 9 1 4	9. Birthy Coul MAR	place (St ntry) RYLA	eta or Foreign
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	To the Hospital or Atta within 24 hours after de To the Funeral Directo completely filled in by the	edical	29a. Certifiar 1 Certifying (Check only one)	Physician: To the kaminer: On the band man	bast of my knoasis of axamin nar stated.	owledge, dee ation and/or l	th occurred nvastigation	at tha t	tima, dete ar opinion, das	nd plece, a ath occurre	and due to tha ed at tha tima,	ceuse(s) end m data and place	nanner as s , and due t	itated. o tha ceu	ise(s)
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			30. Name end addrass of person w	ho complated caus	sa of death (Re	m 23e) (Type	e, Print)	A /D-	osler	d a	all mi	9 my	nD	211	57
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TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DHECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

DIVISION OF VITAL RECORDS, P.O. BOX 68760

3

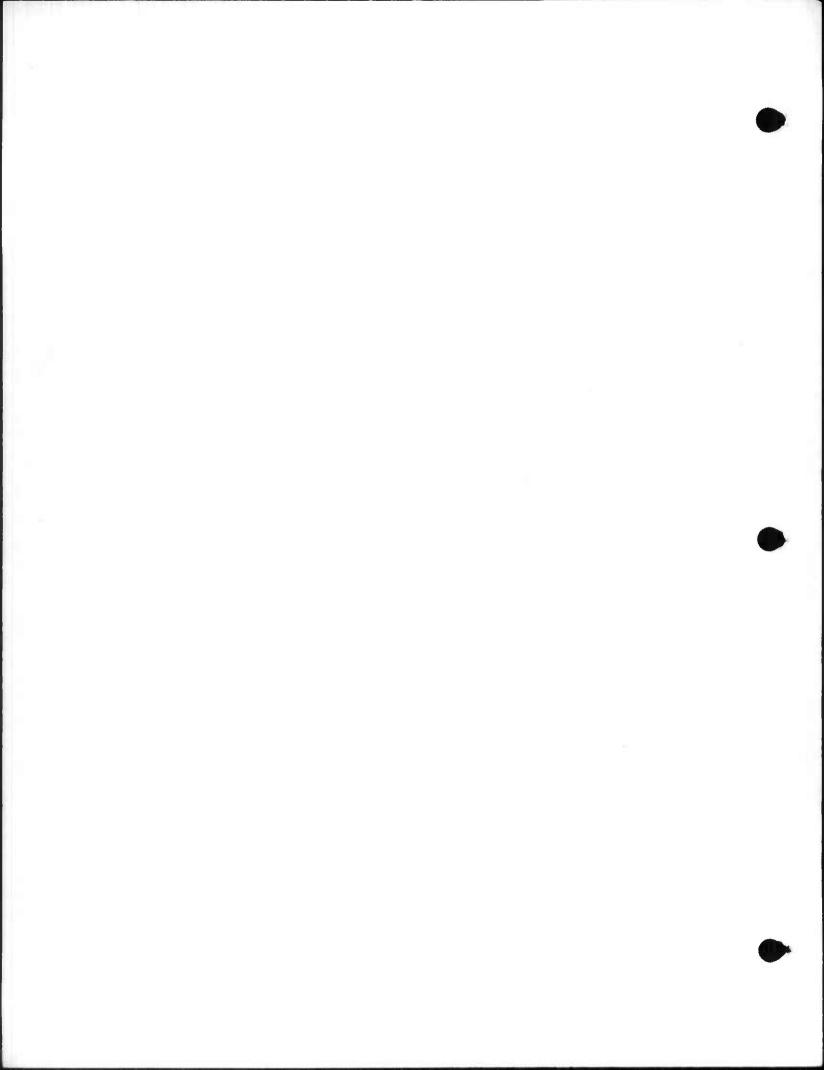
1 - STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE REG. NO.

1. DECEDENT'S NAME (First, Middle, Last)

2. DATE OF DEATH

2. DATE OF DEATH

						CATE OF	DEATH		REG. NO.			
- 1		1. DECEDENT'S NAME (First, Middle, Last)							ATE OF DEATH			3. TIME OF DEATH
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		4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. les		IF UNDER 1 YEAR	IF UNDER 24 HRS		TE OF BIRTH		8. BIRTH	IPLACE (State or Foreign
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- 1		Sa. FACILITY NAME (If not institution, give at	and and supplied	- 00		10.00			ril 6, 19			nsylvania
	-						OR LOCATION OF	1		9c. COU	NTY OF D	EATH
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	DIRECTOR	RESIDENCE OF DECEDENT				, , , ,				7.70		101112
	<u>w</u>	10a. STATE 10b. COUNTY			10c. CITY,	TOWN OR LOCAT	TION					10d, INSIDE CITY
	5	Maryland Mane					1					LIMITS?
		Maryland Mont	tgomery		6	aithers	burg					1 YES 2 X NO
	₹	10e. STREET AND NUMBER				101	. ZIP CODE			10g. CIT	IZEN OF V	VHAT COUNTRY?
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8	Ξ			La	day M	aster						
Once.	COMPL	17. FATHER'S NAME (First, Middle, Last)					18. MOTHER'S	NAME (Firs	st, Middle, Maiden	Sumema)		
#	W	John Secreto					Rose	Pupp	i			
notified at	00	19a, INFORMANT'S NAME (Type/Print)		191	MAILING A	DORESS /Street o			umber, City or Town	Chata Tie	Ordel	
8	2											
be		Vicki E. Shreiner		3	409 0	akhurst	Drive,	Bur	tonsvil	le,	Mary.	land 20866
표	ı	20a. METHOD OF DISPOSITION 1 Burial 2 2 Cremation 3 Remo	uml fance Chate	20b. PLACE A	ND DATE OF	DISPOSITION (Na	me of 1 / 1	996°	ATE 20c. LOC	CATION -	City or To-	wn, Stata
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X	- 1	Darbara h/1/C	Mullan	Nune	nce	Avenu	A Rock	TT 11	A Mary	lond	20	850-2805
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Please Type or Print in Black Indelible Ink. Assure All Coples Are Legible.

State of Maryland / Department of Health and Mental Hygiene 96

Certificate of Death

28547

							Cei	uncate of	Death		Reg. No.				
	Physic		1. Decedant's Nama (Firs			ire Sam:	son			2. Deta of Do Month Septem	Day	Yaar 1996	3. Time of Death 3:25 AM		
	/Medi Exami		4a. Facility Name (If not it Suburban H			um <i>ber)</i>			4b. City, Town, or I	Location of Daa	th 4c. County		- 37		
_				-		7 4 45	11 t t at 11	if Under 1 Yaa		_		•			
	Funerai Director		5. Social Security Number 578-48-0251	1	ax □M 2∑tF	7. Age (In yrs. 8	M	Months Days		(Month, D	rth ay, Year) 6, 1909		laca (Stata or Foreign try) inada		
D	*		Usuel Rasidence of Dace 10a. Stata 10b.	County		10c Ci	ty, Town or Lo	cetion		10d incide City					
Maryla	a-f sho	ctor		iontgon	nery	100.01		ington				0d. inside City Limits 1 ☑ Yes 2 ☐ No			
5	0 2 S	Director	10e. Street end Number					10f. Zip Code			10g. Citizen of	What Coun	try?		
×	permit. Pages 1 and 2 should be filed within 72 hours after death with the Maryland Department of Heelth and Mental Hygiene. Important: if then 27 is marked other than "natural", or items 23e or 28e-f show any injury or other traumatic event, the Medical Examiner must be muitied at once.	ai	3333 Univer	sity B	lvd. W	est #100	08	2089	95		Canad	la			
O after dea		Funerai	11. Marital Status 1 Nevar Married 2	2 ☐ Married	Armed F 1 ☐ Yas	2 X No			Hispanic Origin? (S ben, Maxican, Puart	pecify Yes or No Rican, atc.)	Bia	ck, Whita,	American Indien, Whita, atc.		
02 ours	- 3	by	3 ☑ Widowed 4 ☐ D	Divorced	if Yas, G Year or [I□Yes 2⊠ No	Specify:		Specify	whi	te		
5-0 22 he	E E	Completed	15. D	Decedant's Ed	lucation da complated,		16a. Deced	lant's Usual Occu	upation a during most of wored)	rkina	16b. Kind of B	usinass/Inc	lustry		
21215-0020 d withIn 72 hours af	e a s	nple	Elementary/Secondary			(1-4or 5+)	lifa. I	OO NOT usa retir	ed)	Kiriy					
N	re the	Sol	12				Bu	yer			Departm	ent S	tore		
Maryland d2 should be file	al Hy	Be	17. Fathar's Nama (First,	Middle, Last)					18. Mothar's Nan	na (First, Middle	a, Maidan Suman	ne)			
yaa	Ment	2	Joseph Ephr	em Bou	vier				Charlo	tte Mar	ion				
sho sho	and me	ľ	19e. Informent's Name/Relationship (Type, Print) 19b. Meiling Addrass (Street and Number or Rural Routa Number, City or Town, State, 2												
E pue	127 i		Laurette Boo	uvier I	Endres/	sister	3333	Universi	ty Blvd.V	Vest #10	008 Kens	ingto	n, MD 2089		
Baltimore,	H # 6		20a. Method of Dispositio				Place of Dispo	sition (Name of natory or other pl	ace)Cont 1	6, Data	20c. Location	- City or To	wn, Steta		
E &	In the life of the		1 🔀 Buriel 2 □ Crai 4 □ Donation 5 □ C						s Nieges		Montrea	1. Car	nada		
E =	神道 *		21. Signature of Funeral :			02111	22	. Nama and Add	rass of Facility		F	Rethes	da-Chevy		
n E	OF FEE	1	De	An	(M0019	8 Ro	bert A.	Pumphrey	Funera	I Home/	Chas	se, Inc.		
	'		23a. Part1. Enter the disa	ages or come	alications that	caused the deal	th. Do not only	Bethesda	, Marylan	d 2081	4-3501	-	Approximate		
			shock, or haart failu	re. List only	one cause on	each lina.	ui. Do not and	si tila iliode oi dy	ning, such as cardiac	or raspiratory i	arrest,		Approximata Interval Between Onset end Death		
	Physician /Medical Examiner		Immediata Cause (Final		D	1									
			disaesa or condition rasulting in daath)		a. Br	onchopn	eumonia	1					Days		
		9					or es a conseq					1			
8	nsit	듣			b. Ca	rcinoma	of Jav	7					Months		
ABCIT	and I-tra	Examiner	Sequentially list condition if any, laading to immadis causa. Entar Undarlying Causa (Disaase or injury that initiated events	ns, ata		Dua to (d	or as a conseq	uance of):				į			
5875U , ficate be ex	ician		causa, Entar Undarlying Causa (Disaase or injury	~ ~	C										
cate o	phys the	dic	resulting in death) Last Dua to (or es e consequence of):												
OX 68/60, certificate be executed	attending physician and I for use as the burial-transit	n/Medical			d										
u -	for u	lan										i			
lecords, P.O. Bo	been signed by the atte should be detached for	Physicia	Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 23b. Did tob										bacco use contribute to the cause of death?		
J. st.	de by			Yes 2⊠ No 3 Probably 4 Unknow											
JS,	be d	by										T			
Hecords,	hould	Completed								24a. Wai	s an autopsy ormed?	ava	are autopsy findings allable prior to mpletion of cause		
§ ec	55 CA	du										of c	death?		
- F	Da e	50								10	Yas 201No	10	Yas 20 No		
VITAI	certificate rector, pa	Be (25. Wes casa rafarred to axaminar?	medical					26. Placa of Dea	ath (Check only	ona)				
Of V	85 E	2	1 ☐ Yas 2 ☐ No		Hospital: 1 🖾	Inpatient 2	ER/Outpatien	t 3 DOA	ther: 4 Nursing H	lome 5 ☐ Ras	idanca 6 🗆 Ott	nar (Specify	()		
0 5	ner th		27. Mannar of Death 1 Natural 5	Danding	28a. Data	of Injury oth, Day Year)	28b. Tima of Injury	28c. Inju	ury at	28d. Describe	how injury occur	rred			
0 g	r: Af	atic	2 ☐ Accident	Panding invastigation		in, buy roury	injury		Yes 2 □ No						
DIVISION or Attending	octo by th	Certification:	3 ☐ Suicida 6 ☐ 4 ☐ Homicida	Could not be detarmined	28a. Plac	e of Injury - At h	oma, farm, str	eet, factory, office	i.	28f. Location	(Streat and Numi	ber or Rura	l Routa Number,		
5 5	d Die	Je I	4 🗆 Homicida		Duild	ling, etc. <i>(Specit</i>	<i>y)</i>			City of 10	wii, Stata)				
Hospita	within 24 hours after death. To the Funeral Director: After this certific completely filled in by the funeral director,	edicai (29a. Cartifiar 1 💢 C	Certifying Phy Medical Exam	iner: On tha b	e best of my kno besis of axamina nnar steted.	owledga, daath	occurred at tha restigation, in my	tima, data and plece opinion, daath occu	, and dua to the irred at the tima	causa(s) and m date and placa,	annar as st and dua to	ated. tha causa(s)		
othe	thin ompli	Me	29b. Signature and title of	certifier	ond mail	utotou.		29c. 1 icen	ise number		29d. Dete signe	d (Month	Day, Year)		
Ĭ,	₹ ¥ 8			16	let	10	9-		D 3335	7					
	4		for	1-1			575.8		11 3 - 2 - 3	′	Septem	ber 1	2, 1996		
	5		30. Name and address of Lee Jonatha			se of death (Item D. 632)		Print) cracy Bl	vd. Beth	esda, M	aryland	2081	17		
	Sta	ite	31. Data filed (Month, Day			Registrer's Signe									
	Registr	ar	SEP 1	3 1996	\mathcal{A}	his Devido	or Book	102							

SEP 1 3 1996

Please Type or Print in Biack Indelible Ink. Assure All Copies Are Legible.

State of Maryland / Department of Health and Mental Hygiene 96

						Ce	rtificat	e of	Death		В	eg. No.		h., () (5 4 0	
			1. Decedent's Neme (First, Middle,	Last)							2. Dete of Deel	th		3. Time	of Death	
	Physic			Margaret	Bowd	Staf	fford				Month	Dey	Yeer	0.21	5 000	
1	/Medi		do English Nome // not institution		. Boyu	Stal	LIOIG		4h City Tou		Septemb	1		9:3	5 am	
Ä.	Examir	ner	4e. Facility Neme (If not institution,	give street end number)							ation of Deeth	4c. County	of Deeth			
			4615 Nor	th Park Ave	enue #	308			Chevy				ntgom	nery		
	Funeral		5. Sociel Security Number 6		e (In yrs. las	st birthdey)	Months	1 Year Devs	If Under 2 Hours	4 Hrs.	8. Dete of Birth (Month, Dey,	Veer)	9. Birthi	lece (Stete	e or Foreign	
	Director		242-18-6685	1□ M 2∏ F	80	Yrs.	MOUTUS	Deys	riours		Dec. 25			inois		
	77		Usual Residence of Decedent							1.0	,00	,				
	land Man		10a. Stete 10b. County		10c. City,	Town or Le	ocation						1	0d. Inside	City Limits	
	Many Many	ō	Wanta 1					0	h O	11				1 🗆 Ye	es 25 No	
	the 28e	0	Maryland Montg	omery			10f. Zip		hevy C	nase	1	10g. Citizen of What Country?				
	5 9 8	Funeral Director	Toe. Street end Number				101. 210	Code				og. Crizen or	What Cour	ntry		
	£ 23		4615 North Pa	rk Avenue 🛊	308			2	0815			Uni	ted S	tates	5	
	9 2	De	11. Maritel Stetus	12. Wes Decedent Armed Forces?	Ever In U,S.	13.	Wes Dece	dent of h	lispanic Orig en, Mexican,	in? (Spec	cify Yes or No-		ce - Americ			
0	or it		1 X Never Merried 2 ☐ Merried	1 ☐ Yes 2 🔀!	Vo					1 deito i	noan, oto.;			iite, etc.		
02	d within 72 hours after deeth with the Maryland jiene. I then "naturel", or itema 23a or 28a-f show the Mod cal Example invat be newfied at	þ	3 Widowed 4 Divorced	ff Yes, Give Yeer or Detes:			1 Yes	2 <u>M</u> No	Specify:			Specif		nite		
9	a filed within 72 hours Il Hygiene. other than "naturel", vent, the Mod cal Ex-	Completed	15. Decedent's			16a. Dece	dent's Usu	el Occup	petion			16b. Kind of B				
21215-0020	in 7	Set	(Specify only highest			(Give	kind of wo DO NOT u	rk done sa retire	during most	of workin	g			,		
7	within ene.	E	Elementary/Secondery (0-12)	College (1-4or 5	5+)				•			Navy D	onart	mont		
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Maryland	ted of	Be							TO. WOUTER	2 Manie	(First, Middle, I	VIEIGEN SUTTEL	ne)			
Š	should be and Mental marked or urnatic eve	2	Herb	ert Dewill	Staff	ord_				В	loyd Lov	very				
<u>a</u>	d 2 should be filed the and Mental Hyg 7 is marked other treumstic event,		19e. informent's Neme/Relationship	(Type, Print)		19b. Meili	ng Addrass	(Street	and Number	r or Aural	Route Number	, City or Town	, Stete, Zip	Code)		
			Eleanor Stafford	/ Sister		2507	McCa:	llie	Avenu	e Ch	attanoo	ga.Ten	nesse	e 374	404	
o.	f Heeli f Heeli fem 2 other		20e. Method of Disposition	,	20b. Pie	ce of Dispo	osition (Ne	ne of				20c. Location				
2	90 E		1 Burial 2 Cremetion 3		S	epter	matory or c	iner pla	996	i						
	tame fund		4 Donation 5 Other (Spe	**	M	ontgo	omery(Crem	atoriu			Bethes			and	
Baltimore,	permit. Peges 1 an Department of Heel Important: If item 2 any injury or other once.		21. Signeture of Funerel Service Lic	ensee		RC	2. Name er obert	d Addre	es of Fecility Pumphr	ev F	uneral inc yland	Home/				
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			23e. Pert1. Enterane disease, or co shock, or heert feilure. List or	omplications that caused		Do not en	ter the mod	le of dyle	ng, such es c	ardiec or	respiretory err	est,		Approxim	nete	
	Dhualaian		shock, or heert feilure. List or	nly one ceuse on each li	ne.									Interval B Onset en	d Deeth	
	Physician /Medical		fmmediete Cause (Finei										1		_	
	Examiner		disease or condition resulting in death)	· Myoc	ARD	IAL		NF	ARC	710	N		1	ACU	TE	
		L	resoning in death)		Due to (or e	s e conse	quance of):									
ev.	D #	Examiner											1			
	entificate be executed ding physician and se as the burial-trensit		Sequentially list conditions	b	Due to (or e	s a conse	quance of):						- 1			
o,	exe in ar	EX	Sequentially list conditions, if any, laeding to immediate causa. Enter Underlying													
68760,	sicia bu	edlcai	Ceuse (Diseese or injury that initieted events	c	Due to for a								-			
9	phy sth	Ď	resulting in death) Last		Due to (or e	s e consec	quence or):									
×	ding se a	3														
g	deeth certifica e attending pl ed for use as t	la											1			
	0 0 0	Physician	Pert II. Other algnificant conditions contributing to death but not resulting in the underlying cause given in Pert I.								23b. Dld to	23b. Did tobacco uss contributs to the cause of death?				
J.	by t	پر ک								1 Yes 2 No 3 Probably 42 Unknown						
	a the	by F														
Records,	requires that the seen signed by th hould be detach										24e. Wes a	n eutopsy	24b. W	ere eutops	y findings	
ŏ		ete									perfor			ailable pric		
ē	S S S	du											of	death?		
		Completed									1 □ Y	es 2⊠No	10	Yes 2	□No	
Z Z	delen: The certificate rector, pag	Be (25. Was case referred to medical						26. Plece	of Deeth	(Check only on	10)				
		ToE	examiner? 1⊠ Yes 2 No	Hospitel: 1 Inpatie	nt alle	R/Outpatie	nt 3 DC	Oth	200		e 5 🖾 Resida		nor (Consil	6.1		
5			27. Mennar of Death	28a. Dete of Inju		8b. Time o		_			8d. Describe ho			γ/		
UIVISION	Attending Ph or death. ector: After th by the luneral	0	1 ⊠Natural 5 ☐ Pending	(Month, De		Injury	м	8c. Injui Wor	rk? Yas 2∐ N			,,	,,,,			
S	the the	cal	2 Accident Investigat 3 Suicide 6 Could not	be					183 2 1							
≥	or Attendent effer deat Director:	틭	4 Homicida determina		ury - At hom c. <i>(Specify)</i>	e, ferm, st	reet, fectory	, offica		28	8f. Location (Si City or Town	treet and Numi n, State)	ber or Rura	al Route No	ımber,	
	To the Hospital or Att within 24 hours effer of To the Funeral Direct completely filled in by	Certification:					•									
	hour Iner ly fill	<u>a</u>	29a. Certifier 1 Certifying	Physician: To the best	of my knowle	edge, daat	h occurred	et the tir	me, date end	piece, er	nd due to the c	ausa(s) and m	annar as s	tated.		
	n 24 n Ft ne Ft	edical	(Check only 2 Medical Ex	aminer: On the besis of end menner ste	examinetion sted.	n end/or in	vestigetion	, in my c	pinion, deeth	n occurred	a et the time, d	ete end plece,	end due to	the cause	ð(S)	
	om the of	M	29b. Signeture end title of control	0/	//		()290	. Licens	e number		2	9d. Date signe	ed (Month,	Dey, Year)	
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	10		30. Neme and eddrass of person wh	o compialed cause of d	ettifi (item 2	3a) (Type,	Print)									
			Francis Mayle, M	.D. 10215 1	Fernwo	od Ro	oad #3	301	Bethes	da,	Marylar	nd 2081	7			
	Sta	te	31. Date filed (Month, Dev. Year)	32. RegiAr	are Cianatus											
	Registr	ar	SEP 13	1996	ia Device	1000	anded	•								

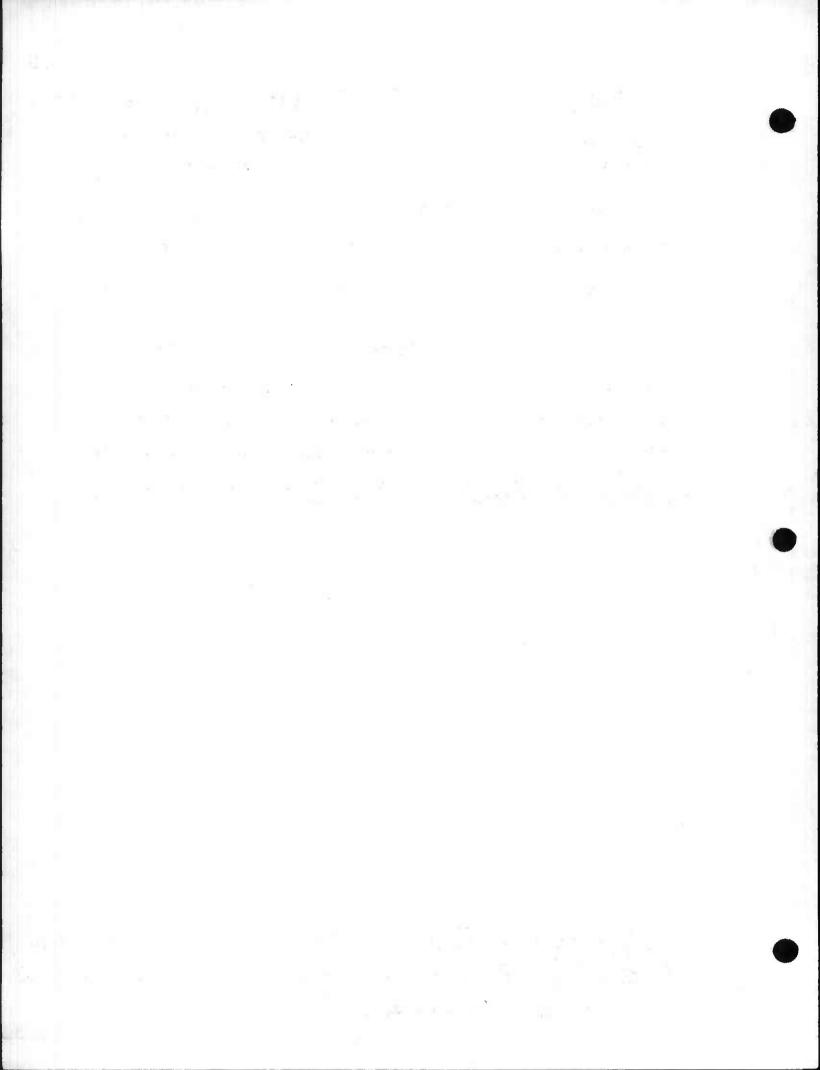
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State of Maryland / Department of Health and Mental Hygiene 96 28549

							Cer	tificate of	Death		Reg. No.	0	20049		
	Physic /Medi		1. Decedent's Nama (First,	Middle, La	ast)		5	KURKO	HOIVE	2. Date of I Month Sev	Death Day	1996	3. Time of Death		
	Exami		4a. Facility Nama (If not ins			ımbar)			4b. City, Town, o	la		ty of Death Somery			
	Funeral Director		5. Social Sacurity Number 220-92-9590		Sex 1□M 2√2 F	7. Age (In yi 74	s. last birthday) Yrs.	if Undar 1 Yea Months Days		n. Aug 4,	8. Date of Birth Aug 4, 1922 Ukraine				
	n the Maryland r 28a-f show	tor	Usual Residence of Deced 10a. State 10b. C MD MO		ery	10c. (Ro	City, Town or Lo	cation				1	I Od. Inside City Limits		
	th with the 23a or 28s	al Director	10a. Street and Number 802 Rollin	s Ave				10f. Zip Code 20852			10g. Citizen of What Country? USA				
020	or items	by Funeral	11. Marital Status 1 Naver Married 2 3 Widowed 4 Div		Armed Fo 1 ☐ Yes If Yes, Gi	Was Decedent Ever in U,S. Amed Forces? 1 ☐ Yes 2 ☐ No If Yes, Give Year or Dates:			Hispanic Origin? ban, Mexican, Pue Specity:	(Specify Yes or I erto Ricen, etc.)	No- 14. Ri Spec	can Indian, etc. .te			
21215-0020	77 77	Completed	15. De (Specify only Elementery/Secondary (f		ade completed)	1-4or 5+)	or 5+) 16a. Decedent's Usuel Occupal (Give kind of work done du life. DO NOT use ratired) Physician			vorking	1074	16b. Kind of Business/Industry Research			
Maryland	d 2 should be filed th and Mental Hygis 7 is marked other traumatic event, in	To Be C	17. Fether's Name (First, M Moisey Gold						Mind1	lya Lern		·			
Mar	and land land land		19a. Informant's Name/Rei						et and Number or i				Coda)		
	1 and Health Bm 27		Boris Skurk 20a. Method of Disposition	ovich	/Son	20h	802 Place of Dispos		Ave Roc	ckville	MD 20852		num Ctato		
Baltimore,	permit. Pages 1 and 2 Department of Health important: If item 27 i any injury or other tre once.		1 ☑ Burial 2 ☐ Crem 4 ☐ Donation 5 ☐ Ot	ner (Specil	(y)	State	Mt Leba	non Ceme	etery	9/8	Adelph				
Bal	Depariment in any ir		21. Signature of Funeral Sc	pvice Licer	1/			Name end Addi Danzansk	ress of Facility cy–Go1dbe	erg Memo	rial Cha	apels			
			23e. Part1. Enter the disea shock, or heart failure	O _	milications that	raused the de		1170 Roc	kville F	ike Roc	kville N	_	352 Approximate		
	Physician /Medical Examiner	er	Immediate Cause (Final diseasa or condition resulting in death)	. List only					eva /				Interval Between Onsat and Death		
x 68760,	h certificate be executed ending physician and use as the bunal-transit	/Medical Examiner	Sequentially list conditions if any, leading to Immediate causa. Enter Underlying Cause (Disease or Injury that initiated events resulting In death) Last	{	b		(or as a consequ								
. 80	2 2 3	by Physician	Pert II. Other significant co	nditiona c	ontributing to de	eath but not re	esulting in the un	deriving cause g	iven in Part i	23h Di	d tobacco usa c	ontribute to	the cause of deeth?		
P.0	the ach	Phys	1 1		a trong	1					Yes 2 No		bably 4 Unknow		
Division of Vital Records,	requires been sign should be	Completed by	discase,	betes	melli	tus		es en autopsy formed?	ava	ere eutopsy findings ailable prior to mpletion of cause death?					
Re	The law ate has page 2	E O			ν					1	Yes 2 No		Yes 2 No		
ita	iclan: The certificate rector, pag	Bec	25. Was case referred to m	edical					26. Place of D	eath (Check only					
>	Physician: this certific ral director,	To	examiner? 1 ☐ Yes 2 No		Hospital:	Inpatient 2[☐ ER/Outpatient	3□ DOA O	ther: 4 Nursing	Home 5□ Re	sidenca 6 □O	thar (Specify	y)		
sion o	Attanding Physician: The lardeath. •ctor: After this certificate he by the funeral director, page		2 Accident	ending ivestigation	ר	of Injury th, Day Year)	28b. Time of injury	28c. Inju Wo M 1	ry et ork?] Yes 2 □ No	28d. Describe	e how Injury occu	irred			
Divis	는 얼마 이 이 이 이 이 이 이 이 이 이 이 이 이 이 이 이 이 이	Certification:	3 ☐ Suiclde 6 ☐ C 4 ☐ Homlcide	ould not be etermined	e 28a. Place buildi	of injury - At ng, etc. (Spec	home, farm, stre cify)	et, factory, office		28f. Location City or T	(Streat and Number or Rural Routa Number, own, State)				
	To the Hospital or Attanding Is within 24 hours effer death. To the Funeral Director: After completely filled in by the funer	ledicai	one)	tifying Ph dical Exan	niner: On the ba	best of my kn asis of exemin ner stated.	owledge, deeth etion end/or Inve	occurred at the t estigetion, in my	lme, dete end plac opinion, death occ	ca, and due to th curred at the time	, dete and place	, and due to	the cause(s)		
	Tow To	X	296. Signature and title of o	2	a Kul	mil	mo		47188		5epteu				
	ð		30. Name and Address of pe	rey	A. Pe.	rlmut	ter my	(rint) 6240	Montros	cRd.	Rock	ille	5 1996 mD 20152		
	Sta Registr	16	31. Date filed (Month, Day, SEP 1			egistrer's Sign	rature	latte.							

DHMH 16 Rev 6/95

SEP 1 0 1996



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					Certificate	e of Death	R	eg. No.	6 28550					
Physic	ion	1. Decedant's Nama (First, Middla, La:					2. Data of Daat Month		3. Time of Death					
Physician /Medicai		Geo	orge E. S	chulz			Septemb							
Exami		4a. Facility Nama (If not institution, give				4b. City, Town, or	Location of Deeth	4c. County	of Death					
		Medaplex of Monto	gomery Vill	age		Gaithers		Mont	gomery					
Funeral		5. Sociel Sacurity Number 6. S	ex 7. Aga □XM 2□ F	(In yrs. last birt	Months	Yaar If Undar 24 Hrs Days Hours Min		Year)	Birthplaca (State or Foreig Country)					
Director		161-18-3761 Usuel Rasidance of Decadent	7 2	81	frs.		Sept. 4	, 1915	Pennsylvania					
and w		10a. Stata 10b. County		10c. City, Town	or Location				10d. Insida City Limits					
eth with the Marylan 23s or 28s-f show	0							YOXYes 2□ No						
the 8	ect	Maryland Montgome	ery	Gaithe	ersburg	Code		0- 011						
with with	2		420E					0g. Citizan of V						
866th	era	8 Russell Avenu		rar in 11 S	208			United	States e - Amarican Indian,					
72 hours efter deeth with the Manyland "neturel", or items 23s or 28s-f show edical Examiner must be notified as	by Funeral Directo	1 Navar Married 2 Marriad 3 Widowed 4 Divorced	It Yas, Giva		If Yas, speci	ant of Hispanic Origin? (5 fy Cuban, Maxican, Puar \times \text{XNo} Specify:	to Rican, atc.)		k, White, atc.					
d within 72 hours ef giene. or than "naturel", or	P	15. Decedant's Ed	Year or Dates:	160	Decedent's Liquel	Occupation		16h Kind of B.	White					
	Completed	(Specify only highast gra	de complated)	Toa.	(Giva kind of work lifa. DO NOT use	Occupation dona during most of wo a ratired)	orking	IOD. KING OF BU	sinass/Industry					
within lene. than	mo	Elamantary/Secondary (0-12)	Collaga (1-4or 5+) 5+					Self-em	nlovod					
filed Hygie other	O	17. Fathar's Nama (First, Middla, Last)		LCHE	emical Er		ma (First, Middla, A							
ld be ental ked o	To Be	Carl A. Schulz				Anna (C. Glaab		i					
12 should be file h end Mental Hy fe marked other traumatic event	-	19a. Informant's Name/Ralationship (7	Type, Print)	19b.	Mailing Addrass	(Street and Number or R		City or Town.	Stata, Zip Coda)					
nd 2 lith e 27 fe		Kathleen H. Schu	ılz		Same as 1			,						
permit. Peges 1 end 2 should be filed within Department of Health end Mental Hysiene. Important: If Item 27 ie marked other than any Injury or other traumatic event, Ite Neonce.		20a. Mathod of Disposition			Disposition (Name		Data	20c. Location -	City or Town, Stata					
vermit. Peges 1 of He mportant: If Item my Injury or oth MGE.		1 ☐ Buriel 2 ☐ Cramation 3 ☐ 4 ☐ Donation 5 ☐ Other (Specify												
permit. Peg Department Important: I any injury c				Chesap	eake Cre	ematory	9-9-96	Beltsvi	lle, Maryland					
permit. Departri Importa any infu		21. Signatura of Funerel Sarvica Licansee 22. Nama and Address of Fecility Rapp Funeral Services, P. A. 933 Gist Avenue, Silver Spring, MD 20910 23a. Part. Enter tha disaasa, or complications that causad the daath. Do not enter the moda of dying, such es cerdiac or raspiratory arrest, Interval Bat Interval Bat												
		23a. Part1. Entar tha disaasa, or comp	olications that caused the	e daath. Do n	ot enter the moda	of dying, such es cerdia	c or raspiratory arre	est,	Approximeta Interval Batween					
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d by	by Physician/				1 🗆 Ye	98 2□ No	3 □ Probably 4 ☑ Unknow							
- w -							24a. Was ar	autopsv	24b. Wara autopsy findings					
v requ	Completed		availebla prior to complation of causa											
The law ete hes b page 2 s	m							M	of death?					
icien: Th certificate rector, par		25. Was casa rafarrad to medical		<u> </u>				s 2 🕅 No	1 ☐ Yas 2 🕅 No					
Physicien: this certific ral director,	o Be	axaminar?	Hospital:	- T		0.4	ath (Check only one							
	Certification: To	27. Mannar of Death 1 Natural 5 ☐ Panding	1 ☐ Inpatient 28a. Data of Injury (Month, Day Y			c. Injury at Work? 1 ☐ Yes 2 ☐ No	lome 5 ☐ Rasida 28d. Dascribe ho							
f or Attending effer death. Director: Affer I in by the fune	lica	2 Accidant invastigation 3 Suicida 6 Could not be	1	. At home for			28f Location /Cu	neat and Alumb	er or Rural Route Number.					
or effer Dire	erti	4 ☐ Homicida detarmined	building, atc. ((Specify)	in, streat, lactory,	omos	City or Town		or ribiar rioble rumber,					
Hospital or 24 hours efte Funeral Dir stely filled in	edicai C	2 Medical Exam	valcian: To the best of r	ny knowledga, kamination and	daath occurred at	tha tima, data and place n my opinion, daath occu	and dua to the ca	usa(s) and ma	nnar as stated.					
X 3 11 25		one)	and mennar state	d.										
the H hin 24 the F	eg l	man alima de la como d	11	/	29c.	License number	29	d. Data signed	(Month, Day, Year)					
To the Hospital or / within 24 hours efter To the Funeral Director Completely filled in the comp	Med	29b. Signature and title of certifier	(X			100	/							
	Med	29b. Signature and title of certifier A	Gur	1		330692	_ !	Septemb	TORRO GRAND					
To the H within 24 To the F complete	Med	30. Nama and address of parson who o		th (Itam 23a) (T	Type, Print) 15	3069 Z			er 9, 1996					
	Med	30. Nama and address of parson who o	complated causa of daar	th (Itam 23a) (1	10	3069 Z 200 Shady G ckville, MD	rove Road	1, #305	TORRO GRAND					

DHMH 16 Ray 6/95

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Please Typ

pe or Print in Black Indelible Ink. Assure /		
tate of Maryland / Department of Health and Certificate of Death	Mental Hygiene 96	28551
Jacqueline B. Shipp	2. Data of Death Month Day Yes September 8, 199	

Physician /Medical Examiner

Directo

Funeral

þ

Completed

Be 2

4a. Facility Nama (If not institution, giva streat and number)

1. Decedent's Nama (First, Middle, Last)

4b. City, Town, or Location of Death

Funeral Director

plone.

- than "natural", or items 23e or 28a-f ahov
the Medical Examiner must be notified at

permit. Pages 1 and 2 should be filed within 72 hours attact death 1 Department of Health and Mental Hydisine. Important: If item 27 is marked other than "natural", or items 23a any injury or other traumatic event, the Medical Examiner must ottos.

Physician /Medical

Examiner

burial-tran

physician s the burial

signed by the attending to be detached for use as

Completed by

Be

Certification: To

Medical

funeral

within 24 hours after dear To the Funeral Directo completely filled in by th

To the Hospital or Atlanding Physician: The law requires that the death certificate be executed within 24 hours after death.

To the Funeral Director: After this certificate has been signed by the attending physician and

Division of Vital Records, P.O. Box 68760

Baltimore, Maryland 21215-0020

the Marylar

5. Social Security Number 579-40-1121 10a. Stata

10b. County

Yrs. 69

7. Aga (In yrs. last birthday)

Hours

Rockville

| H Undar 1 Yaar | H Undar 24 Hrs. | 8. Data of Birth (Month, Day, Year) Dec. 22, 1926 Washington D.C.

Montgomery Birthplaca (Stata or Foraign Country)

Usuai Rasidanca of Dacedant

10c. City, Town or Location

Bethesda

10d. inside City Limits 1 ☐ Yas 2 ☐ No

Maryland Montgomery 10e. Street and Number

5616 Sonoma Road

Rockville Nursing Home

1□M 2⊠F

12. Was Decedant Evar In U,S. Armed Forcas?

20817 Was Decedant of Hispanic Orlgin? (Specify Yas or No-if Yas, specify Cuban, Maxican, Puarto Rican, atc.)

United States 14. Race - American indian, Black, Whita, atc.

4c. County of Death

10g. Citizan of What Country?

1 Nevar Married 250 Married 3 ☐ Widowed 4 ☐ Divorcad

1 ☐ Yas 2 ☑ No If Yas, Giva Year or Datas:

1 ☐ Yas 2 ☑ No Specify:

10f. Zip Coda

Specify: White 16b. Kind of Businass/Industry

15. Decedant's Education (Specify only highast grada completed) Elemantary/Secondary (0-12)

Collega (1-4or 5+)

16a. Decedant's Usual Occupation (Giva kind of work dona during most of working lifa. DO NOT usa retired)

17. Fathar's Nama (First, Middla, Last)

Homemaker Own Home 18. Mothar's Nama (First, Middla, Maidan Sumama)

George Arthur Bache

Martha Moffet 19b. Mailing Address (Street and Number or Rural Routa Number, City or Town, Stata, Zip Code)

19a. Informant's Name/Relationship (Type, Print) William V. Shipp/ Husband

5616 Sonoma Road Bethesda, Maryland 20817 Data 20c. Location - City or Town, Stata

20a. Method of Disposition

1 ☑ Buriai 2 ☐ Cramation 3 ☐ Ramoval from Stata 4 ☐ Donation 5 ☐ Other (Specify)

20b. Piace of Disposition (Nama of September 10, 1996 Parklawn Memorial Park

Rockville, Maryland

21. Signatura of Funarai Sarvice Licensee

M00335 M00335 | Bethesda, Marýland 20814-350 | 23a. Part1. Enter the disease, or complications that cause the death. Do not anter the mode of dying, such as cardiac or raspiratory arrest, shock, or hearffailure. List only one cause on each line.

Robert A. Pumphrey Funeral Home/ Bethesda-Chevy Chase, Inc. 7557 Wisconsin Avenue Bethesda, Maryland 20814-3501

Immediata Causa (Final disaasa or condition rasulting in daath)

Pneumonia

Alzheimers

Dua to (or as a consequence of)

Dua to (or as a consequence of):

Years

Approximata Intarval Batw Onsat and Death

1 Week

Examiner Sequentially list conditions, if any, leeding to immadiata cause. Enter Underlying Cause (Disease or Injury that initieted evants rasulting in death) Last Physician/Medical

Dua to (or as a consequenca of):

Part ii. Other significant conditions contributing to death but not resulting in the underlying cause given in Part i.

23b. Did tobacco use contribute to the cause of death? 1 | Yee 2 | No 3 | Probably 4 | Unknown

24a. Was an autopsy performed?

24b. Wara autopsy findings available prior to completion of cause of death?

1 ☐ Yes 2 No

26. Placa of Death (Check only ona)

1 ☐ Yas 2 ☐ No

25. Was casa rafarred to medical axaminar?

1 Yas 2 No 27. Mannar of Death

Hospitai: 1 ☐ Inpatiant 2 ☐ ER/Outpatient 3 ☐ DOA 28a. Data of injury (Month, Day Year)

28b. Time of

28c. Injury at Work?

Other: 4 ☑ Nursing Homa 5 ☐ Rasidence 6 ☐ Othar (Specify) 28d. Dascribe how injury occurred

1 ☐ Yas 2 ☐ No

28a. Plece of injury - At homa, farm, streat, factory, office building, atc. (Specify)

28f. Location (Street and Number or Rural Routa Number, City or Town, Stata)

29a. Certifier

1 Natural 2 Accidant

3 ☐ Sulcida

4 Homicide

1 Certifying Physician: To the best of my knowledge, death occurred et tha tima, data and place, and dua to tha cause(s) end manner as steted.

| Medical Examiner: On the basis of examination and/or invastigation, in my opinion, death occurred at the time, data and place, and dua to the cause(s) and manner stated. 29b. Signatura and titla of cartifiar 29c. Licansa number

29d. Data signed (Month, Day, Year)

5 Pending

investigation 6 Could not be determined

721440

September 9, 1996

30. Nema and addrass of person who complated causa of death (itam 23a) (Type, Print) IRA BETGE

809 velis mill ROAD, ROCKville, mo mio.

State Registrar 31. Data filed (Month, Day, Year) SEP 1 0 1996 32. Registrar's Signatura

Fulia Devideon Randelle

Shanks, Danje | Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible.

State of Maryland / Department of Health and Mental Hygiene 96 28552

						Cer	tificate	of	Death			Reg. No.		LOUGE		
			1. Decedant's Nema (First, Middle, L.								2. Deta of De		Maria	3. Tima of Death		
	Physic		Daniel	Sho	nles						Month	6	9 6	2'0 PM		
	/Medi Examir		4a. Feçility Nema (If not institution, gi						4b. City, To	own, or Lo	cation of Deet		inty of Death			
			Holy Cross	Hospital	R				S.Ive	Ca	and MI	n M	ontsi	2-0-		
	Funeral		-		(In yrs. last bi	irthday)			If Undar	24 Hrs.	8. Dete of Bir (Month, De		9. Birth	place Stata or Foreign		
п	Director		578-46-3588	17 M 2□ F	79	Yrs.	Months	Days	Hours	Min.	Jan. 1	9, Year) 7, 1917	Cou	intry) inois		
	D		Usuel Residence of Decedent								oun. I	/ 9 7 /		111013		
	A Man		10a. Stata 10b. County		10c. City, Tov	vn or Lo	cation							10d. Insida City Limits		
	M Pag	to	Maryland Montgon	nerv	Silver	r Sp	ring							1 Yes 2 No		
	6 20	Director	10e. Street and Number				101. Zip C	oda			10g. Citizan of What Country?					
	ier death with the Maryla Herre 23a or 28a-f shor ner must be notified at		314 Ellsworth [)rive			209	910	1			Unite	d Stat	tes		
	8 69	Funeral	11. Marital Status	12. Wes Decedent E Armed Forcas?	ver in U,S.	13. V	Vas Deceda	nt of l	Hispanic Or	igin? (Spe	ecify Yas or No Rican, etc.)	o- 14. F	Race - Amari			
0	or its	F	1 ☐ Never Merried 2 ☐ Married	1 ☐ Yes 2 ☑ N	0						HICAN, etc.)		Black, White	, atc.		
21215-0020	hours after tural', or its al.Examina	by	3 ☐ Widowed 4)\(\)\(\)\(\)\(\)\(\)\(\)\(\)\(\)\(\)\(If Yas, Giva Yaar or Datas:		1	□Yas 2	Н МО	Specify			Spe	city:	nite		
50	72 h	ted	15. Decedant's E (Specify only highast gr	ducation	168	. Deced	lent's Usuai	Occu	pation	et of work	ina	16b. Kind o	f Buainass/Ir			
21	9 5 5	pie	Elamantary/Secondary (0-12)	College (1-4or 5-	F)	lifa. L	kind of work OO NOT use	retire	ed)	of Works	ng .					
	A C E M	Be Completed	12	8	Mathematician					Dept.	of Na	avy				
P	はまる		17. Father's Neme (First, Middla, Las	1)					18. Moth	ar's Nama	(First, Middle	, Maiden Sum	iama)			
/la	Wanta Wanta rked file e	Tol	Abraham Shanks	ks Ida							gan					
Maryland	2 sho and 3 is ma		19a. Informant's Name/Ralationship	(Type, Print)	19	b. Mailin	g Addrass (Stree	t and Numb	er or Rura	al Routa Numb	er, City or To	wn, State, Zi	p Code)		
Σ	alth a 27 la pr tra		Oliver Shanks		4	18 B	oston	Αv	enue,	Tak	oma Par	rk, MD	2091	2		
ore.	of Feb		20a. Mathod of Disposition		20b. Place o	Place of Disposition (Name of camatary, crematory or other place)						20c. Locatio	on - City or T	own, Stata		
altimore	0 == 0		1) Buriel 2 ☐ Cremation 3 [4 ☐ Donation 5 ☐ Other (Speci								9-11 Adelphi, MD					
芸	nit. Pa partmen dertaent: injury		21. Signatura of Funarai Service Lice		acor gc	22	. Nama and	Addr	ess of Fecili	ity			11, 110			
m	PAGE B		· / . A	1 +							ces, P.					
			23a Part 1 Entar the dispasse or con	polications that caused	the death Do	not ente	33 Gis	s t	Avenu	e, S	ilver S	spring,	MD 21	0910 Approximata		
	Dhamisian		23a. Part1. Entar tha disaa , or con shock, or heert feilura. List only	ona causa on aach line	A.	not ante	or (110 1110 da	J. 0y.	ing, adon da	o da o da o	n raspilatory a	irraot,	1	Intarval Between Onset and Death		
	Physician /Medical		Immediata Causa (Final		,		. (,	0							
	Examiner		disaesa or condition rasulting in daath)	e. acu-	temy	OCC	Solve	1	nocon	ctie-	1			45 minutes 5 years		
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	ficate be executed physician and is the burial-transit	Examiner		b. Severe	- ISCI	e-	iccc	10	LIONAY	opa	thy		i) Lears		
-6	ertificate be executed ling physician and se as the burial-transit	Xa	Sequantially list conditions, if any, laeding to Immadiate										İ	-		
68760,	Siciar		cause. Entar Undarlying Cause (Diaease or injury that initiated events	c. Severe	COL	0~1	cry c	.((ery (disc	est		-	, hear		
28	phy s the	Medical	raculting in death) Last	D	oue to (or aa a	consequ	uen¢a of):		(i			
×	in en															
Bo	for aft	Physician														
Ö	0 0 0	iys			out not resulting in the underlying cause given in Part I.							23b. Did tobacco use contribute to the cause of deat				
0	that the ed by detac		Dirsetes Me	dit-s							10	1 ☐ Yee 2 ② No 3 ☐ Probably 4 ☐ Unknown				
Records,	requires that the seen signed by the	d by	Pirsetes Mer	0					-		Dia Mas		24b V	Vara autopsy findings		
Ö	requir been s should	Completed	rend insut	ricitacy							perfe	an autopsy omed?	81	vailable prior to ompletion of cause		
3ec	8 8 C	ldr											of	death?		
al F	- 49	S									1 🗆	Yas 2 No	1	☐ Yas 2☐ No		
of Vital	Physician: The this certificate and director, page	Be	25. Was case rafarred to medical axaminar?							a of Death	(Check only	one)				
5	physic this c	2	1 ☐ Yaa 2 🛣 No	Hospital: 1 Inpatian	t 2 ER/O	utpatien	t 3□ DOA	Ot	her: 4 N	ursing Ho	me 5 Rasi	idence 6 🗆	Other (Speci	ify)		
	D 0 2	Certification:	27. Mannar of Death 1 ■ Natural 5 □ Pending	28a. Data of Injury (Month, Day		Tima of Injury	280	. Inju	ny at nk?	- 1	28d. Dascribe	how injury oc	bernuc			
Division	Attending or death. octor: After by the fune	ati	2 Accident invastigation				М	1 [Yes 2	No						
\equiv	r Att	Ť	3 ☐ Sulcida 6 ☐ Could not to datarmined		ry - At homa, fo	arm, stre	et, factory,	office			28f. Location (City or To	Street and Nu	mber or Rui	ral Route Number,		
	tai o a la Bi ied ir	Ö	9													
	lospi t hour uner uner	edicai	29a. Certifying Pl	nysician: To the best of miner: On the basis of a	my knowledge	a, death	occurred at	tha ti	ima, data ar	nd piace, a	and dua to tha	cause(s) and	mannar as	stated.		
	To the Hospital or Attendin within 24 hours after death. To the Funeral Director: Att completely filled in by the fur	9	one)	and mannar stat	ed.	vi IIIV	- T			Joourn	oo ot the tille,	Jato and piat	enu 0001	o dia odose(s)		
	To To	Σ	29b. Signature and title of certifier	1					sa number			29d. Data sig	1	, Day, Year)		
			porded h	cal	nc		D	2	729	3		9/6/	196			
	10		30. Nama and addrass of person who			(Type, F	Print)			-	~ /					
	, -		Michael Lin	coln, M.S.). 103	313	Geo	7	in Ar	e S	silver S	prin	MD 2	20902		
	Sta		31. Data filed (Month, Day, Year)	32. Registrar	r's Signatura			5				1				
	Registr	ar	SEP I 0 1	996 Julia	Devidor	-Agar	race.									

Please Type or Print in Black Indelible Ink. Assure Ali Copies Are Legible.

State of Maryland / Department of Health and Mental Hygiene

Certificate of Death

28553

				450				OGI	illicate o	Dealli		1	Reg. No.				
	Physic /Medi		1. Decedent's Nam	e (First, Midd		I. S	rfield	9		2. Date of Death Month September 4, 199		996°°°	3. Time of Death 2:05A.				
	Exami		4a. Facility Name (Golden	If not institution Oaks N	on, give street and Jursing H	i number) Iome				4b. City, To	own, or L rel	Location of Death 4c, County of I Prince			eorge's		
Ī	Funeral Director		5. Social Security N 578-28-9	9024	8. Sex 1 ☐ M 2X	7. Ag	e (In yrs. las 91		If Under 1 Yes Months Day		24 Hrs. Min.	8. Dete of Bi (Month, D January	orth (1905)	9. Birth	place (State or Foreign into) Virginia		
	r 28a-f ehow		Usual Residence of Decedent 10a. State 10b. County 10c. City, Town or Location Maryland Pal+imm Baltimore												10d. Inside City Limits		
020	Ma office	cto	Maryland	Balti	more		Bal	.timor	3				XX Yes 2D				
	23a or 28	ai Dire	10e. Street and Nu 7734 Wa		ton Blvd	., L	ot#76		10f. Zip Code 212			10g. Citizen of What Country? United States					
	or items	Completed by Funeral Director	11. Maritai Status 1 Never Marr 3XPWidowed		rried 1 7	Was Decedent Ever in U,S. Armed Forces? 1 ☐ Yes 2 XX Yo If Yes, Give Year or Dates:			es Decedent o Yes, specify Co			pecify Yes or N Rican, etc.)	o- 14. Ra Bia Specii	ican Indian, , etc. Vhite			
5-00	72 hours "natural",	peted	(Snec	15. Decede	nt's Educetion est grade complet			16a. Decede	ent's Usual Occ	cupation	et of work	rina	16b. Kind of B	Business/I	ndustry		
21215-0020	within jiene.	omple	Elementary/Seco			ge (1-4or 5	5+)	(Give kind of work done during most of working life. DO NOT use ratired) Sales Clerk					Priva	ate			
Maryland	iges 1 and 2 should be filed in of Health and Mental Hygie If Item 27 is marked other or other treumstic event, if	To Be C	17. Father's Name Homer	18. Mother's Name (First, Middle, Maiden Surname) Allie Lu Belt													
	nd 2 sho alth and I 27 le ma r treuma		19a. Informant's Name/Relationship (Type, Print) Pearl Leonhart (Daughter) 19b. Mailing Addrass (Street and Number or Rural Route Number, City or Town 11627 35th Avenue Beltsville, Maryl											ip Code) 20705			
ore,	permit. Pages 1 and 2 Department of Health Important: If item 27 I any injury or other tre 2000.		20a. Method of Dis				20b. Plac	ce of Dispos	Ition (Name of story or other p	rlece)		Date	20c. Location	- City or 1	Town, State		
im			4 Donation		3 □Removal fr Specify)	om State			Vational		y G	9/6/1996	Suitland	, Mar	yland		
Baltimore,	pemit. Page Department. Important: If any injury or		21. Signature of Fu	sperat Service	Licen	i)aı	oft.	DOI 440	Name and Add nald V.	Borgw Borgw	ardt 1 Ro	Funera Belt	al Home, sville,	P.A Mary	land 20705		
			23a. Part1. Entar t shock, or hea	he disease, d int failure. Lis	or contributions	at ceused	the deeth.								Approximate Interval Between		
1	Physician /Medical Examiner		Immediata Cause disease or condition resulting in deeth)	(Final						9		cent		1	Onsat and Death		
	pe tie	niner			b(ong	exter	e He	ai	Fail	2110	0					
,092	certificate be executed ording physician and use as the burial-transit	ical Examiner	Sequentially list conditions, if any, leading to immediate cause. Entar Underlying Cause (Disease or Injury that Initiated events resulting in death) Last Due to (or as a consequence of): Due to (or es e consequence of):														
ox 68760,	certif ding use as	in/Medical	resulting in death)	Last	d	.1								i			
00	the atte	icia	Pert II. Other signif	ficent conditi	lone contributing t	o death h	ut not resulti	ing in the un	derlying cause	aken in Pert	1	23b. Did tobacco use contribute to the cause of deat					
P.O.	P > 3	by Physicia									1 Yes 2 No 3 Probably 4 Uni						
Records,	> 11 (9)	Completed b										24a. We	s an autopsy formed?	8	Vere autopsy findings vallable prior to completion of cause if death?		
	The ate h	5										10	Yes 2 No	1	☐Yes 2☐No		
Vita	cien: entific ector,	Be	25. Was case refer axaminer?	red to medica							a of Dea	th (Check only	ona)				
of Vital	5 00	T 0	1 Yes 9			☐ inpatie		R/Outpatient	3 DOA		ursing He		sidence 6 Ot		eify)		
uo	After funer	tion	27. Manner of Deat 1 Natural	5 Pendi	ing (A	ate of Inju Month, Day	Year)	8b. Time of Injury	28c. In W	vork? ☐ Yes 2√2	No	28d. Describe	how injury occu	rred			
Division	To the Hospital or Attending Ph within 24 hours after death. To the Funeral Director: After thi completely filled in by the funeral	Certification:	2 Accident 3 Suicide 4 Homicida	6 Could	not be 28e. Pi	iece of Injuiding, etc	ury - At home c. (Specify)	e, farm, stre	et, factory, offic				(Street and Num own, State)	ber or Ru	ral Route Number,		
	To the Hospital within 24 hours a To the Funerel I completely filled	Medical C	29a. Certifier (Check only one)	1 Certifyi 2 Medica	ng Physician: To I Examiner: On th end n	tha best of e basis of nanner sta	examinetion	edga, daath n and/or inve	occurred at the estigation, in my	tima, data ar y opinion, des	nd place, ath occur	and dua to the red at the time	a causa(s) and m	nannar as , and due	stated. to the cause(s)		
	To the within To the comp	M	29b. Signeture end	title of certific	er A	W	dri	i i	29c. Lice	nse number	16		September 29d. Dete signe	ed (Month	, Day, Year)		
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Registrar DHMH 16 Rev 6/95

san galangagay daaran k Fig. 6 West State of the State

Please Type or Print in Black Indelible Ink. Assure Ali Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene 28554 Amended #10b. & 10c., G.F., 9/10/96, Mont. Co. Certificate of Death 1. Decedent's Nema (First, Middla, Last) 2. Dete of Desth 3. Time of Death Month **Physician** Vaer 9:30 a.m. Brooke Elizabeth Shulman 1996 SEPT /Medical 4a. Facility Nama (If not institution, giva street and number) 4b. City. Town, or Location of Deeth 4c. County of Death Examiner Shady Grove Adventist Hospital Rockville Montgomery 7. Aga (In yrs. last birthdey) If Under 1 Yaer If Under 24 Hrs. 5. Social Sacurity Number 8. Data of Birth (Month, Day, Year) Birthplace (State or Foreign Country) **Funeral** 1 □ M 200 F Yrs. Director n/a August 15,1996 Maryland Usual Residence of Decedant the Maryland 10a State 10h County 10c. City. Town or Location 10d. inside City Limits 7 is marked other than "natural", or items 23a or 28a-f show traumatic event, the Modical Examinar must be not fed at Frederick Frederick 1 ☐ Yas 2 ☐ No Directo Maryland | Montgomery Rockville 10e. Street and Number 10f. Zip Code 10g. Citizan of Whet Country? 6626 Granville Court 21703 United States Funeral 12. Was Decedent Ever in U,S. Armed Forces? 1 ☐ Yes 2 ☐ No if Yas, Give Yeer or Detes: 14. Rece - American Indisn, Bieck, White, etc. 11. Marital Status Wes Decedent of Hispanic Origin? (Specify Yas or No-It Yas, specify Cuban, Mexican, Puerto Rican, etc.) filed within 72 hours after Hygiene. Nevar Married 2 Married Baltimore, Maryland 21215-0020 1 ☐ Yes 20XNo Specify: þ 3 ☐ Widowed 4 ☐ Divorced White Completed 16a. Decedent's Usuel Occupetion (Giva kind of work dona during most of working lifa. DO NOT usa retired) 15. Decedant's Education (Specify only highast grada completed) 18b. Kind of Business/Industry permit. Pages 1 and 2 should be filed within Department of Health and Mental Hygiene important; if from 27 is mericed other than any injury or other traumeds event. The state of the file state of the file state of the file state of the sta Elementary/Secondery (0-12) College (1-4or 5+) n/a n/a N/A N/A 17. Fether's Nema (First, Middla, Last) 18. Mother's Neme (First, Middle, Meiden Surnama) Be Stephen J. Shulman Kristen M. Walker 19e. tntormant's Name/Reletionship (Type, Print) 19b. Meiling Addrass (Street end Number or Rural Route Number, City or Town, Stete, Zip Code) Stephen J. Shulman/father 6626 Granville Court, Frederick, Maryland 21703 20b. Piece of Disposition (Neme of cemetery, cremetory or other plece)
Norbeck Memorial Park

Data
5, 1996 20e. Method of Disposition 20c. Location - City or Town, Ststa 1 X Burial 2 ☐ Crametion 3 ☐ Ramovai from Steta 4 ☐ Depetion 5 ☐ Other (Specify) Olney, Maryland of Funeral Service Licans 21. Signature 22. Nema and Addrass of Facility Robert A. Pumphrey Funeral Home/ Rockville, Inc. 300 West Mo Rockville, Maryland 20850-2

23a. Part1. Enter tha disaese, or complications that caused the deeth. Do not enter the mode of dying, such as cardiec or respiratory arrest, shock, or haart failure. List only one ceusa on each line. 300 West Montgomery Avenue and 20850-2805 Approximate intervat Between Onset and Death **Physician** Extreme Prematurity

Due to (or as e consequence of):
Intracranial Hemorrhage /Medical Immedieta Causa (Finei disaesa or condition resulting in dasth) **Examiner** Sequentially tist conditions, if eny, leeding to immediate cause. Enter Underlying Cause (Disease or injury that initiated events resulting in death) Last Due to (or as a consequence of): and physician a the buriel Suspected Sepsis Records, P.O. Box 68760 Physician/Medical Due to (or es e consequance of): ŏ Pert ii. Other significant conditions contributing to death but not resulting in the undarlying cause given in Pert i. 23b. Did tobacco use contribute to the cause of death? signed by t 3 Probably 4 ☐ Unknown 1 ☐ Yes 2 No þ 24b. Wera sutopsy tindings aveilable prior to completion of causa of death? 24a. Wes an autopsy performed? Completed peed hes page 2 1 ☐ Yas 2 🖾 No 1 ☐ Yas 2 ☐ No certificate Division of Vital To the Hospital or Attending Physician: within 24 hours after death.

To the Funeral Director: After this cartifica completely filled in by the funeral director, I 25. Was case reterred to medicei Be 28. Plece of Deeth (Check only one) Other: 4 Nursing Home 5 Rasidance 8 Other (Specify) Hospitel: 1 Mnpatiant 2 ER/Outpatient 3 DOA 1 Yes 2 No 28c. Injury st Work? 27. Manper of Deeth 28a. Date of injury (Month, Dey Year) 28b. Time of 28d. Dascribe how injury occurred Certification: 1 Naturei 2 Accident 5 Pending 1 ☐ Yes 2 ☐ No Invastigation 6 Could not be determined 3 ☐ Suicide 28e. Piece of tnjury - At homa, farm, street, factory, office building, atc. (Specify) 28t. Location (Street end Number or Rural Routa Number, City or Town, State) 4 Homicida 1 Certifying Physician: To the best of my knowledga, daath occurred at the tima, date end piece, end due to the ceuse(s) and manner as stated.
2 Madical Examinar: On the basis of examination end/or investigation, in my opinion, death occurred at the time, date and piece, and due to the ceuse(s) end mannar stated. 29e. Certifian Medical

State Registrar

30. Name and address of person who completed cause of death (Item 23a) (Type, Print)
TERRI DIFAZIO, MD 9901 MEDICAL CENTER DRIVE, ROCKVILLE, MD 31. Date filed (Month, Dey, Year) SEP 1 0 1996

29b. Signature and title of common

32. Registrer's Signatura lia Davidson

29c. License number

D50453

29d. Date signed (Month, Day, Year) SEPT. 4, 1996

State of Maryland / Department of Health and Mental Hygiene Q 5

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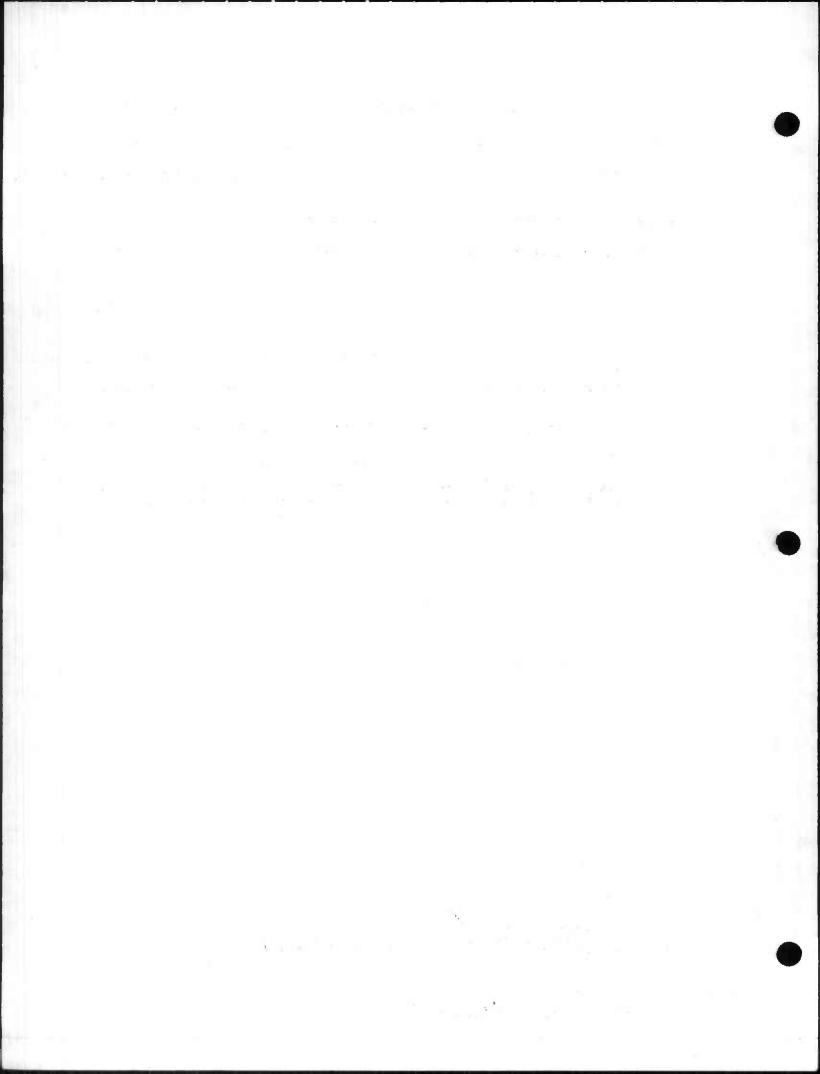
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Baltimore,	Peges 1 enent of Heemit: If item	20a. Method of Disposition 1 \textbf{X} Burial 2 \textcorrection Cremation 3 \textcorrection Removal from State} 4 \textcorrection Donation 5 \textcorrection Other (Specify) 20b. Place of Disposition (Name of cemetery, crematory or other place) ROCK CREEK CEMETERY 9/12/96 WE								20c. Location -	own, State		
Balt	pemit. Pege: Department of Important: If is any Injury or once.		21. Signature of Funeral Service Licens		SEPH GAWLER'S SONS, II 30 WISCONSIN AVENUE, SHINGTON, D.C 20016								
	2 /3		23a. Part1 Enter the disease, or comp shock, or heart failure. List only	plications that ceused one ceuse on each ilr	the death. Do r	not enter t	he mode of dy				.0010	Approximate Intervai Between	
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Vital	ysician: The s certificate director, pag	Be	25. Was cesa referred to medical examiner?				0.		eath (Check only	one)			
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Division	or Attending after death. Director: After in by the fune	Certification:	2 Accident 3 Suicide 4 Homicide Suicide Suic							Street and Numb wn, State)	er or Run	al Route Number,	
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			D32033							SEPTEMBE	ER 9.	1996	
	10		30. Name and address of person who c PETER HAMM, M.D.		, , ,			HINGTON.	D.C. 20				
	Sta	te	31. Date filed (Month, Dey, Yeer)	32. Registra	ar's Signature								
	Registr		SEP 1 3 199		Davidson	Randa	00						

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State of Maryland / Department of Health and Mental Hygiene 96 28557

Physici /Medi										Reg. No.		
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irector		577 36 1629	1□ M 2□ X F		Vre	Months Deys	Hours	Min.	8. Data of B (Month, D	ay, Year)		placa (State or Foraign htry)
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DHMH 16 Rev 6/95



State of Maryland / Department of Health and Mental Hygiene

9/9/96.

FELLOWS, HELFENBEIN & NEWNAM FUNERAL HOME

3. Time of Death

5:45 a

Birthplaca (Stata or Foraign WEST VIRGINI

> 10d. inside City Limits 1 Yas 2 No

28558

							Ce	ertificat	e o	f De	ath			Reg. No),				
Physicia /Medic		1. Decedant's Nam		la, Last) EADS	·	_	-	VE	RA				2. Data of Do Month Sept.	Da		Year 996		Time of Dea	
Examin		4a. Facility Nama (f not institution	n, giva street and n	umber)					4b. Ci	ity, To	wn, or L	ocation of Deal	th 4c	. Count	of Dea	ith		
		Memori	ial Ho	spital	@ E	ast	on			E	ast	ton			Та	lbo	t		
Funeral		5. Social Security N	lumber	6. Sax		(In yrs.	ast birthday				Undar:		8. Data of Bi	rth		9. Bir	thplace	(Stata or Fo	
Director		236-62-	1624	1∏M 2□F	54		Yrs.	Months	Day	'S H	lours	Min.	SEPT.	26.	194	1 7	VES'	r VIR	
77		Usual Rasidance of	Decedant													1			
/lan		10a. Stata	10b. County	•		10c. City	y, Town or l	ocation									10d.	inside City Li	
Man H	tor	MD	QU	EEN ANNI	Ξ		WYE	MILI	S									1 □ Yas 2	
with the Maryland a or 28a-f show be notified at	Director	10e. Street and Nur	mber					10f. Zip	Code	i				10g. Cl	izen of	What C	ountry?		
th with		114 LAK	E DRI	VE				21	67	9				U	SA				
21215-0020 d within 72 hours after death with the Manyland glena. If then "natural", or flems 23s or 28s-1 show in the Medical Examiner rivest be notified at	by Funeral		. Marital Status 1 □ Navar Married 3 □ Widowed 4 □ Divorced 12. Was Decedent Amed Forces? 1 □ Yas 2 □ Yas 11 Yas 2 □ Yas 11 Yas 2 □ Yas 12 Was Decedent Amed Forces?					Was Deced If Yas, spec			nic Orig laxicen pecify:	gln? (Sp , Puarto	ecify Yas or No Rican, atc.)	0-	Bla	ck, Whi	ta, atc.		
5-0 72 ho	Completed	Tout of Builds.						edant's Usua a kind of wo	al Occ	upation	n a mosi	most of working 16b. Kind of Business/Industry						ry	
2121 I within Ifena. In than	du	Elamantary/Seco		Collega		+)				ired)			Month Sept. 9 1996 5:45 coation of Death 4c. Country of Death Talbot 8. Data of Birth (Month, Day, Year) SEPT. 26, 1941 WEST VIR 10d. inside City L 1 □ Yas 26 14. Race - American Indian, Black, Whita, atc. Specify: WHITE						
CV DDS		17. Father's Nama	/Einst Middle	(ant)			DRA	FTSMA	VIA	10	Matha	do Alama	o /Final Adiabata	-			771	STEEL	
be filed tall Hyg d other	Be									10.				STAN		na)			
ylan ould be Mental arked c	P	PACIANO	VER	A							FL	ORE	NCE I	EADS					
Maryland d 2 should be file th and Mental Hy 7 is marked oth traumatic event		19a. Informant's No	ame/Ralation	ship (Type, Pnnt)			19b. Mai										_ '	da)	
E T N L		JUDY L.	VERA	/ WIFE			P.	O. BC	X	152	2,	WYE	MILLS	5, N	ID 2	216	79		
Baltimore, semit. Pages 1 a separtment of Nes mportant: if tiem iny injury or othe		20a. Mathod of Disp 1 Durial 2 4 Donation	Cramation	3 □Ramoval from	n Stata	CHÉ	ematary, cri SAPE		thar p	ram:									
Balt Semit. Separtr mportr any inj		21. Signature of Fu	naral Sarvice	Licensee		Cr	NILK	2. Nama an	d Add	rass of	Facilit	y							
E SE	1	1				1	F	ELLO	VS,	HE	SLF	ENB	EIN &	NEV	IANI	1 Fil	JNE	KAL H	

Physician /Medical

Examiner Examiner

physician and s the burial-transit

edicail

The law requires that the death certificate be exec

Division of Vital Records, P.O. Box 68760.

Sequentially list conditions, if any, laading to immadiata cause. Enter Underlying Causa (Disease or Injury that initieted events rasulting in death) Last

Immediata Causa (Final disaasa or condition resulting in daath)

23a. Part1. Enter the disease, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrast, shock, or heart failure. List only one cause on each line. 200 S. HARRISON ST., EASTON, MD 21601 Approximata Intarval Between Onsat and Death 1978 Hear Dua to (or as a consequance of): A. L. Danie

Certification: To Be Completed by Physician/M	illo corpuant	antributing to death but not resulting in the un				cco use co 2□ No	ontribute to the cause of death? 3 Probably 4 Onknown			
	rede pro	woluse 1990.			24a. Was an a periormed	17	24b. Ware autopsy findings available prior to completion of cause of death? 1 \(\text{Yas} \) 2 \(\text{No} \) No			
	25. Wes casa refarred to medicel			26. Place of De	ath (Check only ona)					
	examinar? 1 □ Yas 2 No	Hospitel: 1 ☐ Inpatiant 2 ER/Outpatient	3□ D	OA Othar: 4 Nursing I	Homa 5□ Rasidano	nar (Specify)				
	27. Manner of Death 1 Phatural 5 Pending 2 Accident Invastigation		м	28c. Injury at Work? 1 ☐ Yas 2 ☐ No	28d. Describe how	red				
	3 Suicida 6 Could not be datamined 28a. Place of Injury - At homa, farm, streat, fectory, office building, atc. (Specify) 28a. Place of Injury - At homa, farm, streat, fectory, office building, atc. (Specify) 28f. Location (Street and Number or Rural City or Town, State)									
29a. Certifiler (Check only one) 29a. Certifying Physicien: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(s) and manner as sta (Check only one) 2 Medical Examiner: On the basis of axamination and/or invastigation, in my opinion, death occurred at the time, dete and place, and due to the cause(s) and manner as sta (Check only one)										
Medic	29b. Signatura and title of certifiar 29c. Licansa number 29d. Data signed (Mon									

D460220

506 IDLEWILD AVENUE, EASTON, MD 21601

State Registrar

SYED I. ALI, M.D.,

31. Data filed (Month, Day, Year)

30. Nama and addrass of person who complated ceusa of death (Itam 23a) (Type, Print)

To the Hospital or Attending Physicien: within 24 hours after death.

To the Funerel Director: After this cartifica completely filled in by the funeral director,

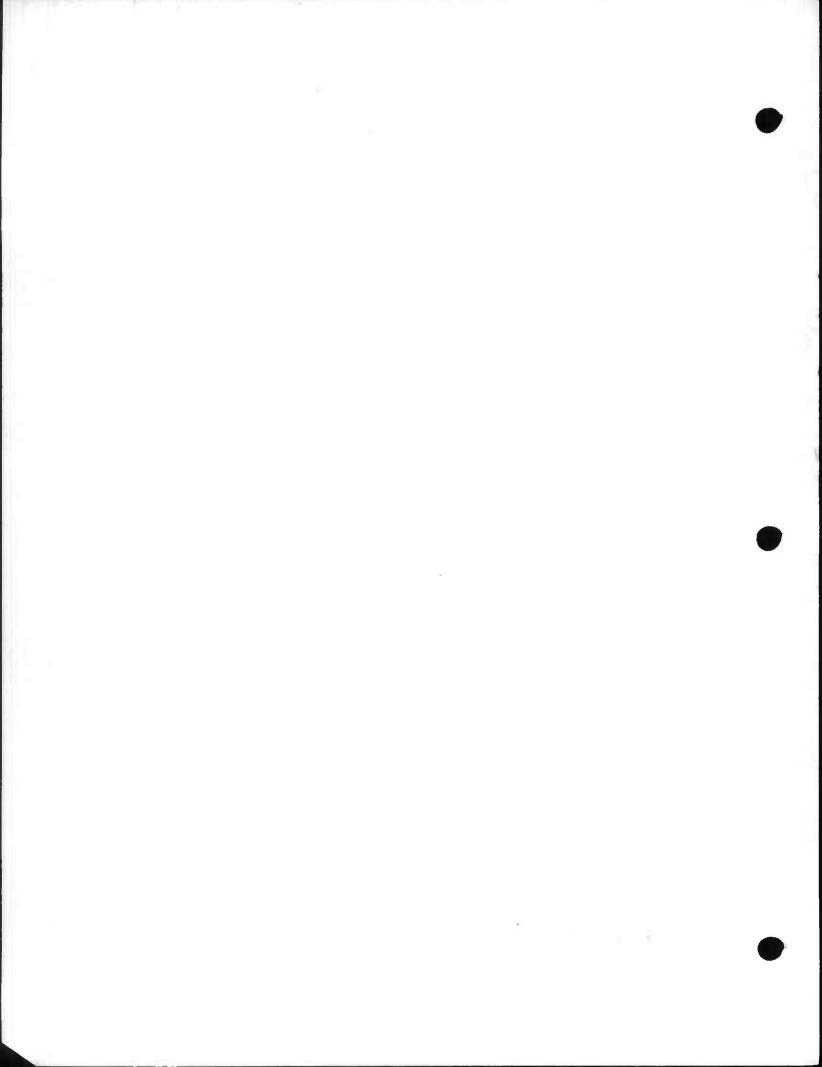
THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within Z4 hours after death. Page 6 may be retained by the hospital or attending physician.	THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transfroement pames 1 2 3 should	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal,	WPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
O THE HOSPITAL OF	D THE FUNERAL DII	e filed within 72 hou	WPORTANT: If its

BALTIMORE, MARYLAND 21215-0020

DIVISION OF VITAL RECORDS, P.O. BOX 68760

FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.

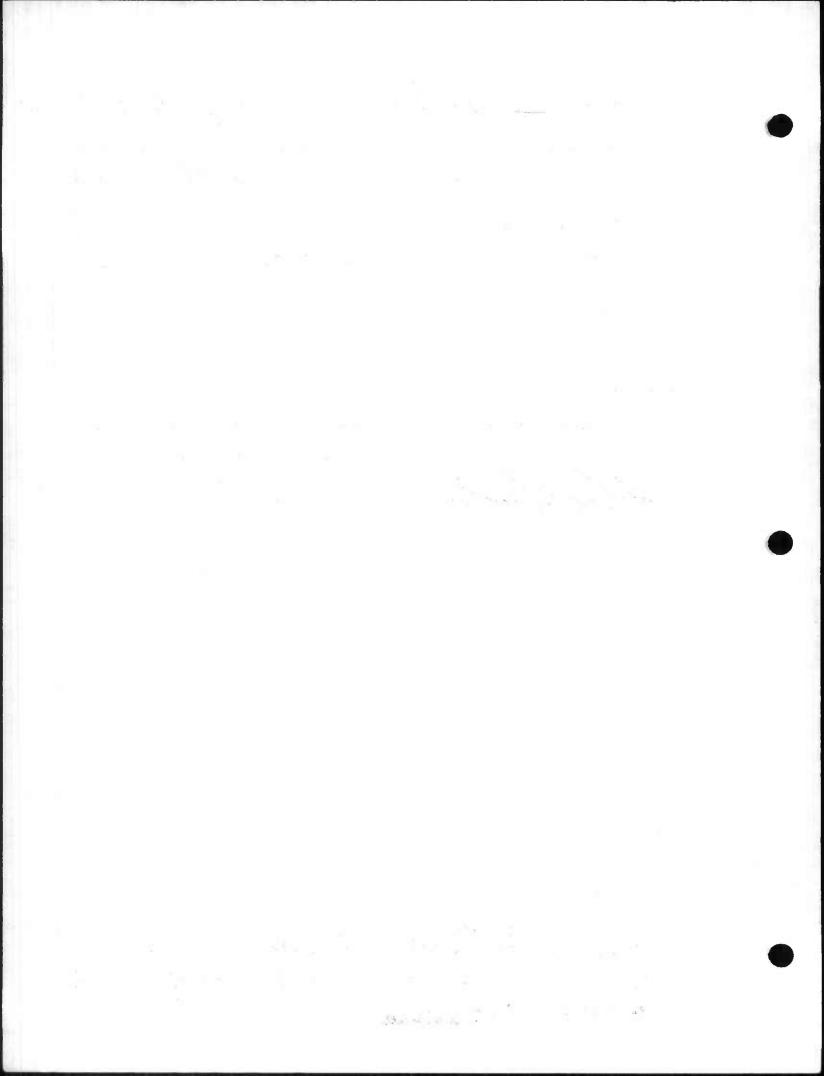
	1. DECEOENT'S NAME (First	, Middle, Last)	wiL	Va	nias	hah			2. DATE O	m ber	78	99EAR	3. TIME OF DEATH
1	4. SOCIAL SECURITY NUME	BER	5. SEX	8. AGE (In yrs.		IF UNDER 1 Y	EAR IF UNDE	R 24 HRS.	7. DATE O				HPLACE (State or Foreign
	219-96-1617	7	1 🗆 M 2 💢 F		6 YRS.		AYS HOURS	MIN.	(Month,	8, 1	060	Inc	(γγ)
	9e. FACILITY NAME (If not in	stitution, give	street end number)			9b. CITY, TO	WN OR LOCAT	ION OF DE		0, 1		UNTY OF E	
DIRECTOR	SHADY GRO		VENTIST	HOSP	ITAL	Rock	ville					ntgon	
2	10a. STATE	10b. COUNT	Υ		10c. CIT	Y, TOWN OR I	OCATION						10d, INSIDE CITY
H	Maryland	Mont	gomery		Gen	manto	wπ						LIMITS?
A P	10e. STREET AND NUMBER						101. ZIP COE	DE			10g. CI1	TIZEN OF	WHAT COUNTRY?
E E	11413 Brund	lidge '	Terrace					20874	4		Uni	ited	States
FUNERAL	11. MARITAL STATUS		12. WAS DECEDEN	T EVER IN U.S.		13. WA	OECENDENT	OF HISPAN	IIC ORIGIN?	(Specify Yes		14. RAC	E — American Indian.
B	1 Never Married 2 🔀 3 Widowed 4 Divo		IF YES, GIVE V		23110		e, specify Cub YES 2 [3] NO			en, etc.)		Spec	k, White, etc. //y: Indian
COMPLETED	15. DEC (Specify ont	EDENT'S EDU	CATION completed)	16a.		USUAL OCCL	PATION og most of work		16b. H	IND OF BU	INESS/IN	OUSTRY	2110 2011
<u> </u>	Elementary/Secondary (0		College (1-4 or 5	+)	life. Do NOT us	retired.)	g most or work	ing					
₽	11			H	ousewi	fe				Own I	Iome		
8	17. FATHER'S NAME (First, M						18. MOT	HER'S NA	ME (First, Mic	idle, Meiden	Sumame)		
8	Arvind J. S								A. Sha				
0	19b. MAILING ADDRESS (Street end Number or Rural Route Number, City or Town, State, Zip Code)												
	Anil M. Shah 11413 Brundidge Terrace, Germantown, MD 2087												
	20e. METNOD OF DISPOSITION 1 Buriel 2 Cremetion 3 Removal from State 20b. PLACE AND DATE OF DISPOSITION (Name of the class) 20c. LOCATION — City or Town, State												
	4 Donation 5 Other		OFFICE L	Metr	opoli	tan Cr	emator	y 9/9	9/96	Ale	xand	ria,	Virginia
-	21. SIGNATURE OF PUNERA	C SEHAICE LI		100		22. NAI	East I	SS OF FAC	Dark	eVol	Fune	eral	Home
	Muc	hand	XUI	gild	you,	Ga:	thers	ourg.	MD 2	0877			
	Gaithersburg, MD 20877 23. PART I. Enter the diseases, or complications that ceused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List pnly one cause on each line. Approximate interval Returned.												
	IMMEDIATE CAUSE (Fir		List Dilly Dile Cat										Onset and Death
	disease or condition resulting in death)									6 yer			
			DUE TO	A		,.							1 13
Z	Sequentially list conditi	000	a Mo		cutro								6425.
Ĕ	if any, leading to imme	diete	DUE TO	(OR AS A CONS	SEOUENCE OF	F):							
CERTIFICATION	CAUSE (Disease or inju			(OR AS A CONS									17~
Ē	that initiated events resulting in death) LAS	т	DUE 10	(OR AS A CONS	SECUENCE OF	r):							,
빙			d										
	PART II. Other algnifice	nt condition	na contributing to	deeth but no	t resulting i	in the under	iying ceuse	given in i	Part I. 2	4a. WAS AN		24b	WERE AUTOPSY FINDINGS
MEDICAL									- 1,	PERFOR			AMAILABLE PRIOR TO COMPLETION OF CAUSE
Ä											7		OF DEATH?
	DID TOBACCO U	SE CONT	RIBUTE TO CA	USE OF DE	ATH YE	S D NO	M UNC	CERTAIN	10				
PHYSICIAN:	25. WAS CASE REFERRED TO EXAMINER?					N (Check only							
SIC	1 TES 2 NO		HOSPITAL:	ER/Outpetient	3 DOA	OTHER: 4 Nursing	Nome 5 R	esidence (8 Other (Specify)			
27. MANNER OF DEATN 286. DATE OF INJURY (Month, Day, Year) 28b. TIME OF 28c. INJURY AT WORK? WORK? 28d. OE\$CRIBE HOW INJURY OCCURED													
ВУ		Pending Investigation	(111511111)	-,,,			YES 2	NO					
	3 Suicide 8	Could not be	28e. PLACE O building,	F INJURY — At atc. (Specify)	home, farm, s	treet, factory,	office		28f. LOCAT	ION (Street e Town, State)	nd Numbe	r or Rural F	Route Number,
	4 Nomicide	datermined							Only or	iowii, Gielej			
COMPLETED	29e. CERTIFIER (Check only	IFYING PNYS	ICIAN: To the best of	my knowledge,	death occurre	d at the time,	date end place	, and due	to the cause	(e) end man	ner ee sta	ted.	
8) end manner se stated.
	296. SIGNATURE AND TITUE							ENSE NUM					(Month, Day, Year)
BE	l'a	anha	1 Cal	1	4-1		D	39			D.S.	CPT 5	MRER 9 100
2	30. NAME AND ADDRESS OF	PERSON WH	COMPLETED CAUS	E OF DEATH (IT	TEM 27) (Type,	Print)	1 1	~	011			-110	MBER 9, 1995 111 20852
	11119	Roc	KVILLE	PIK	. C	SUI	TE 1	10	R	2/1000		4	16 3 600
		1200	CVILLE	1 / 10			1 4	60	110	CP 111	116	/-	(1) M2X 1 2.
	SEP 1,1	Vene		R'S SIGNATURE			101	00	100	CKVI	48		10 10872



State of Maryland / Department of Health and Mental Hygiene

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	6.	0		0	1.

			Certificate of Death	R	eg. No.	20000
	Dhoois		1. Decedent's Name (First, Middle, Last) Plymale	2. Date of Deat	-	3. Time of Death
	Physici /Medi		Madeline - Wellander	Sept.	6 1	996 7:40AM
	Examir		4a. Facility Name (If not institution, give street and number) 4b. City, Town, or	or Location of Death	4c. County o	f Death
			701 Glenwood Street Annapo 5. Sociel Security Number 6. Sex 7. Age (In yrs. last birthday) If Under 1 Year 11 Under 24 H.	lis	Anne A	Arundel
	Funerai		1 M SELF Months Days Hours Mi	rs. 8. Dete of Birth in. (Month, Day,	Year)	Birthplace (State or Foreign Country)
	Director		223 – 28 – 0 5 9 8 TS 75 TS Usual Residence of Decedent	Sept.12		Kentucky
	Pand tand		10a. Stete 10b. County 10c. City, Town or Location			10d. Inside City Limits
	Mery	ō	Maryland Anne Arundel Annapolis			1 Yes 2 No
	deeth with the Meryland rms 23a or 28a-f show f must be notified at	Funeral Director	Maryland Anne Arundel Annapolis 10e. Street end Number 10f. Zip Code	1	0g. Citizen of Wi	nat Country?
	N With	0	701 Glenwood St. Annapolis, Maryland 21401		United	Chahaa
	deet	ner	11. Marital Status 12. Wes Decedent Ever In U.S. Armed Forces? 13. Wes Decedent of Hispanic Origin? If Yes, specify Cuben, Mexican, Pue	(Specify Yes or No-	14. Rece	- American Indian,
0	or its		1 Never Married 2 Married 1 Yes 2 No Warse 1 Yes, Specify Cubert, Mexican, Put	eno Pican, etc.)		, White, etc. White
00	72 hours efter naturel, or he	d by	3 Wildowed 4 Divorced Year or Dates:		Specify:	wiiice
21215-0020	be filed within 72 hours efter deeth with the Meryfan ital Hygiene. Id other than "naturel", or liems 23s or 28s-f show event, the Medical Examiner must be notified at	Completed	15. Decedent's Education (Specify only highest grade completed) 16a. Decedent's Usual Occupation (Give kind of work done during most of w	vorking	16b. Kind of Bus	Iness/industry
12	within ene. then "	du.	Elementary/Secondary (0-12) College (1-4or 5+) life. DO NOT use retired)			
	Hygie ther ther	ပိ	2 years Bookkeeper 17. Fether's Name (First, Middle, Last) 18. Mother's N	leme (First, Middle, A	Cler	<u>k</u>
an	should be filed and Mental Hygi marked other imatic event, t	9 Be		(* * * * * * * * * * * * * * * * * * *		
Maryland	s 1 and 2 should be f Health end Mental fem 27 is marked o other treumatic ev	2	Wayne Plymale 19a. Informant's Name/Relationship (Type, Print) 19b. Meiling Address (Street and Number or a	Rural Route Number	Sur City or Town, S	
	nd 2 lith e 27 is r tre		Sandra Sadler/ daughter 404 Beach Rd. Arn			21012
re,	of Health Item 27 other tr		20a. Method of Disposition 20b. Plece of Disposition (Name of cemetery, crematory or other place)			City or Town, State
E	Pages nent of int: If its iry or o		1 Burlal 2 Cremetion 3 Removal from State 4 Donation 5 Other (Specify) Metropolitan Cremato:	9/7/96	lovand	ria, VA
Baltimore,	교투론증.					
m	Depa Impo				_	Funeral Home
			23a Part 1. Enter the disease, or complications that caused the death. Do not enter the mode of dying, auch as card shock, or heart failure. List only one cause on each line.	ucester lac or respiretory arm	SE, Ann	Applis Inc. 401 Approximate 401 Interval Between
Ň	Physician				MD 21	Onset and Death
7	/Medical Examiner		Immediate Cause (Final disease or condition a Hepatorenal Syndrome	e		
i i		<u>_</u>	resulting in death) Due to (or as a consequence of)			
	ted nsit	edical Examiner	Hortic Stenois			
,	tificate be executed to physicien and as the buriel-trensit	Exai	Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or Injury			
68760,	sicie bur	cal	Cause (Disease or Injury that initiated events			
68	rtificat ng phy as th	Medi	resulting In death) Last d. Hrstory of Esophageal	Carcin	also a.	
ŏ	andin use	N/S	175210rd 92 1700 vaded,	41 011	Umac	
œ.	death e ath	sicie	Part II. Other algnificant conditions contributing to death but not resulting in the underlying cause given in Pert I.	23b. Did to	bacco usa cont	ribute to the cause of death?
<u>о</u>	by th	Physician/N	Ta charine Colific	1 🗆 Y	88 2 No	3 Probably 4 Unknown
S,	The law requires that the death cer ate has been signed by the attendir page 2 should be detached for use	by	TIT OVERMED COLL III	-		
ord	w require been sig should b	Completed		24a. Was e perform		24b. Were autopsy findings available prior to
ec	as b	ple		-		completion of ceuse of death?
E	The page	Sol		15 Ye	a 2□No	1 ☐ Yes 2000
Zita Zita	clan:	Be	1 Ayaminer/	eeth (Check only on	е)	
of	this of the dir	To		Home 5 Reside		
L _O	After After funer	lon	1 ☑Natural 5 ☐ Pending (Month, Day Year) Injury Work?	28d. Describe ho	w injury occurre	0
Division of Vital Records, P.O. Box	or Attending Physician: The law effer death. Director: After this certificate has In by the funeral director, page 2	lca	3 Suicide 6 Could not be	28f. Location (St	reet and Numbe	r or Rural Route Number,
<u> </u>	offer Dire	Certification:	4 Homicide determined determined building, etc. (Specify)	City or Town	, State)	
	To the Hospital or within 24 hours efte To the Funeral Direction of the		29a. Certifler 1 Certifying Physician: To the best of my knowledge, deeth occurred at the time, dete and pla	ca, and due to the ce	suse(s) and man	ner as stated.
	n 24 n 24 ne Fu	edical	(Check only one) 2 Medical Examiner: On the basis of examinetion end/or investigation, in my opinion, death ocone)	curred at the time, de	ate and placa, ar	id due to the cause(s)
	To the Hospital or Att within 24 hours efter of To the Funeral Direct completely filled in by	×	29b. Signature and title of certifier	2	9d. Date signed	(Month, Day, Year)
			Vermen Hall MD and 41216		9-6-	96
			30. Name and address of person who completed cause of deeth (Item 23e) (Type, Print)	Λ.	. 1	901
			Dennis M. Hall (204 West St	1 Hm	9/10/13	110
	Sta	ite	31. Date filed (Month, Day, Year) SFD 1 1 1006 32. Registrar's Signature		1	



Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene

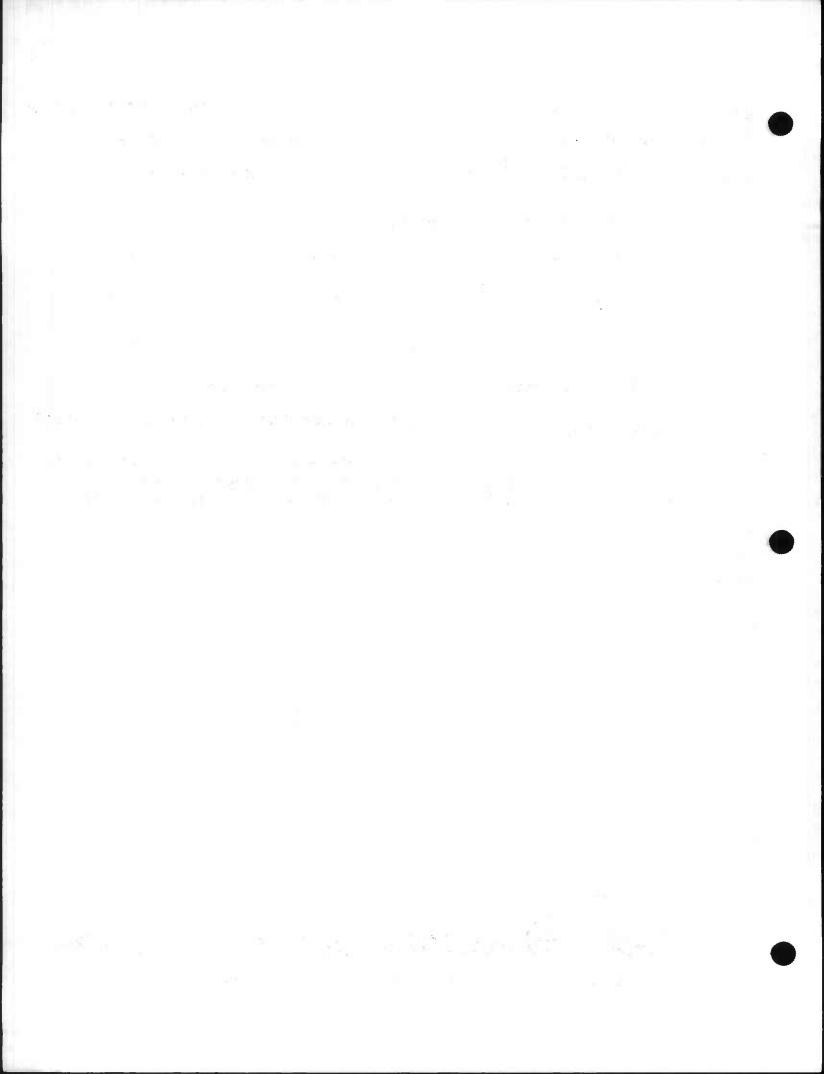
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				Otate of Maryla		tificate of			Reg. N		0 4	0301				
т	Physic	ian	Decedent's Neme (First, Middle, Last,					2. Dete of De Month	eth S	ept.	Year 3	3. Time of Death				
	/Medi		HELEN LEVENIA					0.	-	13	1996	1:59pm				
j.	Exami	ner	4a. Fecility Neme (If not institution, give PHYSICIANS MEM(AL	4	4b. City, Town, or L LAPLATA	ocation of Deetl	h 44	CHAR						
	Funeral	111	5 Social Security Number 6 Sec		s. last birthdey)	If Under 1 Yeer Months Deys	If Under 24 Hrs	8. Dete of Bir	th			e (State or Foreign				
	Director		213-40-8813	78	Yrs.	Months Deys	Hours Min.	(Month, De	,19	18	Mary	Land				
	Bud *		Usuei Residence of Decedent 10a. Stete 10b. County	10c. C	City, Town or Loc	cation					104	Inside City Limits				
	Manyi	ŏ	Maryland Charl		La Plat							Yes 2 No				
	28	rec	10e. Street end Number	les 1	a rial	10f. Zip Code			10g. C	itizen of W	What Country?					
	h with	ai D	1 Hickory Lar	ne ,Apt. 30	03	2064	6			.S.A						
	deat	Funeral Director		12. Was Decedent Ever in Armed Forces?		Ves Decedent of H	lispenic Orlgin? (Sp an, Mexican, Puerto	ecify Yes or No		14. Rece	e - American I					
21215-0020	s 1 and 2 should be filed within 72 hours after death with the Maryland Health and Mental Hygiene. Health and Mental Hygiene. term 27 is marked other than "naturel", or itema 23a or 28a-f show other treumratic event, the Medical Examiner must be notified at	þ	1 Never Married 2 Merried 3 Widowed ♣∰bivorced	1 Yes 2 No If Yes, Give Year or Detes:	Ī	☐ Yes XXNo		rican, etc.)			k, White, atc. :White					
2-0	72 ho	ted	15. Decedent's Edu (Specify only highest grad	cation	16a. Deced	ent's Usuel Occup	ation during most of work	-	16b. h	Kind of Bu	siness/Indust	lry				
2	ithin i	Completed	Elementery/Secondary (0-12)	College (1-4or 5+)			duning most of work	ang	Ge	nera	al Sto	re				
121	and Mental Hygiene. Is marked other than eumatic event, the M	CO	12		Clerk	C				Reta						
and	ntal H	Be	17. Fether's Neme (First, Middle, Last) John Goldsr	ni th				ther's Neme (First, Middle, Meiden Surneme) CACE Rice There or Rural Route Number, City or Town, State, Zip Code)								
Maryland	should nd Men marke umarke	P_	19a, informant's Neme/Reletionship (Ty		10h Mailin	n Addrage (Street			ar Cihr	or Tours	State 7in Co	da)				
	od 2 s lith ar 27 le	Patricia Coy 5011 Skylark Drive , La Plata														
re,	other tr		Patricia Coy 20e. Method of Disposition 20b. Pieca of Disposition (Neme of Dete 20c. Location - City or Town													
m	permit. Pages 1 and Department of Health Important: If Rem 27 any Injury or other to once.		Latticia duy													
Baltimore,			21. Signature of Fuperal Service License		7 ÅÎ	REHART -	ECHOLS I	FUNERA	L H	OME,	INC.					
		H	P. O. BOX 567, LA PLATA, MD. 20646													
J	Physician	ı	Pert1. Efter the disease, or compilcations that caused the deeth. Do not enter the mode of dying, such as cardiec or respiratory arrest, shock of heart feiture. List only one cause on each line. Approximate full fertile fertile fertile for the mode of dying, such as cardiec or respiratory arrest, and fertile full fertile fe													
и	/Medical		Immediate Cause (Fine) disease or condition													
П	Examiner		resulting in deeth)	Due to	(or as e consequ	uence of):										
	P #	Iner	_,	curt	as	1					1					
	ifficate be executed g physician and as the burlat-transit	Examiner	Sequentially list conditions,	Due to	(or es e consequ	uence of):					1					
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687	tificate ig phys as the	edical	resulting in deeth) Last	. 0	(or es e consequ	ience of):					i					
Box				ille	is						-					
	0 0 2	Physician/N	Part II. Other aigniftcant condittons con	tributing to death but not re	sulting in the un	deriving cause give	en in Pert I	23h. Dfd	tobacci	o une con	tribute to the	cause of death?				
P.0	by the	hys	non time and	meumol	Lore	e, mi	rende		Yas			ly 4 Unknown				
	es the	by	ffara.	1	1											
Vital Records,	law requires that the di as been signed by the 2 should be detached	Completed	ascitis, Hyp	opputienes	ma 1 1.	Leggente	nseon	24a. Wes perfo	an auto	opsy	svallat	autopsy findings ble prior to etion of cause th?				
al Re	The ate h	Com	Erosine eroph	ogitice, D	robil	es mel	litus	10	Yes 2	.Æ(No		es 2 No				
Vita	Physicien: The ribis certificate and director, page	Be	25. Was case referred to medical examiner?	ospitei:		Oth	26. Piece of Deet	h (Check only o	one)							
ot o	S in	. To	1 Yes 2 SNo 27. Menner of Death	1 ⊠tnpatient 2 [28a. Dete of Injury	☐ ER/Outpatient 28b. Time of		4 LI Nursing Ho	ome 5 Resident								
O	ding th. After fune	tion	1 ♣Neturai 5 ☐ Pending 2 ☐ Accident investigation	(Month, Dey Year)	injury	28c. injun Worl	k?` Yes 2□No	Zog. Describe	now myc	ny occurr	60					
Division	Attended octor	Certification:	3 Suicide 6 Could not be determined	28e. Piece of Injury - At	home, ferm, stre	et, fectory, offica		28f. Location (S	Street e	nd Numbe	er or Rural Ro	oute Number,				
Ö	rs after at Dir	Cen	Torriord	building, etc. (Spec	ary)			City or To	WII, 3181	9/						
	To the Hospital or Attending PP within 24 hours after death. To the Funeral Director: After the completely filled in by the funeral	edicai	29e. Certifier (Check only one)	fclan: To the best of my kn ar: On the basis of examin end menner steted.	owledge, deeth etion end/or inv	occurred at the time estigation, in my op	ne, dete and place, plnion, deeth occurr	and due to the red at the time,	cause(: date an	s) end mai id piece, e	nner as stated and due to the	d. cause(s)				
	To the Comi	M	29b. Signature and title of certifler	2	4-4-	29c, License	e number		29d. De	ete signed	(Month, Day	Year)				
		10	30. Name end eddress of person who co	moleted cause of death (its	m 23a) (Type 5	Print)	83/6			4/	131	76				
			PAUL PRITCHETT, N				1317 LAF	PLATA MI	20	646						

32. Registrer's Signature

DHMH 16 Ray 6/95

State Registrar



State of Maryland / Department of Health and Mental Hygiene 96 28562

_							C	ertii	ricate of	t Dea	ath		Reg. No.				
1	Dhuoie	lon	1. Decedent's Ne	me (First, Middle, I	ast)							2. Dete of D	eeth Dey	Year	3. Time of Death		
J	Physic /Medi		Willia	am Fringe	r Wheel	ler						Sept			AFFRX 9:13 F		
	Exami		4a. Facility Neme	(If not institution, g	ive street end n	umber)				4b. Cit	y, Town, or	Location of Dee	th 4c. Coun	ity of Deeth	1		
			4801 \$	Schalk Ro	ad					1	4iller	s		Carı	roll		
	Funeral		5. Social Security	Number 6	Sex 1. M 2□ F	7. Age	(In yrs. lest birthde	0.4	Under 1 Yes		nder 24 Hrs. urs Min.	8. Dete of B	irth	9. Birth	nplace (Stete or Foreign untry)		
	Director			4-9340	189 M 2LIF		74 Yrs.						28, 192		Maryland		
	pur		Usuel Residence	of Decedent 10b. County			IOc. City, Town or	Locati	ion						40d Include City I harles		
	e Marylan la-f ahow	Director	MD	Carrol	.1		Millers	Locati	ion						10d. Inside City Limits 1 ☐ Yes 2 ☒ No		
	th with th		10e. Street end N	umber Schalk Ro	ad				10f. Zip Code 21107				10g. Citizen o				
21215-0020	within 72 hours after death with the Maryland jene. Then "natural", or Nema 23a or 28a-f show the Medical Examiner must be notified at	by Funerai	- 275	rried 2⊠ Merried	12. Wes De Armed F 1 M Yes If Yes, G Yeer or	Forces? 2 □ No Give	er in U,S. 13		Decedent of es, specify Cu		ic Origin? (S exican, Puert ecify:	pecify Yes or N o Rican, etc.)		eck, White			
2-0	72 ho	Completed	190	15. Decedent's	Education	-	16a, Dec	edent	t's Usuel Occi	upation	most of wa	dina	16b. Kind of	Business/I	ndustry		
21	C 1.99	pie	Elementery/Sec	ecify only highest goondery (0-12)		7) (1-4or 5+)	life	. DO	d of work don NOT use retir	red)	most of wo	KING					
	filed within Hygiene. ther than "	Son	W-N-		4			wne	r/oper	ato	r			aut	o dealership		
pu		Be	17. Father's Neme	e (First, Middle, La	st)					18.	Mother's Ner	ne (First, Middl	e, Meiden Surne	sme)			
/a	should but marked	Tol	Willia	am Lesley	Wheele	er					Oli	ve Maro	merite	Frinc	ter		
Maryland	d 2 should be th and Mentel 7 is marked o traumatic evi		19e. Informent's I	Neme/Reletionship	(Type, Print)		19b. Me	lling A	ddress (Stree	(Street end Number or Rural Route Number, City or Town, State, Zip Code)							
	27 mg		Marilu	warfiel	d, POA				1932	E.	Maybe	rry Rd.	, Westmi	nste	r, MD 21158		
Pages 1 nent of H nort: If Nen iny or oth				2 ☐ Cremetion 3		n Stete		remeto	ory or other pi			14/96					
₫		4 Donation 5 Other (Specify) St. Mary's Cemetery										guerite Fringer mber, City or Town, State, Zip Code) ., Westminster, MD 21158 20c. Location - City or Town, State Silver Run, MD Chapel Jestminster, MD Ty errest, Approximate Interval Between Onset and Deeth					
Ba	pemit. Pag Department Important: I any injury o		Pritts Funeral Home & Chapel										or l	m			
-			23a. Part 1. Enter the disease, or complications that caused the death Do not enter the mode of dying, such as cardiac or respiratory errest,														
ı	Physician /Medical		shock, or he	eert fellure. List on	y one ceuse on	eech line.	1PLE						errest,	1	tnterval Between		
П	Examiner		diseese or conditi resulting in deeth	ion	0. 1.01	101	1100		1009	7		UN		1	1 mo		
в		a				D	ue to (or as e cons	equer	nce of):								
	pet list	Examiner		-	b									<u> </u>			
	and and	xar	Sequentially list of eny, leading to it cause. Enter Und Ceuse (Disease of	conditions, immediate		Di	ue to (or es e cons	equen	nce of):								
68760,	certificate be executed ding physician and ise as the burlal-transit		Ceuse (Diseese o	derlying or injury	c									i			
387	phys phys the	/Medical	that initieted even resulting in deeth)) Last		Du	ie to (or es a cons	equen	ice of):					2			
ox (ding Se as	M		- (d												
å	ath officer	cian															
Ö	that the de ed by the e	Physician	Pert il. Other sign	ificant conditions	contributing to	death but	not resulting in the	unde	riying cause g	given in I	Pert I.	23b. Did	Specify: White 16b. Kind of Business/Industry auto dealership (First, Middle, Meiden Sumeme) e Marguerite Fringer I Route Number, City or Town, State, Zip Code) Ty Rd., Westminster, MD 21158 Date 4/96 Date Silver Run, MD ome & Chapel d., Westminster, MD respiretory errest, Approximate interval Between Onset and Deeth				
σ.	that the detail											1[Yes 2016	3□ Pro	obebly 4 Unknown		
ds,	2 5 2	d by							····			0.4144		245 1	Mara automou fin dinas		
of Vital Record	v requires been sign should be	Completed											s an eutopsy formed?	a	Vere autopsy findings valleble prior to completion of cause		
Sec	2 8 6	idu												0	of death?		
E	E age	S										1□	Yes 2000	1	☐Yes 2DNo		
ita	Physician: The this certificate ral director, per	Be	25. Wes case refe examiner?	erred to medical						26.	Place of Dea	th (Check only	000)				
=	nysic als ce	2		No	Hospitei:	Inpatient	2 ER/Outpeti	ient :	3□ DOA O	ther: 4	☐ Nursing H	ome 5 Pres	sidence 8 🗆 O	ther (Spec	rify)		
			27. Manner of Dee	eth 5 Pending	28e. Dete	e of Injury onth, Dey Y	/ear) 28b. Time		28c. Inj	ury et		28d. Describe	how injury occ	urred			
<u>Ö</u>		atic	2 Accident	investigati	on	, , .	,,				2 No						
Division	or Attendent effer deat Director: I in by the	ertification:	3 ☐ Sulcide 4 ☐ Homicide	6 Could not determine	d 289. Piec	e of Injury	- At home, ferm,	street,	fectory, office	9			(Street and Nur	nber or Ru	ral Route Number,		
Ö	s effer s effer st Direction ed in b	Cer		1	Dunc	uii ig, oto. (Opecny)					Ony or 1	Juni, Ololoj				
	To the Hospital or within 24 hours effe To the Funeral Dir. completely filled in	29e. Certifier (Check only one) 29e. Certifier (Check only one) Check only one)									nenner as , and due	steted. to the cause(s)					
	To the within 2 To the comple	ž	29b. Signature and	ditte at Sertitler	- /	P			29c. Licer	nse num	ber		29d Pate sign	ed (Month	, Day, Year)		
			•	(OULL)	PH 11	11 V	0		73.	5	798	,	7/13	2 19	6		
		- 3	30. Name and add	tless of person wh	completed car	use of dear	th (Item 23e) (Typ	e. Prin	nt)	V	DIV		1	11	U		
			F (W)	10 Kr	uter	- 1	MD 6	84	ARI	oole	e Rd	. W.	estmir	ster	MD 21157		
	Sta Registr		On Date med (MO)	SEP 13	1996	whi o	Signature	dal	4								

ar 9 t - See est electronic

Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. 1 Department of Health and Mental Hygiene

State of Maryland / Department of Health and Mental Hygiene

Certificate of Death

				Certi	licate of	Deam	F	Reg. No.				
	Physic /Medi		1. Decedent's Nema (First, Middle, Last) Roy Martin Wible, J.	r.			2. Date of Dee Month Sept	Day 13, 19	Year 96 2:30			
	Examir	ner	4a. Facility Neme (If not institution, give street end number) 4323 Church Road		4b. City, Town, or L Hampst	ead		imore				
	Funeral Director		5. Social Security Number 6. Sex 7. Age (In 213-58-0473	11 y 10. 10 01 Dir (110 dy)	f Under 1 Year Months Days		8. Date of Birth (Month, De) Mar 19	, Year) , 1952	Birthplaca (Stete or Fore Country) Maryland	≽ign		
	yland			Oc. City, Town or Local	ion				10d. Inside City Lim	ilts		
	e Mer	ctor	Maryland Baltimore		1	Hampstead			1 □ Yas 2 ☑ I	No		
	it th	Dire	10e. Street end Number		10f. Zip Code	23.074		10g. Citizen of W	hat Country?			
	23e	eral	4323 Church Road		5 1	21074	4 4		JSA			
020	s 1 and 2 should be filed within 72 hours effer deeth with the Meryland if Health and Mental Hygiene. If Health and Mental Hygiene. Item 27 is marked other than "natural", or items 23s or 28s-f show other traumatic event, the Medical Examiner must be notified at	by Funeral Director	11. Marital Stetus 1 □ Never Merried 2 ☒ Married 3 □ Widowed 4 □ Divorced 12. Was Decedent Eval Armed Forces? 1 ☒ Yes 2 □ No If Yes, Give Yaer or Detes: N	ATTOVAL 1	s Decedent of es, specify Cut Yes 2∑ No	Hispanic Origin? (Sp ban, Mexican, Puerto Specify:	Decity Yas of No- Dican, etc.)	Specify:	- American Indian, , White, etc. White			
21215-0020	72 hox	ted	15. Dacedant's Education	16a, Dacedan	t's Usual Occu	petion during most of work	trin a	16b. Kind of Bu	siness/Industry			
21	ithin 7	Completed	(Spacify only highest grade completed) Elementery/Secondery (0-12) College (1-4or 5+)	life. DO	NOT use retire	ed)						
	ould be filed with Mental Hygiene. arked other than atic event, the M		12 17. Fathar's Neme (First, Middle, Last)	DIR OF	INFORMAL	ION SER & O			ER & ALEXANDER			
and	ontal Hygie ad other	Be C	Roy Martin Wible, Sr			18. Mother's Nam)			
Maryland	2 should and Men is marke aumatic	T0	19a. Informent's Name/Reletionship (Type, Print)	19b. Meiting	Address (Stree		rma H. Reihl Massey ber or Rural Route Number, City or Town, Stete, Zip Coda)					
	1 and 2 Health ar em 27 is ther trau		Jackie L. Wible- wife		ampstead, Md 21074							
ore,	of He item		20a. Method of Disposition	ace)	Dete 20c. Location - City or Town, Stata							
Ë	Pegenent: H		1 ☐ Burial 2 ☐ Cremetion 3 ☐ Removel from State 4 ☐ Donetion 5 ☐ Other (Specify)	ions	9/16	Hamps	tead, MD					
Baltimore,	permit. Peges 1 and Department of Health Important: If item 27 any injury or other tr once.		21. Signature of Funaral Sarvice Licensea	ass of Facility	Eline Funeral Home							
Ш	20522		27 wee W C	ain St, H								
			23a. Pert1. Enter the disease, or complications that caused the shock, or heart feiture. List only one ceuse on each line.	deeth. Do not enter t	ha mode of dy	ing, such es cardiec	or respiretory er	rest,	Approximete Intervel Between	100		
	Physician /Medical Examiner		immediate Ceuse (Final disease or condition resulting in daeth)	CSSP10 a to (or es e consequé	seal	Can	cer		Onsat and Death	4		
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60,	certificate be executed ding physician and ise as the buriel-transit	al Examiner	Sequentially list conditions, if any, leading to immediate cause. Entar Underlying Ceuse (Disease or Injury that initiated avents	a to (or es e conseque	nca of):							
ox 68760,		in/Medical	that initiated avents resulting in deeth) Lest	a to (or as e consequer	nce of):							
. B	the atte	sicia	Pert II. Other significant conditions contributing to death but no	ot resulting in the unde	rrying causa g	iven in Pert I.	23b. Did t	obacco use con	tribute to the cause of dea	ith?		
s, P.O	ires that the deett signed by the atte d be deteched for	by Physicia					101	res 2150s	3 Probably 4 Unknown	own		
Records,	aw requisible been 2 should	Completed			_		24e. Was a	an eutopsy med?	24b. Wara autopsy finding available prior to completion of cause of daeth?	IS		
R		Con					1 D Y	es applino	1 Yas 2 No			
of Vital	Physician: The rible certificate ral director, pag	Be	25. Was case referred to medical examiner?		0.	26. Placa of Dea	th (Check only o	ne)				
of	this aldi	: To	1 ☐ Yes 20 No Hospitel: 1 ☐ Inpatient 27. Mannar of Death 28a. Dete of Injury	2 ER/Outpatient	3LI DOA	ther: 4 Nursing H		ence 6 Othe				
O	ding th. After fune	tion	1) Hetural 5 Pending (Month, Day Ye 2 Accident investigation	ork? ⊇Yes 2 □ No	200. Describe n	ow injury occurre	No.					
Division	To the Hospital or Attending F within 24 hours efter death. To the Funeral Director: After completely filled in by the funer	Certification:	3 Suicide 6 Could not be datemined 28e. Piece of Injury - building, etc. (S		28f. Location (Street and Number or Rural Route Number, City or Town, Stete)							
	ne Hospital or n 24 hours efte ne Funeral Dir pletely filled in	edical C	29e. Certifier (Check only one) 1 Certifying Physician: To the best of my end manner steted.	aminetion end/or inves	curred et the ti	ime, dete end piece, opinion, daath occur	end due to the cred at the time, o	end due to the cause(s) end manner as steted. ed et the time, dete end pleca, and due to the cause(s)				
	To the within 7 To the comple	×	29b. Signatura and title of cartifier Celano	29d. Data signed (Month, Dey, Year) 7/13/96								
			30. Name end eddress of person who completed cause of deeth PAUL OFAND, MO, 63	(Itam 23a) (Type, Pri	har kes	ST,#2	05 BX	Homose	MD 21204	1		
	Sta Registr	_	1. Date filed (Month, Day, Year) SEP 1 7 1996 SEP 1 7 1996									

State of Maryland / Department of Health and Mental Hygiene

28564

Certificate of Death 1. Decedent's Name (First, Middle, Last) 2. Data of Death 3. Time of Death Day **Physician** Month Sheila Jo McKinney Watkins September 6, 1996 9:15 AM /Medical 4a. Facility Name (If not Institution, give street end number) 4b. City, Town, or Location of Death 4c. County of Death **Examiner** 2021 Indian Circle St. Leonard Calvert 5. Social Security Number if Undar 1 Yaar | if Undar 24 Hrs. 8. Date of Birth (Month, Day, Year) 9. Birthplace (State or Foreign Country)
9 Virginia 7. Age (In yrs. lest birthday) **Funeral** Days Hours 1□M 2₩F 563-36-0044 67 Yrs. August 30, 1929 Director Usual Residance of Dacedent 10a State 10b. County 10c. City, Town or Location 10d. inside City Limits r 28a-t show incliffed at the Maryta 1☐ Yes 2☐No Directo Maryland Calvert St. Leonard 10e. Street and Number 10f. Zip Coda 10g. Citizan of What Country? 7 is marked other than "natural", or hems 23s or traumatic event, the Medical Examiner must be r 2021 Indian Circle 20685 U.S.A. Funeral Was Decedent of Hispanic Origin? (Specify Yes or No-if Yes, specify Cuban, Maxican, Puarto Rican, atc.) 12. Was Decedent Ever in U,S. Armed Forcas? 14. Race - American Indian, Biack, White, etc. permit. Pages 1 and 2 should be filed within 72 hours after of Department of Health and Mental Hygere. Important: If Item 27 is marked other than "natural", or hen any injury or other traumatic event. the Medical Exercises 1 ☐ Yes 2**XX**Io If Yes, Giva Yaar or Dates: 1 Never Marriad 2 Married Baltimore, Maryland 21215-0020 1 ☐ Yes 2 ☐ No Specify: White Specify: à 3 ☐ Widowed 4 ☐ Divorcad Completed 16a. Decedent's Usual Occupation (Give kind of work done during most of working life. DO NOT use retired) 15. Decedent's Education (Specify only highest grade completed) 16b. Kind of Business/Industry Elementary/Secondary (0-12) Coilege (1-4or 5+) Housewife/Mother Own Home 17. Father's Name (First, Middle, Last) 18. Mother's Name (First, Middle, Melden Sumeme) Be Joseph Dwight McKinney 0 Laura Ortmann 19a. informant's Name/Relationship (Type, Print) 19b. Malling Address (Street and Number or Rural Route Number, City or Town, Stete, Zip Code) James D. Watkins 2021 Indian Circle St. Leonard, MD 20685 20b. Place of Disposition (Name of cametery, cremetory or other place) 20a. Method of Disposition 20c. Location - City or Town, State 1 Buriai 2 Cremation 3 Ramoval from State 4 Donation 5 Other (Specify) Arlington National Cem. 9/12 Arlington, Virginia 21. Signature of Funeral Service Licens 22. Nama and Address of Facility Demaine Funeral Homes, Inc. 520 South Washington Street Alexandria, VA 23a. Part1. Enter the disease, or complications that caused the thanth. Do not enter the mode of dying, such as cardiac or respiretory arrest, shock, or heart tellure. List only one cause on each line. Approximate interval Between Onset and Death **Physician** /Medical tmmediate Cause (Final disaasa or condition resulting in death) Small Cell Carring of Lune **Examiner** Due to (or as e consequence of) Examiner physician and the buriel-transit Sequentially ilst conditions, if any, leading to immediate cause. Enter Undarlying Cause (Disease or Injury that initiated events resulting in death) Last Due to (or as a consequence of): Division of Vital Records, P.O. Box 68760 Physician/Medical Due to (or as a consequence of): USB 85 signed by the atte Part ii. Other significant conditions contributing to death but not resulting in the underlying cause givan in Part i. 23b. Did tobacco use contribute to the cause of death? 1 Yes 2 No 3 Probably 4 Unknown þ 24a. Was an autopsy performed? 24b. Were autopsy findings svailable prior to completion of cause of death? Completed hes page 2 certificate 25 190 1 Yes 1 ☐ Yas 2 No Hospital or Attending Physician:
 124 hours after death.
 Funeral Director: After this certification by the funeral director,
 interpt filled in by the funeral director, 25. Wes case reterred to medical examiner? Be 28. Place of Death (Check only one) Hospital: 1 ☐ inpatient 2 ☐ ER/Outpatlent 3 ☐ DOA Other: 4 Nursing Home 5 Aesidence 8 Other (Specify) 2 1 ☐ Yes 25 No 27. Menner of Death 28b. Time of 28a. Date of tnjury (Month, Dey Year) 28c. injury et Work? 28d. Describe how injury occurred Certification: 1 Netural Accident 5 Pending 1 ☐ Yes 2 ☐ No Investigation 6 Could not be determined 3 Sulcide 28f. Location (Street end Number or Rural Route Number, City or Town, Stete) Placa of tnjury - At home, farm, street, factory, office building, etc. (Specify) 4 Homicide 1 Certifying Physician: To the best of my knowledge, death occurred at the time, date and place, and dua to the cause(s) and manner as stated.

2 Medical Examiner: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and piece, and due to the cause(s) and manner stated. 29a. Certifian To the To the To the Complet 29b. Signature and title of certifiar 29c. Licensa number 29d. Data aigned (Month, Day, Year) 14 30. Name and eddress of person who completed cause of death (item 23a) (Type, Print) Lowenthal 120 Hospital Road Suite 200 Prince Frederick, MD 20678 31. Date filed (Month, Dey, Year) 32. Registrar's Signature whie Davidson

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Registrar

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State of Maryland / Department of Health and Mental Hygiene 96

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CAAIIIII	ICI	Holy Cross Ho												
		5. Social Security Number		7. Age (In yrs. las	et hirthday)	If Under 1		If Under 2	r Spr			tgome		
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and *		10a. State 10b. County		10c. City.	Town or Loc	cation							10d Ineid	ie City Lin
28a-f show	Director													
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DHMH 16 Rav 6/95

FOR 1 - STATE

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

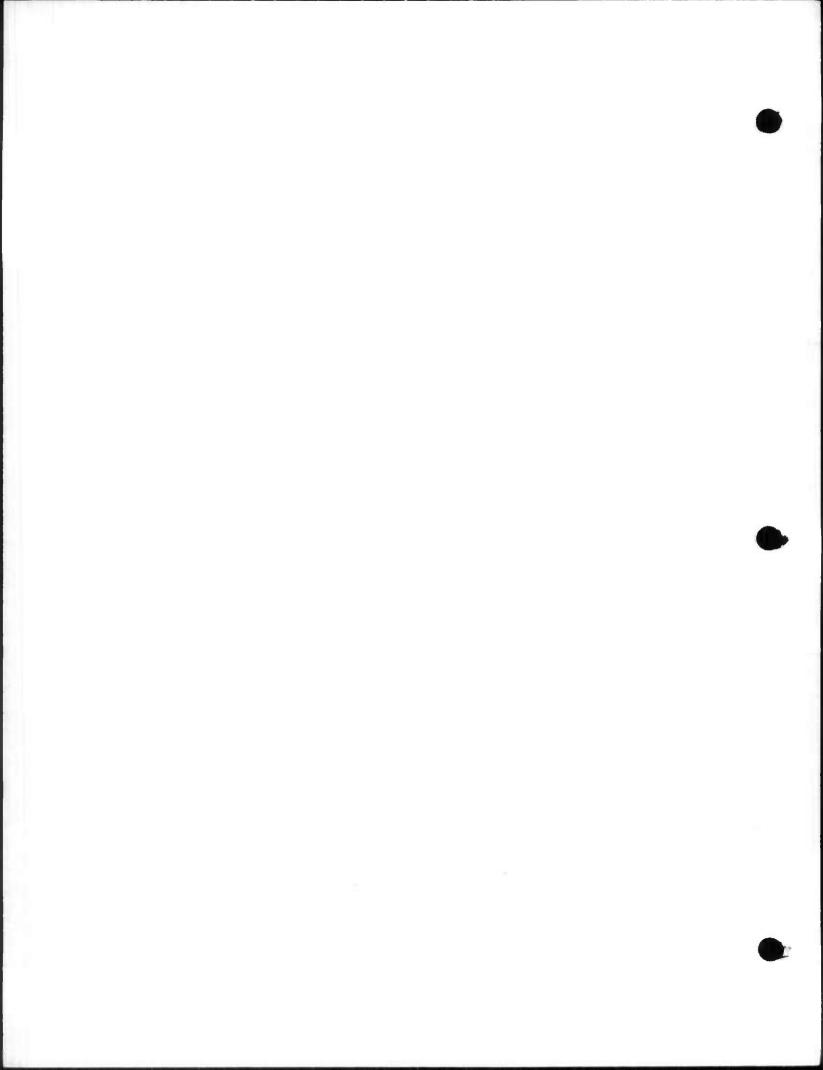
	- HEGISTRAR				CERTIF	ICAL	_ OF	DEA	111		REG. NO.				
	1. DECEDENT'S NAME (First,	Middle, Last)					2. DATE			DATE OF DEATH			3. TIME OF DEATH		
	Virginia An	White							September 8,199		YEAR	6.00 AN			
	4. SOCIAL SECURITY NUMBER		5. SEX	6. AGE (In yrs.	last hirthdays	IF UNDER	1 VEAD	IF UNDER	0.4 14000	7. DATE OF		0,15		6:00 A ^M	
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	9a. FACILITY NAME (If not institution, give street and number)						9b. CITY, TOWN OR LOCATION OF DEATN 9c. COUNTY OF						NTY OF D	EATN	
E I	3457 Chiswick Court						Mar	Spri	no			Man	+		
K	RESIDENCE OF DECEDENT						ver	SPLI	ing			MOL	ontgomery		
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3	10a, STREET AND NUMBER	HOHEE	omery 51			101. ZIP CODE							1 TES 2 NO		
*							101				10g. CITIZEN OF WH			VHAT COUNTRY?	
9	3457 Chiswi	ck Cou	rt					2090)6			U.	S.A.		
5	11. MARITAL STATUS		12. WAS DECEDEN	T EVER IN U.S.	ARMED	13.	WAS DEC	ENDENT C	F HISPAN	IC ORIGIN? (— American Indian, k, White, stc.	
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COMPLETED	17. FATHER'S NAME (First, Mic							16. MOTI	HER'S NAI	ME (First, Mid	de, Maiden	Sumame)			
BE	Michel		ic					Vi	ctor	ia	Fant	acci			
	19a. INFORMANT'S NAME (7)/	pe/Print)			19b. MAILIND	ADDRESS	S (Street a	nd Number	or Rural F	loute Number.	City or Town	Stein Zir	Godel .		
2	Helen G. Kro	amann											Trina	inia 22204	
	20a. METHOD OF DISPOSITIO				1075 S				on S	_	v -	Ar	ingt	on,	
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- 1	21. SIGNATURE OF FUNERAL	SERVICE LIC	ENSEE			22.	NAME AN	ND ADDRES	SS OF FAC	CILITY					
	Y	8 0	1.1.11			Fr	anci	ls J.	Co1	lins	Funer	al H	ome,	Inc.	
	Juc Z	1 · XX	erest			50	0 Ur	niver	sity	Blvd	W.	Sil.	Spr.	MD 20901	
	23. PART I. Enter the dis	edsea, or o	omplications the	t coused the	death. Do	not anter	the mo	de of dyl	ng, such	aa cardlad	or reapli	ratory an	reat,	Approximate	
	shock, or haart failure. List only one cause on each line. Interval Between Onest and Posts											Interval Retween			
	disease or condition														
	IMMEDIATE CAUSE (Final disease or condition					_								Onset and Death	
			Acute M				t								
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TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within. Thours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, certainor. or removal. DIVISION OF VITAL RECORDS, P.O. BOX 68760

IMPORTANT: if Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

BALTIMORE, MARYLAND 21215-0020



Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene 28567 Certificate of Death 1. Decedent's Neme (First, Middle, Last) 2. Date of Deeth 3. Time of Deeth Day 1996 Month **Physician** 6, MARY MARIE YOUNG Sept. 12:50 a. /Medical 4e. Fecility Neme (If not institution, give street end number) 4b. City, Town, or Location of Deeth 4c. County of Deeth MONTGOMERY 909 E. Randolph Road Silver Spring 8. Dete of Birth (Month, Day, Year) June 25, 1921 5. Sociel Security Number If Under 1 Year | If Under 24 Hrs. 7. Age (In yrs. lest birthday) 9. Birthplece (State or Foreign Country)
Virginia Months 1 M 2 X Days Hours 75 215-54-7564 Yrs. Usual Residence of Decedent 10e. State 10b. County 10c. City, Town or Location 10d. Inside City Limits MD Silver Spring Director Montgomery 1 ☐ Yes 2% No 10e. Street end Number 10f. Zip Code 10g. Citizen of Whet Country? 909 E. Randolph Road 20904 U.S.A. Funeral 12. Wes Decedent Ever In U,S. Armed Forces? 1 ☐ Yes 2 ☑ No If Yes, Give Wes Decadent of Hispenic Origin? (Specify Yes or No. If Yes, specify Cuben, Mexican, Puerto Rican, etc.) 14. Rece - American Indien, Bleck, White, etc. 11 Marital Status 1 Never Merried 2 Married 1 Yes 2 No Specify: þ Specify: Black 3 ☑ Widowed 4 ☐ Divorced Completed 16e. Decedent's Usuel Occupetion (Give kind of work done during most of working life. DO NOT use retired) 15. Decedent's Education (Specify only highest grede completed) 16b. Kind of Business/Industry Elementary/Secondery (0-12) College (1-4or 5+) 8th Housewife None 17. Fether's Neme (First, Middle, Last) 18. Mother's Name (First, Middle, Melden Surneme) Aubrey Poindexter Susie Hill 19a. Informent's Neme/Reletionship (Type, Print) 19b. Mailing Address (Street end Number or Rurel Route Number, City or Town, Stete, Zip Code) 1323 Gresham Rd., Silver Spring, MD 20904 Betty Collins (Daughter) 20e. Method of Disposition 20b. Pleca of Disposition (Neme of cemetery, cremetery or other plece) 20c. Location - City or Town, Stete 1

■ Burlel 2 □ Cremation 3 □ Removel from State Parklawn Mem. Park 9/10/96 Rockville, MD 4 ☐ Donetion 5 ☐ Other (Specify) 21. Signature of Funeral Service Licensee 22. Name end Address of Fecility SNOWDEN FUNERAL HOME, P.A. ROCKVILLE, MD 20850 23a. Pert1. Enter the dis/ a le, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory errest, shock, or heart fair rs. List only one cause on each line. Approximate Intervel Between Onset end Deeth Immediate Cause (Finat disease or condition resulting in deeth) ARCINOHATOSIS Sequentielly list conditions, if eny, leading to immediate cause. Enter Underlying Ceuse (Diseese or injury that initiated events resulting in deeth) Lest Due to (or es e consequence of) Pert II. Other significant conditions contributing to deeth but not resulting in the underlying cause given in Pert I. 23b. Did tobacco use contribute to the cause of death? 1 Yes 2 No 3 Probably 4 Unknown 24b. Were eutopsy findings eveileble prior lo 24e. Wes en eutopsy NYELOMA completion of cause of death? HYPERTENSION 1 Yes 2 No 1 ☐ Yes 2 ☐ No 26. Piece of Deeth (Check only one) Other: 4 Nursing Home 5 Residence 6 Other (Specify) 1 Yes 2 No 1 ☐ Inpatient 2 ☐ ER/Outpetient 3 ☐ DOA 27. Menner of Deeth Dete of Injury (Month, Dey Year) 28c. Injury et Work? 28d. Describe how injury occurred 5 Pending Investigation 1 Neturei 1 ☐ Yes 2 ☐ No 2 Accident 6 Could not be determined 3 Sulcide 28e. Placa of Injury - At home, ferm, street, fectory, office building, etc. (Specify) 28f. Location (Street and Number or Rural Route Number, City or Town, Stete) 4 Homicide t
 Certifying Physician: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(s) and menner as stated.
 □ Medical Examtner: On the basis of examination and/or investigation, in my optnion, death occurred at the time, date and place, and due to the cause(s) and menner stated. (Check only 29b. Signature end title of certifier 29c. License number 29d. Dete signed (Month, Dey, Year)

D20678

LEVELAND ST, KENSINGTON, HD

P.O. Box 68760, Division of Vital Records.

The law requires that the death certificate be executed ettending physician end for use es the buriel-transit been signed by the should be detached After this certificate or Attending Physician: of Areach.
Jeffer death.
Ji Director: Af within 24 hours e

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Funeral

Director

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r than "natural", or items 23a or the Medical Examiner must be

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permit. Pages 1 and 2 should be file Department of Health and Mental Hy, important: If item Z7 is merked other any injury or other traumation.

Physician

/Medical Examiner

Examiner

Physician/Medical

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Saltimore, Maryland 21215-0020

State Registrar

31. Dete filed (Month, Dey, Year) SFP 0 9 1996

EDWARDA



30. Name end eddress of person who completed cause of deeth (Item 23e) (Type, Print)

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State of Maryland / Department of Health and Mental Hygiene

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						Certificate c	of Death		Reg. No.		
	Physic /Medi		Decedent's Nama (First, Middent Thomas Gordon					2. Data of De Month Septem	Day	996	3. Time of Death 12:00 A'. M
	Exami		4a. Facility Nama (If not institution Suburban Hosp:		mber)		4b. City, Town, o	Location of Death		y of Death	
	Funeral Director		5. Social Sacurity Number 577-22-9853 Usual Rasidance of Decedant	6. Sax 1 🖾 M 2 🗆 F	7. Aga (In yrs. last birt	thday) If Undar 1 Ya Months Da Yrs.		(Month, Da	h y, Year) 3, 1920	9. Birthi Cou Wash	placa (Stata or Foreign intry)
	death with the Maryland ms 23e or 28e-f show Emust be notified at		10a. Stata 10b. Count	gomery	10c. City, Towr Bethe						10d. fnsida City Limits 1 ☐ Yas 2 No
	after death with the Manyar or items 23e or 28e-f show	Funeral Director	10e. Street and Number 5108 Manning Dr	rive		10f. Zip Cod 2081			10g. Citizan of U.S.		intry?
020	or its	by	11. Marital Status 1 □ Navar Married 2 □ Ma 3 □ Widowed 4 ☒ Divorce	Armed F	edent Evar in U,S. orcas? 2 □ No iva Datas: WW II	13. Was Decedent If Yas, specify C	of Hispanic Origin? (Cuban, Maxican, Pua No <i>Specify</i> :	Specify Yas or No rto Rican, atc.)	14. Rad Bla Specif	ack, Whita,	can Indian, , atc.
Maryland 21215-0020	C 9	To Be Completed	15. Deceda (Specify only high Elementary/Secondary (0-12)	nt's Education ast grada complated	16a.	Decedant's Usual Oc (Giva kind of work do lifa. DO NOT usa ra chitect/Bi		orking	16b. Kind of B	Businass/în	
yland ;	Mental Hyg Mental Hyg irked other itic event,	To Be C	17. Fathar's Nama (First, Middla Thomas B. Youn	, Last)		. CHITCCC/ D	18. Mothar's Na	ama (First, Middla, Baumgart	Maidan Sumar		re/bulldin
a 8	ges 1 and 2 should be filed within to the Health and Mental Hygiena. If Rem 27 is marked other than or other traumatic event, the Mental Health and the Mental Health and the Mental Health and the Mental Health and the Men		19a. Informant's Name/Ralation Morgan M. Hoove 20a. Mathod of Disposition 1 ☑ Burial 2 □ Cramation	er, Jr./F	ciend 51	. Mailing Addrass (Str 08 Manning Disposition (Nama or y, cramatory or other	Drive E	ethesda,		and 20	0814
Baltimore,	permit. Pages 1 Department of Introductant: If ite any injury or or one		4 Donation 5 Other (3	Specify)	Cedar	22. Nama and Ad	drass of Facility J	9/10/96 oseph Ga 130 Wisc Jashingto	wler's onsin A	Sons	e, N.W.
Physician			23a. Part1. Enter the disease, o shock, or heart failure. Us				dying, such as cardi			200	Approximata Interval Batween Onset and Death
	/Medical Examiner	16	Immediata Causa (Final disaasa or condition rasuiting in death)			S HOCK		Chec		1	2 WEEK
Box 68760,	X es es	by Physician/Medical Examiner	Sequantially list conditions, if any, leading to immediate causa. Enter Underlying Cause (Disease or injury that initiated evants rasulting in death) Last	6	Dua to (or as a c		<u> </u>	SASE			3+46HB
P.O.	res that the death igned by the etter be detached for it		Part If. Other significant condition MYOCARDI	one contributing to a	eath but not resulting In ARCT10N	tha undarlying causa	givan in Part I.		tobacco use co Yss 2□ No	ontribute t	to the cause of death?
of Vital Records,	e law requi has been a ge 2 should	Completed b	HEART FALL	IRE, N	ON-CAR	DIO GENI	C PULMI	1010	an autopsy ormed?	av oc of	Vara sutopsy findings vallable prior to ompletion of causa f death?
on of Vital	yalclen: s certific director,	To Be	25. Was case referred to medice examinar? 1 Yes 2 No 27. Mannar of Death 1 Natural 5 Pendi 2 Accident Invast	Hospital: 1 28a. Data		tpatient 3 DOA	26. Place of Do	eath (Check only of Homa 5 - Rasio		har (Speci	
Division		Certification:	3 Suicide 6 Could 4 Homicida	nined 28a. Plac	of Injury - At homa, fai ing, atc. (Specify)	rm, street, factory, offi	се	28f. Location (S City or Tox	Street and Number, Stata)	ber or Run	ral Routa Number,
	To the Hospital or within 24 hours after To the Funeral Dir completely filled in	Medical	29a. Cartifiar (Check only one) 29b. Signature of the cartifier of the ca	Examinar: On tha band man	a best of my knowledga, easis of axamination and onar stated.	Vor invastigation, in m	a tima, data and plac ly opinion, daath occ ense number	urred at tha tima,	causa(s) and m data and place, 29d. Data signe	, and dua t	to tha cause(s)
D	¥ ¥ F 8		Alle	fe	co of death (Nam 22-)	0	2657	1	SEPTE	MBE	£ 5/996
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Registrar

State

31. Data filed (Month, Day, Year)

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TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 st be filed within 72 hours after death with the State Debt, of Health and Mental Hydiene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be noti
after	noval	icai
Nours	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the fut be filled within 72 hours after death with the State Dept, of Health and Mental Hyglene prior to burial, cremation, or removal.	med
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29s. CERTIFIER

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296 SICHATURE AND TOLE OF CERTIFIER

96 28569 FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG NO 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH DAY 3. TIME OF DEATH ZANG YEAR DRIDGE Louis 6:45PM 1996 September 8 4. SOCIAL SECURITY NUMBER 5. SEX IF UNDER 1 YEAR IF UNDER 24 HRIS. 7. DATE OF BIRTN (Month, Day, Year) 8. BIRTHPLACE (State or Formior 1 XXM 2 - F 216-10-6183 Jan 6 1917 Maryland 9s. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH DIRECTOR Meridian Health Care Center, Spa Creek Annapolis Anne Arundel 10a. STATE 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY LIMITS? 1 YES 2 HO MD Anne Arundel Davidsonville FUNERAL 10e. STREET AND NUMBER 10f. ZIP CODE 10g. CITIZEN DF WHAT COUNTRY? 3289 Davidsonville Road 21035 United States 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 ∑ YES 2 □ ND IF YES, GIVE WAR OR DATES 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No-14. RACE --- American Indian, Black, White, etc. 1 Never Merried 2 Married
3 Wildowed 4 Divorced If yes, specify Cuben, Mexican, Puerto Rican, etc.)

1 YES 2XXNO Specify: Specify: White BY COMPLETED 16a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working 15. DECEDENT'S EDUCATION 16b, KIND OF BUSINESS/INDUSTRY DECEDENT 3 030000 (Give kind of work done during most of working (Give kind of work done during most of working life. Do NOT use retired.) Architectural (Specify Elementary/Secondary (0-12) College (1-4 or 5+) Construction Appraiser & Builder 17. FATNER'S NAME (First, Middle, Last) 16. MOTNER'S NAME (First, Middle, Maiden Sumame) 76 Louis S. Zang Daisy May Linton BE notified 19s. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 21035 2 Ruth T. Zang-Wife 3289 Davidsonville Road Davidsonville, Maryland pe 20a. METNOD OF DISPOSITION
Cremation 3 20b. PLACE AND DATE OF DISPOSITION (Name of 20c. LOCATION — City or Town, State DATE must Ouaker Burving Groungs 9/12/96 matten 5 - Other (Specify) Galesville, Maryland examiner ATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY Ohn M. Taylor Funeral Home 147 Duke of Gloucester St. Annapolis, MD the medical 23. PART I. Enter the diseases, Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory errest, shock, or heart failure. List only one cause on each line. Interval Between IMMEDIATE CAUSE (Final Onset and Death disease or condition resulting in death) RESAIRATORY FAILURE WEEK event, DUE TO (OR AS A CONSEQUENCE OF) traumatic CERTIFICATION Sequentially list conditions, DUE TO (DR AS A CONSEQUENCE if any, leading to immediate PULMONARY with cause. Enter UNDERLYING CAUSE (Disease or injury injury, or other DUE TO (DR AS A CONSEQUENCE OF) that initiated events resulting in death) LAST PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. MEDICAL 24b. WERE AUTOPSY FINDINGS AMILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 24s. WAS AN AUTOPSY ANDOYCHAL MORTE ANGULYPH any 1 - YES 2 0 NO Shows a 1 | YES 2 NO DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES NO UNCERTAIN PHYSICIAN: 23 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) Hem HOSPITAL: OTHER:
4 Nursing Home 5 Residence 8 Other (Specify) 1 YES 2 NO 1 Inpatient 2 ER/Outpatient 3 DOA 6 27. MANNER OF DEATH 28a. DATE OF INJURY (Month, Day, Year) 28b. TIME OF 28c. INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCURED marked, Natural 2 Accident 5 Pending BΥ 1 YES 2 NO 28e. PLACE OF INJURY — At home, term, street, fectory, office building, etc. (Specify) 3 Suicide 28 is 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) COMPLETED 6 Could not be 4 Nomicide determined Item 2

death occurred at the time, data and place, and due to the cause(s) and manner as stated. on and/or investigation, in my opinion, death occured at the time, data and place, and dus to the cause(s) and manner as stated. 29c. LICENSE NUMBER

29d. DATE SIGNED (Month, Day, Year) (9(9)

ANNAPOLLS, KD

30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATN (ITEM 27) (Type, Print)

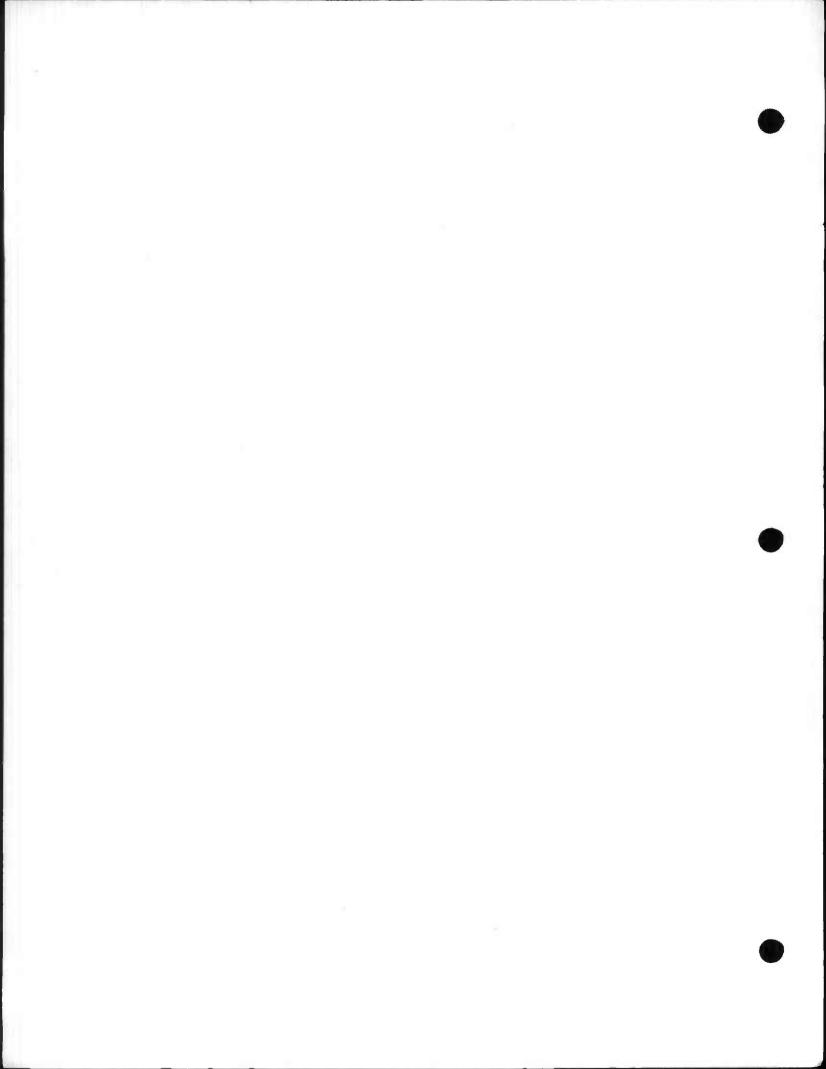
CERTIFYING PHYSIGIAN: To the beat of my

MEDICAL EXAMINER

mi

5-DIKRIMINS,	M.D.	900	BS87
SEP 11 1996	32. REGISTRAR'S	SIGNATURE Davidson	Pandell

32. REGISTRAR'S SIGNATURE Luka Davidson



State of Maryland / Department of Health and Mental Hygiene Amended #12, 9/20/96, GF, Montg. County Certificate of Death Reg. No 1. Decedent's Name (First, Middle, Last) 2. Dete of Death 3. Time of Death Dav Month Vear **Physician** SIDNEY ZUCKER SEPT 10, 1996 4:00 AM /Medical 4a. Facility Name (if not institution, give street end number) 4b. City, Town, or Location of Death 4c. County of Death Examiner 5901 MONTROSE ROAD #1608 N ROCKVILLE or If Under 24 Hrs. MONTGOMERY 8. Dete of Birth (Month, Dey, Year) NOV. 24,] If Under 1 Year 6. Sex 5. Social Security Number 7. Age (In yrs. lest birthday) Birthplace (State or Foreign Country) **Funeral** Days XXM 2□ F Hours Months 84 043-20-5371 Director 1911 CONNECTICUT Usuel Residence of Decedent the Meryland 10a Stete 10b County 10c. City. Town or Location 10d. Inside City Limits 28a-f show the Medical Examiner must be notified at MARYLAND 1 Yas 2 No Director MONTGOMERY ROCKVILLE 10e. Street and Number 10f. Zlp Code 10g. Citizen of What Country? or items 23e or 5901 MONTROSE ROAD #1608N 20852 Funeral UNITED STATES 12. Was Decedent Ever in U.S. Was Decedent of Hispanic Origin? (Specify Yes or No-If Yes, specify Cuban, Mexican, Puerto Rican, etc.) 14. Rece - American Indian, Black, White, etc. 11. Maritel Status Armed Forces filed within 72 hours after 1 ☐ Never Merried 2 Married 1 Yes Qive 21215-0020 1 Yes 2 No Specify: Specify: WHITE à 3 ☐ Widowed 4 ☐ Divorced Year or Dates: WWII "naturel", Completed 16a. Decedent's Usual Occupation (Give kind of work done during most of working life. DO NOT use retired) 15. Decedent's Education (Specify only highest grade completed) 16b. Kind of Business/Industry I Hygiene. College (1-4or 5+) 5+ Elementery/Secondary (0-12) ATTORNEY LAW other Baltimore, Maryland 17. Fether's Name (First, Middle, Last) 18. Mother's Name (First, Middle, Meiden Sumeme) Be Pages 1 and 2 should be 1 nent of Heelth end Mental I int: If Item 27 is marked or MAX ZUCKER PAULINE FIERSTEIN 19a. tnforment's Neme/Relationship (Type, Print) 19b. Meiling Address (Street end Number or Rural Route Number, City or Town, Stete, Zip Code) permit. Pages 1 and 2: Department of Heelth er Important: If Item 27 is any injury or other treu LIBBIE ZUCKER 5901 MONTROSE ROAD #1608B - ROCKVILLE, MD. 20852 (WIFE) 20e. Method of Disposition

AM Burial 2 □ Cremation 3 Permovel from State 20b. Plece of Disposition (Neme of cemetery, cremetory or other piece) 20c. Location - City or Town, State 5 ☐ Other (Specify) 4 Donation BETH ALOM CEMETERY 9/11/96 NEW BRITAIN, CONNECTICUT 21. Signatu 22. Name and Address of Fecility DANZANSKY-GOLDBERG MEMORIAL CHAPELS Enter the disease, or complications that caused the deeth. Do not enter the mode of dying, such as cardiac or respiratory arrest, approximate interval Between or heart tailure. List only one cause on each line. **Physician** /Medical Immediate Ceuse (Finel disease or condition resulting In death) Examiner Examiner Sequentially list conditions, if any, leeding to immediate cause. Enter Underlying Cause (Disease or Injury that initiated events resulting in deeth) Lest Due to (or es a consequence of): physiclen the bunal Box 68760 The law requires that the death certificate be Physician/Medical Due to (or es a consequence ot) Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Pert I. 23b. Did tobacco use contribute to the cause of death? Division of Vital Records, P.O. tha signed by t 1 ☐ Yes 2 ☐ No 3 ☐ Probably 45 Unknown by 24b. Ware autopsy tindings aveilable prior to 24e. Wes an eutopsy performed? Completed peen completion of cause of death? has page 2 No 1 ☐ Yes 2 ☐ No certificata or Attending Physician: 25. Was case referred to medical examiner? Be 26. Plece of Deeth (Check only one) Other: 4 Nursing Home Certification: To 1 Yes 2 No 1 Inpatient 2 ER/Outpatient 3 DOA 5 Residenca 6 □Other (Specify) this 28e. Date of Injury (Month, Dey Year) 27. Manner of Deeth 28d. Describe how injury occurred 28b. Time of 28c. Injury at Work? After 1 Natural 5 Pending 1 Yes 2 No death 2 Accident Investigation Director: / 3 Suicide 6 Could not be determined 28t. Location (Street end Number or Rural Route Number, City or Town, Stete) 28e. Placa of Injury - At home, farm, street, factory, office building, etc. (Specify) aftar 4 Homicide 24 hours a Hospital Certifying Physician: To the best of my knowledge, death occurred at the time, dete end piece, end due to the ceuse(s) and manner as steted.

Medical Examiner: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and piece, end due to the ceuse(s) and manner steted. Medical 29a. Certifier (Check only one) within 2 the 29c. License number 0 -29b. Signeture end title of certifie 30. Name and address of person who completed cause of death (Item 23a) (Type, Print)

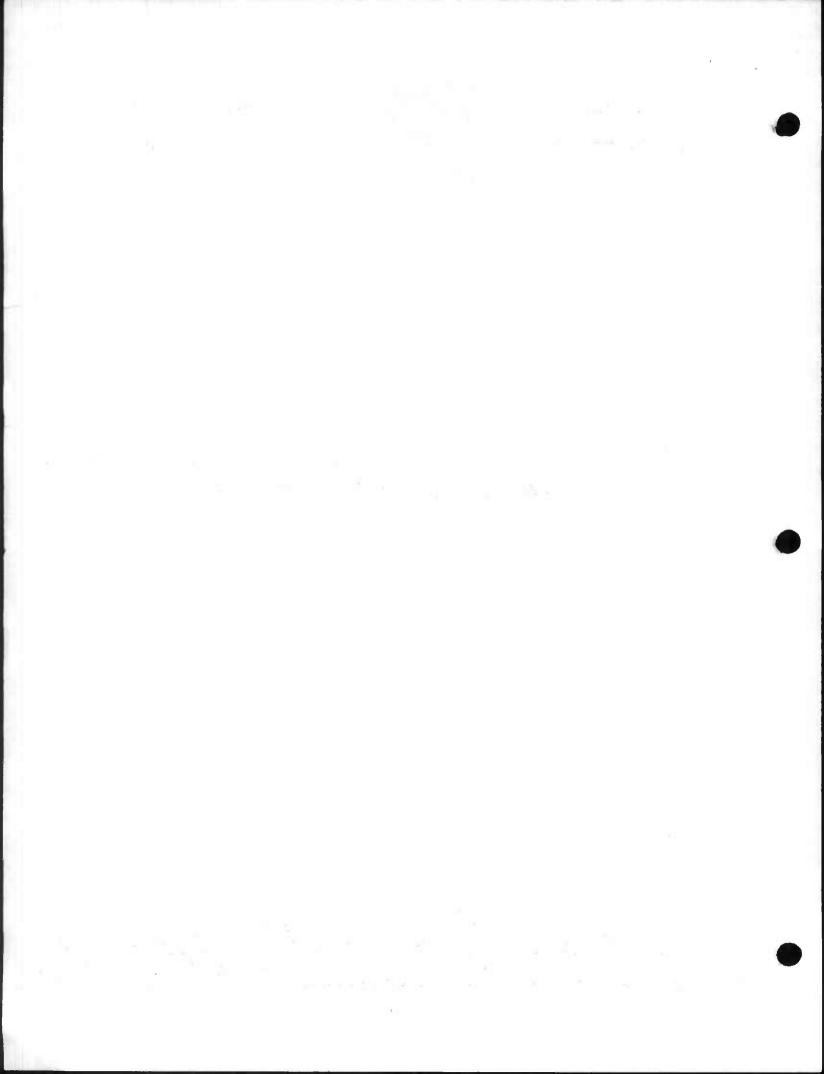
State Registrar

SEP 1 2 1996

31. Date tiled (Month, Day, Year,

32. Registrar's Signature

0 4



State of Maryland / Department of Health and Mental Hygiene 28571 FilmG740 item 4 10-2-96 per FH r.ja Certificate of Death 1. Decedent's Nama (First, Middla, Last) 2. Data of Deeth 3. Tima of Death **Physician** 5,1996 **ARONSON** SEPT. 8:35am /Medical 4b. City, Town, or Location of Death 4a. Facility Nama (If not Institution, giva street end number) 4c. County of Death Examiner 6314 GREENSPRING AVE., APT. 201 BALTIMORE 7. Aga (In yrs. last birthdey) If Undar 24 Hrs. 8. Dete of Birth (Month, Day, Year) AUG. 9,1915 9. Birthpiace (State or Foraign **Funeral** Days 1 M 2 F Months Hours MARYLAND 81 Yrs Director Usual Rasidance of Decedant the Maryland 10a. Stata 10b. County 10c. City. Town or Location 10d. inside City Limits 7 is marked other than "natural", or items 23a or 28a-f show traumatic event, the Madical Examinar must be inclified at Yas 2 No Director MARYLAND N/A BALTIMORE 10e. Street and Number 10f. Zip Coda 10g. Citizen of What Country? with 6314 GREENSPRING AVE., APT. 201 21209 USA Funeral deeth 12. Wes Decedent Ever in U,S Armed Forcas? Was Decedant of Hispanic Orlgin? (Specity Yes or No-If Yes, specify Cuben, Maxicen, Puarto Rican, atc.) 14. Race - American Indian, Black, Whita, atc. Peges 1 and 2 should be filed within 72 hours efter nent of Health and Mental Hygiene. At 18 marked other then "natural", or its 1 Naver Marriad 2 Married 1 Yes 25 No If Yas, Give Yaar or Datas: Saltimore, Maryland 21215-0020 1 Yas 2 No Specify: þ 3 Widowed 4 □ Divorced WHITE 16a. Decedent's Usual Occupation

16a. Decedent's Usual Occupation

16a. Decedent's Usual Occupation

16a. Decedent's Usual Occupation 15. Decedant's Educetion (Specify only highast greda completad) 16b. Kind of Business/Industry (Giva kind of work dona d lifa. DO NOT use retired) Elamantary/Secondary (0-12) Coilege (1-4or 5+) EMPLOYMENT COUNSELOR JOB MARKETING 17. Fathar's Nema (First, Middla, Last) 18. Mothar's Nama (First, Middla, Maiden Sumama) **ISADORE** RAICHLEN SARA SILVERMAN 19e. informent's Neme/Raiatlonship (Type, Print) 19b. Meiling Address (Street and Number or Rural Routs, Number, City or Town, State, Zip Code) MR. ALAN ARONSON (SON) 1 POMONA EAST, APT. 102 BALTIMORE, MD 21208 other 20b. Plece of Disposition (Nama of cematary, cremetory or other plece) 20a. Mathod of Disposition 20c. Location - City or Town, State 1 St Burial 2 □ Crametion 3 □ Ramoval from Stata 4 □ Donation 5 □ Othar (Specify) parmit. Pege Department of Important: If any Injury or once. Injury or BALTIMORE HEBREW -9-6-1996-REISTERSTOWN, MD 21. Signature of Funerel Sarvice Licenses 22. Neme and Addrass of Fecliity SOL LEVINSON & BROS., INC. 8900 Reisterstown Road Pikesville, MD 21208 23a. Part1. Entar the disaasa, or complications that ceusad tha death. Do not antar tha moda of dying, such as cardiac or respiratory errest, shock, or haart failura. List only ona causa on each line. Approximata Interval Betw Onset and Deeth Physician Immediata Causa (Finel disaasa or condition rasulting in daath) /Medical Examiner Examiner and I-transit the death cartificate be executed Sequentially ilst conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or injury physician ar s the buriel-to P.O. Box 68760 Physician/Medical thet initieted evants rasulting in death) Last 98 980 for Pert II. Other significent conditions contributing to death but not resulting in the underlying cause given in Pert i. 23b. Did tobacco use contribute to the cause of death? the signed by 1 Yee 2 No 3 Probably 4 Unknown Division of Vital Records, by ed bluode 24b. Wara autopsy findings available prior to complation of cause of death? Completed 24a. Was an autopsy performed? peen certificate has 1 Yes 2 No 1 Yas 2 No Be 25. Was casa rafarred to medicei 26. Piaca of Daath (Check only ona) Hospital: 1 ☐ Inpatiant 1 Yas 2 No Othar: 4 Nursing Homa 5 Rasidance 6 Othar (Specify) 2 2 ER/Outpatient 3 DOA this luneral d or Attending Phatter death.

Director: After the 27. Manner of Deeth 28a. Data of Injury (Month, Day Year) 28d. Describe how injury occurred 28c. injury at Work? Certification: 5 Panding invastigation 1 Yas 2 No 2 Accidant 6 Could not be 3 Suicida 28f. Location (Street and Number or Rural Routa Number, City or Town, Stata) Place of Injury - At homa, farm, streat, fectory, office building, atc. (Specify) filled in by 4 Homicide To the Hospital within 24 hours a To the Funeral L Hospital 1 Certifying Physician: To the best of my knowledge, death occurred et the time, date and place, and due to the ceuse(s) and manner as stated.
2 Medical Examiner: On the besis of examinetion end/or investigation, in my opinion, death occurred at the time, date end place, and due to the ceuse(s) 29e. Cartifiar cal (Check only one) 29b. Signeture end title of certifier 29c. License number 29d. Dete signed (Month, Day, Year) 30 Name and address of person who complated cause 0219 SALATURAGA 31. Dete filed Month, Day, Year State

DHMH 16 Rev 6/95

Registrar

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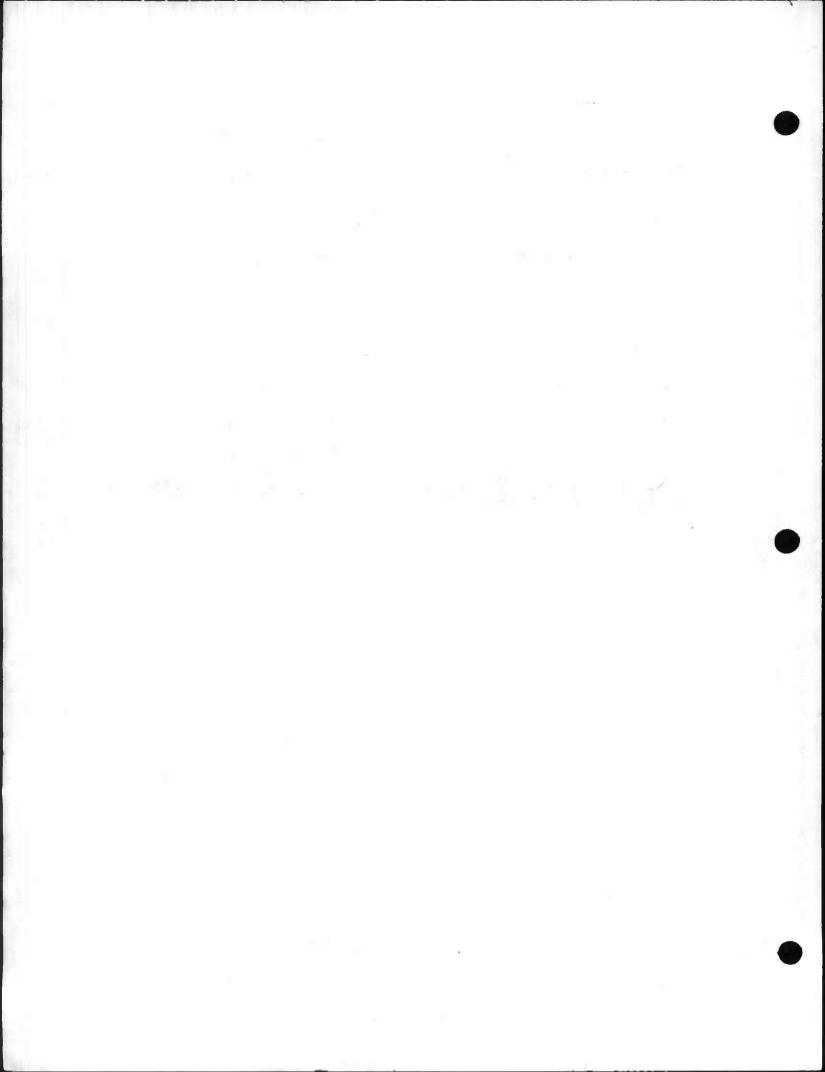
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State of Maryland / Department of Health and Mental Hygiene

Certificate of Death 1. Decedent's Name (First, Middle, Last) 2. Date of Death 3. Time of Death Month Day **Physician** Jerome Asberry 7:50 AM September 1996 20 /Medicai 4a. Facility Name (If not institution, give streat and number) 4b. City, Town, or Location of Deeth 4c. County of Death Examiner Union Memorial Hospital Baltimore City If Under 24 Hrs. 8. Date of Birth (Month, Day, Year) Aug. 28, 1956 If Under 1 Year 5. Social Security Number 6. Sex 7. Age (In yrs. last birthday) 9. Birthplace (State or Foreign Country)
S. Carolina **Funerai** Days 1 □XM 2 □ F Months 216-74-1443 40 Director Usual Residence of Decedent the Maryland 10a. State 10b. County 10c. City, Town or Location item 27 is marked other than "natural", or items 23s or 28s-f show other traumatic avent, the Medical Examiner must be notified at 10d. Inside City Limits MD N/A Director Baltimore 1 XYes 2 No 10e. Street and Number 10f. Zip Code 10g. Citizen of What Country? with 21202 135 E. North Avenue death v USA Funeral 12. Was Decedent Ever in U,S. Armed Forces? 1 ☐ Yes 2 ☒ No If Yes, Give Year or Dates: Was Decedent of Hispanic Origin? (Specify Yes or No-ff Yes, specify Cuban, Mexican, Puerto Ricen, etc.) 14. Race - American Indian. Black, White, etc. permit. Pages 1 and 2 should be filed within 72 hours after Department of Health and Mental Hygiene. Important: If Itam 27 is marked other than "natural; or ite any injury or other traumatic avent, the Medical Experime 1 Never Married 2 Married Baltimore, Maryland 21215-0020 1 ☐ Yes 2 No Specify: à Specify: 3 Widowed 4 Divorced **Black** Completed 16e. Decedent's Usual Occupation (Giva kind of work dona during most of working lifa. DO NOT usa ratired) 15. Decedent's Education (Specify only highest grade completed) 16b. Kind of Business/Industry Elementary/Secondery (0-12) 10th College (1-4or 5+) Stone Products Construction 17. Father's Neme (First, Middla, Last) 18. Mother's Name (First, Middle, Maiden Sumame) Be Joseph Asberry Mae Long 70 19a. Informant's Name/Relationship (Type, Print) 19b. Meiling Address (Straat and Number or Rural Routa Number, City or Town, Stata, Zip Coda) Mae Asberry 2725 Walbrook Ave., Apt. 717, Balto., MD 21216 20b. Place of Disposition (Nama of 20a. Method of Disposition Date 20c. Location - City or Town, State cematary, cramatory or other placa) Burlal 2 Cremation 3 Removal from State zion Cemetery Mt. 9/25 Baltimore, Maryland 4 ☐ Donation 5 ☐ Other (Specify) uneral Service Licen 22. Name and Address of Facility LEROY O. DYETT & SON FUNERAL HOME, 4600 LIBERTY HEIGHTS AVE., BALTO. 21207 or complications that ceused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, st only one cause on each line. Approximate Interval Between Onset and Death **Physician** /Medical mmediete Cause (Final Respiratory Failure 2 hours disease or condition resulting in death) Examiner Due to (or es a consequence of) Examiner Preumonia week certificate be axecuted the attending physician and ned for use as the burial-transit Sequentially list conditions, if any, leading to immediate ceuse. Enter Underlying Cause (Disease or Injury that initieted events resulting in death) Last Due to (or as a consequence of): P.O. Box 68760, AIDS V-eous Physician/Medical Due to (or as a consequence of) detached Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Pert f. 23b. Did tobacco use contribute to the cause of death? 2 1 ☐ Yes 2 ☐ No 3 ☐ Probably 4 ☑ Unknown Records, þ 24b. Were autopsy findings available prior to completion of cause of death? Completed 24a. Was an autopsy performed? aw page 2 s certificata has The 1 Yes 2 No 1 Yes 2 No Division of Vital To the Hospital or Attending Physician: within 24 hours after death.

To the Funeral Director: After this certifica completaly filled in by the funeral director, I Be 25. Was cese referred to medicel examiner? 28. Place of Death (Check only ona) Other: 4 Nursing Home 5 Residence 6 Other (Specify) 1 Yes 2 KNo 1 Inpatient 2 ER/Outpatient 3 DOA Certification: To 27. Manner of Death 28a. Date of Injury (Month, Day Year) 28b. Time of 28c. Injury at Work? 28d. Describe how Injury occurred 1 Natural 5 Pending Investigation 1 Yes 2 No 2 Accident 6 Could not be determined 3 ☐ Sulcide Location (Street and Number or Rural Route Number, City or Town, State) 28e. Place of Injury - At home, farm, street, factory, office building, etc. (Spacify) 4 \ Homicide edicai 29e. Certifier (Check only 29b. Signature and title of certifier 29c. License number 29d. Date signed (Month, Day, Year) September 20, 1996 MD AT 2438 946 30. Name and address of person who completed ceuse of death (Item 23a) (Type, Print) MING 201 Exxst University Park way Baltimore, MD 31. Date filed (Month, Day, Year) SEP 26 1996 32. Registrar's Signature State lia Savidson Registrar

DHMH 16 Rev 6/95



State of Maryland / Department of Health and Mental Hygiene

28573 Certificate of Death 1. Decedant's Nama (First, Middla, Last) 2. Data of Death SEPT. Yaar **Physician** ANZENGRUBER WILLIAM 21-1996 8:0 Am /Medical 4a. Fscility Nama (If not institution, giva street and number) 4b. City, Town, or Location of Death 4c. County of Death Examiner CHURCH HOSPITAL BALTIMORE, MD BALTIMORE Hours Min.

May 29,1930

9. Birthplace (State of Country)

May 29,1930

Maryland If Undar 1 Yaar Months Days 5. Social Security Number 7. Aga (in yrs. last birthday) Birthplaca (Stata or Foreign Country) **Funeral** 1XM 2□ F Yrs 66 **Director** 217-26-4689 Usual Rasidance of Decedant with the Meryland 10a. Stata r 28a-f show 10b. County 10c. City, Town or Location 10d. Insida City Limita N/A Baltimore Md. TV Yea 2 No Director 10e. Street and Number 10f. Zlp Coda 10g. Citizen of What Country? permit. Pages 1 and 2 should be filed within 72 hours efter death with: Department of Heelth end Mentel Hygiene.
Important: if Item 27 is marked other than "naturel", or items 23s or any inlury or other traumatic event, the Medical Experiment has be an once. 21224 USA 213 North Linwood Ave. Funeral 12. Was Decedent Evar in U,S. Armed Forces? 13. Was Decedant of Hispanic Origin? (Specify Yas or No-If Yas, specify Cuban, Maxican, Puarto Rican, atc.) 11. Marital Status 14. Race - American Indian. Black, Whita, atc. 1√ Yas 2 No If Yas, Giva Yaar or Datas: 1 ☐ Nevar Married 2 ☑ Married Specify: White altimore, Maryland 21215-0020 1 ☐ Yas 🎾 No Specify: þ 3 Widowed 4 Divorced Completed Decedent's Usual Occupation (Giva kind of work dona during most of working life. DO NOT usa retired) 15. Decedant's Education (Specify only highast grada completed) 18b. Kind of Business/Industry Elemantary/Secondary (0-12) Collaga (1-4or 5+) Business Representative U.F.C.W. 11 yrs. 17. Fathar's Nama (First, Middla, Last) 18. Mothar's Nama (First, Middla, Maiden Sumama) Bertha Walter William M. Anzengruber 19a. Informant's Name/Ralationship (Type, Print) 19b. Meiling Addrass (Street and Number or Rural Routa Number, City or Town, Stata, Zip Code) 213 North Linwood Ave. Balto. Md. 21224 Gloria Anzengruber 20b. Place of Disposition (Name of cematary, crematory or other place) 20a. Mathod of Disposition 20c. Location - City or Town, Stata N Buriai 2 Cramation 3 Ramoval from State 9-24 Gardens Of Faith Rosedale 4 ☐ Donation 5 ☐ Other (Specify) 22. Nama and Addrass of Facility Connelly Funeral Home Of Dundalk 7110 Sollers Point Rd. 21222 23a. Perf. Entar the disease, or complications that caused the death. Do not entar the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only doe cause on each line. Approximata Intarval Between Onset and Deeth Physician /Medical Immediata Causa (Final disaasa or condition rasulting in daath) with Examiner Due to (or as e consequence of) Examiner attending physician and for use es the bunal-transit Sequentially list conditions, if any, laeding to Immadiata cause. Entar Undarfying Causa (Disease or Injury that initiated events rasulting in daath) Last Dua to (or as a consequence of): certificate be exec COPD P.O. Box 68760. Physician/Medical Dua to (or as a consequence of) Part II. Other eignificant conditions contributing to death but not resulting in the underlying cause given in Part I. the 23b. Did tobacco use contributs to the cause of death? signed by 1 Yss 2 No 3 Probably 4 Unknown Diabetes Mellitus Division of Vital Records, à 24b. Wara autopsy findinga Completed 24a. Was an autopsy peed available prior to completion of causa of daeth? certificate has 1 Nas 2□ No 1 Yas 2 No director, 25. Was casa referred to medical axaminar? 28. Piaca of Death (Check only one) Hospital: Othar: 4 Nursing Homa 5 Rasidance 6 Othar (Specify) 1 ☐ Yas 2 ☐ No 2 1 ☐ Inpatiant 2 ☐ ER/Outpatient 3 ☐ DOA 28a. Data of Injury (Month, Day Year) funeral 27. Manner of Death 28b. Tima of Certification: 28c. Injury at Work? 28d. Dascribe how injury occurred 1 Natural 5 Panding invastigetion death. 1 Yas 2 No or Attend efter death Director: / 2 Accidant 6 Could not be datermined 3 ☐ Suicida 28f. Location (Street and Number or Rural Routa Number, City or Town, Stata) 28a. Place of Injury - At homa, farm, streat, factory, office building, atc. (Spacify) filled in by 4 Homicide Tothe Hospital within 24 hours of To the Funeral Completely filled 1 Certifying Physician: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(s) and manner as stated.

2 Medical Examiner: On the basis of examinetion and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and manner stated. 29a. Cartifiar Medical (Check only one) 29b. Signatura and titla of certifiar 29c. Licensa number 29d. Data signed (Month, Day, Year) Riffal Mahmu D44073 9-21-96 30. Nama and addrass of person who completed causa of death (Itam 23e) (Type, Print) CHURCH BROADWAY. BALTIMURE MD 21231 HOSPITAL 100 NORTH 31. Data filed (Month, Day, Year) 32. Registrar's Signatura



State of Maryland / Department of Health and Mental Hygiene Certificate of Death 1. Decedant's Neme (First, Middle, Last) 2. Dete of Death **Physician** VERNELLE ABRAHAMS Splember 22, 1996 tion of Death 4c. County of Deeth /Medical 4a. Facility Name (If not institution, give street end number, 4b. City, Town, or Location of Daath Examiner CHURCH HOME HOSPITAL BALTIMORE 7. Aga (In yrs. lest birthday) If Under 1 Yaar If Under 24 Hrs. 8. Date of Birth (Month, Dey, Year) 5. Social Security Number 6. Sax Birthplace (Steta or Foreign Country) **Funeral** 1□M 2**X**F 062-26-5783 Yrs. Director JUNE 24,1919 GEORGIA Usual Residence of Decedent the Maryland 10c. City, Town or Location 10a State 10b. County 10d. Inside City Limits 7 is marked other than "natural", or items 23s or 28s-f show traumatic event, the Medical Examinal must be notified at BALTIMORE CITY MARYLAND 1 X Yes 2 □ No Director 10f. Zip Code 10e. Street end Number 10g. Citizen of What Country? Ellwood Street ().S.A. Funeral 12. Was Decedant Evar in U,S.
Armed Forces?
1 ☐ Yas 2 ☑ No
If Yes, Give
Yeer or Detas: Wes Decedent of Hispanic Origin? (Specify Yas or No-if Yes, specify Cuban, Maxican, Puarto Rican, etc.) 14. Rece - Amarican Indian, Bleck, White, etc. permit. Pages 1 and 2 should be filed within 72 hours after I Department of Health and Mental Hygiene. Important: If Item 27 ia marked other than "natural", or ther any injury or other traumatic event, the Medical Exemp-1 ☐ Never Merried 2 ☐ Married Baltimore, Maryland 21215-0020 1 Yas 2 No Specify: þ Specify: BLACK 3 Widowed 4 □ Divorced Completed 15. Decedent's Education (Specify only highest grade completed) 16a. Decedent's Usuel Occupation (Give kind of work done during most of working life. DO NOT use retired) 16b. Kind of Business/Industry Elemantary/Secondery (0-12) College (1-4or 5+) NURSING ASSISTANT ST. FRANCIS 17. Fether's Neme (First, Middle, Last) 18. Mothar's Nama (First, Middle, Melden Surneme) ROBERT C OLGA RIVERS COOPER 19a. informent's Neme/Reletionship (Type, Print) 19b. Meiling Address (Street and Number or Rural Route Number, City or Town, Stete, Zip Code) VERNETTE AGRAHAM/DAUGHTER 714 E. 35 TH Street, BALTIMORE, MARYLAND 21818 20b. Plece of Disposition (Name of cemetary, cremetory or other plece) 20a. Method of Disposition 20c. Location - City or Town, State 1 ■ Burlel 2 □ Cremetion 3 □ Removel from State MT ZION CEMETERY 9-28-96 LANSDOWNEMARYLAND 4 ☐ Donation 5 ☐ Other (Specify) re of Funeral Service Licens 22. Name end Addrass of Facility JOSEPH H. BROWN JR. FUNERAL HOME, P.A. 2140 N. FULTON AVENUE, CALTIMORE, MARKAND 21217 e, or complications that caused the death. Do not enter the mode of dying, such as cardiec or respiratory arrest, List only one cause on each line. Approximata intarvai Between Onset and Deeth **Physician** /Medicai Immedieta Causa (Finel disease or condition resulting in deeth) **Examiner** groude the burial-transit Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Diseese or injury that initiated events resulting in deeth) Last Due to (or es e consequence of) Records, P.O. Box 68760 **Physician/Medical** Due to (or es a consequança of): ò Pert II. Other significant conditions contributing to death but not resulting in the underlying cause given in Pert I. 23b. Did tobacco use contribute to the cause of death? signed by 1 Yes 2 No 3 Probably 4 Unknown þ 24b. Were autopsy findings available prior to completion of cause of deeth? 24e. Wes an eutopsy performed? Completed 20 No certificate 1 Yes 1 ☐ Yes 2 ☐ No on of Vital 25. Was casa referred to medical Be 26. Plece of Deeth (Check only one) exeminer? Other: 4 Nursing Home 5 Residence 6 Other (Specify) Medicai Certification: To 27. Menner of Death 28a. Dete of Injury (Month, Dev Year) 28b. Time of 28c. injury et Work? 28d. Describe how injury occurred After 1 Neturel 5 Pending investigation 1 Yes 2 No 2 Accident 28f. Location (Street end Number or Rural Routa Number, City or Town, State) 3 Suicide 6 Could not be determined 28e. Plece of Injury - At home, ferm, street, fectory, office building, etc. (Specify) 4 Homicide To the Hoppin within 24 meral C To the Funeral C completely filled 1 Cartifying Physician: To the best of my knowledge, deeth occurred at the time, dete end plece, end due to the cause(s) and manner as steted.

2 Medical Examiner: On the basis of examinetion end/or investigation, in my opinion, death occurred at the time, dete and place, and due to the cause(s) end menher steted. 29e. Certifier 29b. Signeture end this of dertifier 29c. Licensa number 29d. Date signed (Month, Day, Year) 30. Name and address of person who completed cause of death (Item 23e) (Type, Print) ROAD WAY BALTI MORE, MY)

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State Registrar

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State of Maryland / Department of Health and Mental Hygiene 96 28575

				Certificate of	Death	Re	g. No.	20010
Phys	ician	Decedent'a Nama (First, Middla, Last)	4.44.1			2. Dete of Deeth Month	Day Ya	
	dical	CALVIN BELL	ANY			9	19 91	
Exam		4a. Facility Nama (If not institution, giva street a	nd number) Calty 7. Age (In yrs. last I	US(\square 1 Yeer		40	4c. County of D	eath A Birthplace (State or Foraig
Funer Directe		241-42-9489 192M 2E Usuel Rasidance of Dacadent		Yrs. Months Days	Hours Min.	8. Data of Birth Month, Day, Jun 18	Year) 1933	Country)
e Maryland Ba-f show offied at	ctor	10a. Stete 10b. County NA	10c. City, To	wn or Location				10d. Insida City Limits 12 Yas 2 □ No
23a or 24	Funeral Director	10e. Street and Number George.	St. Apt	10f. Zip Coda	1201	10	g. Citizan of What	Country? S · A
Baltimore, Maryland 21215-0020 permit. Pages 1 and 2 should be filed within 72 hours efter death with the Maryland Department of Heelih and Mentel Hygiene. Timportant: if fear 27 is a revised other than "natural", or items 23s or 28s-f show any injury or other traumatic event, its Medical Examiner mant be notified at	b	1 Never Merried 2 Married 1	S Decedant Ever in U,S. ed Forces? Yas 2□No WWIF as, Giva r or Datas:	13. Was Decedant of if Yes, specify Cub 1 ☐ Yas 2 ☑ No		ecify Yas or No- Rican, etc.)		Marican Indian, Whita, atc. Black
d 21215-0020 filed within 72 hours of Hygiene. ther than "natural", or ont, the Medical Exam	Completed	15. Decedant's Education (Specify only highast grada compl Elamantary/Secondary (0-12) Coll	ega (1-4or 5+)	a. Decedent's Usual Occu (Giva kind of work done lifa. DO NOT use ratire	during most of working)	ng 1	6b. Kind of Busine Un Kn	
Maryland of a should be filed the and Mentel Hyg 7 is marked other traumatic event,	To Be C	17. Father's Neme (First, Middle, Last) Levi Dellamy	9	20000	18. Mothar's Nama	(First, Middla, M		
e, Maryla 1 and 2 should Health and Men em 27 is marke		19e. Informent's Name/Ralationship (Type, Prin		BUOL W. C.	tand Number or Aura	/1		1a, Zip Coda) 21229
Saltimore, emit. Pages 1 at bepartment of Hea moortant: If Nem iny Injury or othe		20a. Method of Disposition 1] ☐ Burial □ 2 □ Cramation 3 □ Ramoval 4 □ Donation 5 □ Othar (Specify)	from State cemai	of Disposition (Nama of lery, cremetory or other ple tr \rangle S U \rangle Ex	rest q	Data 2	Oc. Location - City	or Town, Stata Mills, md
Demit. Page Department of Important: If any injury or	OUCE	21. Signeture of Funerai Sarvice Licansee	reh	22. Nama and Addr	ess of Fecility 2.14.Wes wabash	-		
Physicia /Medica	_	23a Part . Enter the disease, or complications shock, or haart feitura. List only one ceuse immediate Ceuse (Final	Λ .	o not enter the mode of dy	ing, such es cardiec o	or raspiratory arra	st,	Approximete Interval Between Onset end Death
Examine		Too on the second		a consequence of):	Disease			3 years
deeth certificate be executed e ettending physician end of or use es the buriel-transit	Medical Examiner	Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Diseese or Injury that initiated evants rasulting in death) Lest		a consequance of):	Discoussi			10 years
deeth c	Physician/N	d	to death but not rasulting	in tha undarlying causa gi	van in Part I.	23b. Did tot	ecco use contrib	outs to the cause of death'
d by t	by Phy					1 □ Ye	s 2□No 3□	Probably 4 9 Unknow
2 Front	Completed				4-1	24e. Wes an perform		lb. Wara autopsy findings available prior to completion of causa of death?
	Be Con	25. Was casa rafarred to medical			26. Place of Death	1 ☐ Ya		1 ☐ Yes 2 ☐ No
Physician: This carific ral director,	To	examinar? 1 Yas 2 No Hospital:	1 ☐ Inpatiant 2 ☐ ER/C	Outpatient 3 DOA Ot	har		nce 8 Other (5	Specify)
anding bath. vr: After	Certification:	27. Manner of Death 1 Naturel 5 Panding 2 Accidant Investigation 3 Sulcide 6 Could not be	Date of Injury (Month, Day Year)	. Tima of 28c. Inju Wo	ry et ⊮k?]Yas 2 □ No	28d. Describe ho	w injury occurred	
thal or Att		4 Homicida determined 258.	building, atc. (Specify)	ferm, streat, fectory, office		City or Town,	Stata)	r Rural Routa Number,
To the Hospital or Atta within 24 hours after de To the Funeral Directo completely filled in by the	Aedical		o the best of my knowledg tha basis of axamination a mannar stated.	ind/or investigetion, in my	opinion, daeth occurre	ed at tha tima, da	ta and place, and	due to the cause(s)
5 ± 5 08	×	29b. Signature and title of certifier	~	29c. Licen	sa number)3867	29	d. Dete signed (M	
1		30. Nama and morrass of person who completed	AM 1147		EP 97	BALTIM		
S Regis	tate strar	31. Data filed (Month, Day, Year) SEP 26 1996	32. Ragistrar's Signatura	-Randalla				

Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible.

State of Maryland / Department of Health and Mental Hygiene O. 6

			_E		viaiyiaii		tificate o		na Mental H	Reg. No.	0 200	16
п	Physic	ion	Decedent's Name (First, Midd	la, Last)					2. Date of D	eath Day	3. Time	of Death
	Physic /Medi		DOLORES MAE	BLOCKINGER	R				SEPT	21		1 A.N
	Exami		4a. Facility Name (If not institution	n, give street and numbe	er)			4b. City, Town	n, or Location of Dea			
			St Togonh	Hospital				Balt	imore		City	
	Funeral	Г	5. Social Security Number		Age (In yrs. I	ast birthday)	If Under 1 Ye	ar If Under 24	Hrs. 8. Date of B		9. Birthpiaca (Star Country)	a or Foreig
	Director		217-18-5294	1□M 2√F	72	Yrs.	Months Day	s Hours	Min. (Month, I			land
	D	1	Usual Rasidence of Decedant						UŠTIT		24 Mary	Tanu
	ahow d et		10a. State 10b. County		10c. City	, Town or Lo	cation				10d. Inside	City Limits
	the Meny 7 28s-fah notified	ō	Md. C	ity	Ва	altimo	ore				1 ½ 3Y	es 2 No
	28 Por	Director	10e. Street and Number				10f. Zip Code)		10g. Citizan of	What Country?	
	th with	ā	1450 Batter	v Ave.				21230	0		SA	
		Funerai	11. Marital Status	12. Was Deceder	nt Ever in II	S 13 V	Vas Decedent o			14 Re	ce - Americen Indian	
		5	1 Nevar Married 2 Mar	Armed Forca:	s?	10.	Yes, specify C	uban, Mexicen, I	n? (Specify Yes or N Puerto Ricen, etc.)	Bia	ck, White, etc.	
20	hours aftar ural', or he	by F	3 ☐ Widowed 4 □ Divorced	If Yes Give	7140	1	I□Yes 2🕉N	lo Specify:		Specia	_{y:} white	
21215-0020	72 hours natural',				s.	401 0111				401 101 1 4 5		
7		Completed	(Specify only highe	nt'a Educetion st grade completed)		(Give	kind of work do	cupation ne during most d ired)	of working	16b. Kind of E	susiness/Induatry	
12	yiene.	E G	Elementary/Secondary (0-12)	College (1-40	or 5+)						. City	
	Total College St. College	ပိ	4 17. Father's Name (First, Middle,	0		Lui	nch Aio		Alama (Fire Added		of Ed.	
an a	be d	Be	- Marine						s Name (First, Middl		ne)	
3	should be nd Mantai marked o	2	Joseph A.						S. Carl			
Maryland	AS SEE		19a. informant's Name/Relations			1			or Rural Route Num			
	and saith		Michael Bloc	kinger/so	n	133	E. For	rt Ave	.Baltimo	re, Md.	21230	
Sre	- 포 를 등		20a. Method of Disposition		04	ace of Dispo	sition (Name of natory or other p	(ace)	Sept 24	20c. Location	- City or Town, State	
Ĕ	Pages nent of i unt: If its uny or o		1 ☐ Burial 2 ☐ Cremation 4 ☐ Donation 5 ☐ Other (S					em.Parl	1996		Burnie, M	ld.
Baltimore,	permit. Pages 1 and 2. Department of Health at important: If Itam 27 is any injury or other traconce.		21. Signature of Funeral Service	• • • • • • • • • • • • • • • • • • • •		22	. Name and Add	trass of Facility	,,,,,,,	01011	Burnicyn	<u>.</u>
ä	Dep	١.,	11 0	~ 1					ral Home	of So	uth Balt	0.
-		Н	Hanul	U. 1/a	ylor		30 E.	Fort A	Ave. Bal	timore	, Md. 21	
			23a. Part1. Enter the disease, or shock, or heart failura. List	r complications that cous only one cause on each	d tha death lina.	. Do not ente	er the mode of d	lying, such as ca	irdiac or respiratory	arrest,	Approxin Interval	Between
	Physician	П									Onsat ar	id Death
71	/Medical Examiner		Immediate Cause (Final disease or condition resulting in death)	· ACITUE	HEDAT	ODENIAL	PATITIO	T.			DAVC	
	LAGIIIIIEI		resulting in death)	a. ACUTE		as a conseq		£.			DAYS	
/All	D #	Examiner		CARDIO	WASCII	TAR TN	SUFFICI	FNCV			DAYS	
	icate be axecuted physician and s the burial-transit	E	Sequentially list conditions,		Due to (or	as a conseq		HIVI			DAIS	
oʻ	ficate be axecut physician and is the buriel-tran	ũ	Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or Injury	STATUS								
68760,	ysici na bu	edical	that initiated events	c. — DESCEN	VDING O	THORAC	IC ANEU	RYSM RE	PAIR WITH	GRAFT	DAYS	
89			resulting in death) Last									
Box	sath certif attanding for usa a	Physician/M		d. AURTIC	ATHE	ROSCLE	ROTIC D	ISEASE			YEARS	
ω.	death death de attan	cia	Dad II Other classificant condition		b. a - a - a - a - a - a - a - a - a - a	Min to M	46465-10031	2001-601		44.1.00000	10.1.1	
P.0		ys	Part II. Other significant condition	one contributing to death	Dut not rasu	iting in the ur	iderlying ceuse	given in Part I.			ontribute to the caus	
		P	SMALL ACUTE SU	JBENDOCARDIA	AL MYO	CARDIA	L INFAR	CTION	10	Yes 2□No	3 Probably 4	Unknow
of Vital Records,	requires een sign hould be	d by							24a Wa	s an autopsy	24b. Were autops	sy findings
Ö		Completed	STRESS ULCERS	OF STOMACH						formed?	avallable pric	or to
3e	S C	dm									of death?	
-	E se	ပိ	MULTIFOCAL ACU	TE PULMONAR	RY INF	ARCTS			18	Yes 2 No	1 X Yes 2	. No
/#	Physician: The this certificate rei director, pag	Be	25. Was cese referred to medice examiner?						Death (Check only	one)		
=	0 0	2	1 ☐ Yas 2 📉 No	Hospital: 1 🛭 Inpa	tient 2 🗆 E	ER/Outpatien	1 3LI DOA		ing Home 5 Res	sidence 6 Ott	her (Specify)	
_	Jing P. After ti funare	:uc	27. Manner of Death 1 → Natural 5 → Pendir	28a. Date of In (Month, D	jury Da <i>y Year</i>)	28b. Time of Injury	28c. In	jury at /ork?	28d. Describe	how injury occur	rred	
Division	Attending ir death. ector: After by the fune	atic	2 Accident investi	gation	ALC: SPACE			Yes 2 No				
-S	i or Attendi aftar death. Director: A I in by tha fu	E	3 ☐ Sulcide 6 ☐ Could 4 ☐ Homicide determ	ined 208. Flace of I	njury - At horetc. (Specify	me, farm, stre	et, factory, offic	e		(Street and Num.	ber or Rural Route N	um <i>ber</i> ,
Ö	a afte	Certification:		bunding,	old. (Opediny)	,			ony or m	own, Otalo)		
	pepita hours meral iy filled		29a. Certifier 1 Certifyir	g Physician: To the bes	t of my know	vledge, death	occurred at the	time, date and ;	place, and due to the	e ceuse(s) and m	anner as stated.	
	포스트 함	edical	(Check only 2 Medical one)	Examiner: On the basis	of examinati	on and/or inv	estigation, in my	y opinion, death	occurred at the time	, date and place,	and due to the ceus	a(s)
	within To the compl	ž	29b. Signature and title of dortifie	6	0	1	29c. Lice	nse number		29d. Data signe	ed (Month, Day, Year)
			1 Klone	1/1	1	ul) 024	542		Combo 1	00 100	
	d		30. Name and address of person	who completed cours of	death (Item	23a) /Tuna !		543		septembe	er 23, 199	O
σ	1 '							morro o	AT MARKET .	ND 0100		
7	-	ite	STEVEN R. AXE,		SEPH M strar's Signat		CENTER	, TOMPO	IN, MAKYLA	ND 2120	14	

State Registrar

32. Registrar's Signature

State of Maryland / Department of Health and Mental Hygiene 96

					Cen	tificate of	Death		F	Reg. No.	0	_00//
	Physic /Medi		1. Decedent's Nema (First, Middla, Last) FLEIEN	Bail	ey			2.	Dete of Dee Month		1996	3. Time of Death
	Exami		4e. Fecility Neme (If not Institution, give street and number Mary and General	Hospi	tal	-	4b. City, Tow Balt	m, or Locat	1 1	4c. County	of Death	
	Funeral Director		220-24-4791 1DM 2DXF	Aga (In yrs. lest bi	irthdey)_ Yrs.	Months Deys		4 Hrs. 8.	Data of Birth (Month, De) 3/12	7 2 2	Count	laca (State or Foreign try) yland
	Maryland H show	tor	Usuel Residence of Decedent 10a. Steta 10b. County 1:110	10c. City, Tow					-		10	0d. Inside City Limits
	n with the	Funeral Director	10e. Street and Number 1520 W. North Avenue		20მ	10f. Zip Code				10g. Citizen of USA	What Coun	lry?
020	hours after death with the Maryland urat", or Neme 23a or 28a-f show at Experient roust be notified at	by	11. Maritai Statua 12. Was Decede Armed Force 1 Never Merried 2 Married 1 Yes 2 Hyes, Give 3 Wildowed 4 Divorced Year or Deter	s? ZNo	If	laa Decedant of Yes, specify Cub	en, Mexican,	In? (Specifi Puerto Ric	y Yas or No- an, etc.)	14. Rac	ce - America ck, White, e	etc.
21215-0020	72	pleted	15. Decedent's Education (Specify only highest grede completed)		O. Decede (Give k life. De	ent'a Usual Occu ind of work done O NOT use retire	pation during most	of working		16b. Kind of B	usiness/Ind	dustry
	iges 1 and 2 should be filed within it of Health and Mental Hygiene. If item 27 is marked other than " or other traumatic event, the Men	Be Completed	Elemantary/Secondary (0-12) Collega (1-4c) 1 Ú t n 17. Fether's Neme (First, Middle, Last) darry Robinson	(5+)	Dry	Clean		's Neme (F	First, Middle,	Dry (ners
Maryland	and 2 should lealth and Men m 27 is marke her traumatic	To	19e. Informent's Neme/Reletionship (Type, Print) Karen D. Bailey, Gra	nddaugi	b. Meiling	Address (Stree	tend Number an Bl	or Rural R		r, City or Town	, State, Zip	Code)
Baltimore,	Part F		20a. Method of Disposition 1 □ Burlal 2 □ Cremetion 3 □ Removal from Stat 4 □ Donetion 5 □ Other (Specify)	20b. Plece o	of Dispos	Ition (Name of etory or other plant).	ice)		25/96	20c. Location Bal	to,	
Balt	permit. Page Department of Important: If any injury or once.		21. Signature of Funeral Service Licensee	~		Name and Addr		OHIT		neral Balto.		e 21201
x 68760,	by Action of the attending physician and the attending physician and the attending physician and the for use as the buflet transit	/Medical Examiner	immediata Cause (Finel disease or condition resulting in deeth) Sequentially list conditions, if eny, leading to immediate cause. Enter Underlying Cause (Disease or Injury that initiated events resulting in death) Lest	Due to (or es a SHASIS Dua to (or es a COMPANIO) Due to (or as a Due to (or as a	consequ	ence of): ance of): enca of): Soph	of l	_une	9			Onset and Deeth
P.O. Bo	ires that the death cer signed by the attendin d be detached for use	Physician	Pert II. Other significant conditions contributing to death	but not resulting !	In the und	dariying cause gi	ven in Pert I.			obacco use co		the cause of death?
Records, I	noor	Completed by F							24a. Was a	an autopsy med?	ava	ara autopsy findings aliable prior to mpletion of causa death?
Vital Re	iclan: The law i certificate has b rector, page 2 st		25. Wes case referred to medical				OO Plans	of Dooth (C	1 🗆 Y		1□	Yas 2□ No
o	ng Phys frer this uneral di	atlon: To Be	examiner? 1 Yes 2 1 No 27. Menner of Deeth 1 Neturel 5 Pending (Month, L) 2 Accident invastigetion		utpatient Time of Injury	28c. Inju	her: 4□ Nur:	sing Home		enca 8 Oth		/)
Division	5 # 5 E	Certification:	4 Homicide bullding,	njury - At home, fo etc. (Specify)					City or Tow	n, Stete)		l Route Number,
	the Hospital or in 24 hours after the Funeral Direction	edicai	29e. Certifier (Check only one) 1 Certifying Physician: To the besis and menner:	of examination er	e, deeth o	occurred et the ti stigetion, in my	me, dete end opinion, deeth	pleca, end occurred	due to the cat the time, c	euse(s) and made and plece,	anner as ste and due to	eted. the cause(s)
		M	29b. Signature and title of capifier 7	٤		29c. Licen:		1		29d. Date signer SEPTEMI		
	J.		30. Name and eddress of person who completed cause of to RN Chai Jong Jer	death (Item 23e)	(Type, P	0.00	mar	yla	nd E	renera	l Ho	8,1996 spital
	Sta Registr		SEP 26 1996	inci digitale								

State of Maryland / Department of Health and Mental Hygiene

						Certi	ficate of	Death		Reg. N	lo.	0	400	10
	Physic	ian	1. Decedant's Nama (First, Middla, Last						2. Data of Month		ay +	Year .	3. Time of	
	/Medi		MARGARET						Sei	TEMB	ER 18	1996	9:21	DW
×	Exami	ner	4a. Facility Name (If not Institution, giva				1		, or Location of D	eath 4	lc. County			
_			Harbor Hospital 5. Social Security Number 6. Sec	Center 7 Age /	'In yrs. lest birt	thday)	f Under 1 Yee		imore Hrs. 6. Data of	Birth	N/		iece (Stata	or Foreign
	Funeral Director			M 2 M F		Yrs.	fonths Days		Min. July	22, I	916		rylan	
	yland		10a. Steta 10b. County	1	Oc. City, Town		ion					1	0d. Inside C	ity Limits
	e Mar	ctor	Maryland Anne Arun	del	Linth	icum							1 🗌 Yas	2 No
	th with th	Funeral Director	603 Bartell Avenue				10f. Zip Coda 210	90		10g. C	U.S.A	Yhat Cour	itry?	
020	be filed within 72 hours after death with the Maryland that hyglene. d other than "natural", or itams 23a or 28e-f show avent, if a Modical Exercise must be negled at	by	11. Marital Status 1 Navar Married 2 Merried 3 Widowed 4 Divorced	12. Was Decedant Ev Armed Forcas? 1 ☐ Yas 2 ☑ No If Yas, Giva Yaar or Datas:	er in U,S.		S Decedent of es, specify Cul Yas 2 No		? (Specify Yas or Puarto Rican, atc.)	No-	Blec	e - Amaric k, White, White	etc.	
21215-0020	hin 72 ho a. "natur Medical	Completed	15. Decedant's Edu (Specify only highast grad	cation a <i>completed)</i> Collega (1-4or 5+)	16a.	Decedan (Giva kin lifa. DO	t's Usuai Occu d of work done NOT use retin	ipation a during most o ed)	f working	16b.	Kind of Bu	ısiness/înd	dustry	
2	filed within Hygiene. ther then "	Соп	8	n/a	Но	usew	ife				Hom	-		
Maryland	should be filed and Mental Hygi a marked other sumatic avent,	To Be	17. Fether's Name (First, Middle, Last) Andrew Kroupa						Nema (First, Midliana Ligh		en Sumam	a)		
	od 2 s		19a. Intormant's Name/Relationship (Ty Vernon G. Bees (F	rpe, Print) lusband)	60	13 Ba	rtellA	venue,	or Rural Route No Linthicu	mber, City M, Ma	aryla	State, Zip nd 21	Code) 1090	
Baltimore,			20a. Mathod of Disposition 1 ■ Burial 2 □ Cramation 3 □ F	lamovai from State			on (Nama of ory or othar pl		Data		Location -			
Ħ E	permit. Pages Department of Important: If It any injury or once.		4 Donation 5 Other (Specify) 21. Signature of Funeral Service Licens)	Cedar	_	Cemeto		9-21-96	Bro	ookly	n Pai	rk, Md	
	20 E i d		Francis Karc 23a. Part1. Enter tha diseasa, or compi shock, or haart tailura. List only or			not entar t	he moda ot dy	ing, such as ca		Brook altir ny arrest,	klyn more,	Mary	Approximet Interval Bet Onset and	te tween
	/Medicai Examiner		Immediata Cause (Final diseasa or condition rasulting in death)	Acute	My o	CArd	lial 2	ufarc levue	ia			i 	5 de	235
	ed ansit	Examiner	Sequentially list conditions		lui vi			leme				i 1	5 do	do
0	e exec lan ar urial-ti		Sequantielly list conditions, if any, leading to immediate cause. Entar Underlying Cause (Disaase or Injury	D	1	ni							o-do	214
x 68760,	certificate be executed ding physician and se as the burial-transit	Medical	resulting In death) Last	Du	a to (or as a c							**		0
s, P.O. Box	law requires that the death certificate be executed as been signed by the attending physician and by 2 should be detached for use as the burial-transit	by Physician/M	Part II. Other significant conditions con	stributing to death but i	not resulting In	the unda	rlying causa g	ivan in Part I.					the cause	
of Vital Records,	has been si	Completed							24a. V	Vas an aut erformed?	topsy	av	era eutopsy ailabia prior mpletion of d death?	to
<u>~</u>	The ate h	Con							1	☐ Yas	2 1 No	10	Yas 2	No
X	ysician: The s certificate director, pay	Be	25. Wes casa rafarred to medical axaminar?	fospitel:		,	0	thor:	Death (Check or					
ion of	ifing Phys h. After this funeral di	ation: To	27. Mannar of Death Natural 5 Pending 2 Accidant invastigation	26a. Date of Injury (Month, Day Y		ima of njury	28c. Inje	4 LI NUIS	ng Homa 5 F				y)	
Division	s of Attences after death	Certification:	3 Suicida 6 Could not be determined	28a. Piaca of Injury building, atc. (rm, straet	, factory, office		28f. Locatio City or	on (Streat Town, Sta	an <i>d Numb</i> ata)	er or Rura	I Routa Nun	nber.
	To the Hospital or Att within 24 hours after of To the Funeral Diract completely filled in by	edicai	29e. Certifier (Check only one) 12 Certifying Physical Examination (Check only one)	nician: To the best of r ner: On the basis of a and mannar state	camination and	, daath oo d/or invas	curred at tha t tigation, in my	ime, deta and p opinion, death	oleca, end dua to occurred at tha til	tha causa na, deta a	(s) and ma and piace, a	nnar as s and dua to	tated. tha causa(s	s)
	To the H within 24 To the Fu complete	M	29b. Signeture end titia of certifier	HOUSE JE	AFF			sa number 241616	_27		Data signed		Day, Year)	
	10		30. Neme and addrass of person who co	empleted causa of deal	th (Item 23a) (Type, Prir			BALTI	_	MO.	-217	-25	
	Sta Registr		31. Data filed (Month, Dey, Year) SED 2.6. 1996	32. Registrars	Signeture	ASS.								
DH	MH 16 Rav 6/9	5	OLI III IOGG	U										

State of Maryland / Department of Health and Mental Hygiene 96

							<i>Death</i>			Reg. No.				
Dhyele	ian	Decedent's Nema (First, Middle, Last	st) /						2. Deta of D Month	eeth Dey		Year	3. Tima o	f Deeth
Physic /Med		James	Benbow					-	09	24		96	26	:10
Exami		4a. Facility Name (If not institution, give	e street and number)			A	City, Tov	m, or Lo	cation of Dea	th 4c.	County o	of Death		
		VAMHCS					BA	61	MORI	5	BALT	O. C	ITY	
Funeral		5. Societ Security Number 6. S		(In yrs. last birthdey)	If Unda Months	ar 1 Yaar Days	If Under 2 Hours	4 Hrs. Min.	8. Date of Bi (Month, D				eca (Stata	or Foral
Director		248 32 3450	#) M 2 🗆 F	69 Yrs.	MOHENS	Days	nouis	IVIJI.	1/16	/27		S	.C.	
		Usual Residence of Decedent												
"natural", or items 23a or 28a-f ahow solcal Examiner must be notified at		10a. Stete 10b. County	1	10c. City, Town or Lo	ocation							10	d. Inside (
T S	Director	MD. BALTO.	CITY	BALTIN	10RE								1 即 Yes	201
28	10	10a. Street and Number			10f. Z	lp Code				10g. Citiz	zen of W	het Count	ry?	
8 d		832 WASHINGTO	N BLVD.			21230)					USA		
65	Funeral	11. Meritel Status	12. Was Decedent Ev	ar in U,S. 13.				In? (Spe	cify Yes or N Rican, etc.)	0- 1		- Amarica		
은		1 Nevar Married # Merried	Armed Forcas? 1#1Yes 2□No	4/52				Puerto I	Hican, etc.)		Bleck	c, White, e		
o'.	by	3 ☐ Widowed 4 ☐ Divorced	If Yes, Give Year or Detes:	4/54	1 Yes	2#1 No	Specify:				Specify:	BL	ACK	
a a	Completed	15. Decedent's Ed	ducation	16a. Dece	dent's Us	ual Occupa	ition			16b. Kir	nd ot Bus	siness/Ind	ustry	
	plet	(Specify only highest gra		life.	kind of w	ork done d use retired	luring most)	of worki	ng					
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T le treu		ADDIE BENBOW	WIFE						BALTO.				0000)	
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		23e. Pert1. Enter the disease, or companies shock, or beart failure. List only	plications that caused th	ne deeth. Do not en	ter tha mo	da of dylng	, such as o	erdiac o	r raspiratory	arrast,	64/	1	Approxima	ta
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State of Maryland / Department of Health and Mental Hygiene Certificate of Death 1. Decedant's Nama (First, Middla, Last) 2. Data of Death 3. Time of Death Month Butler 23:53 9 4a. Facility Nama (If not institution, give street and number, 4b. City. Town, or Location of Death 4c. County of Death Systems Maryland Medical Baltimore Baltimore If Undar 1 Yaar Months Days If Undar 24 Hrs. 6. Sex 7. Aga (In yrs. last birthday) 6. Data of Birth (Month, Day, Year) Birthplaca (State or Foreign Country) Days Hours 1□M 2#F 58 11/28/37 MD 10c. City, Town or Location 10d. Inside City Limite 1∰ Yas 2 No BALTO. CITY BALTIMORE 10f. Zin Code 10g. Citizen of What Country? E. OLIVER ST. USA 21213 12. Was Decedent Evar in U,S. Armed Forcas? Was Decedant of Hispanic Origin? (Specify Yas or No-If Yas, specify Cuban, Maxican, Puarto Rican, atc.) 14. Race - American Indian, Black, White, atc. 1 ☐ Yas 2 ∰ No If Yes, Giva Yaar or Datas: 1 Nevar Married 2 Married 1□Yas 2槽No Specify: BLACK 15. Decedant's Education (Specify only highast grada complated) 16a. Decedent's Usual Occupation (Giva kind of work dona during most of working lifa. DO NOT use retired) 16b. Kind of Business/Industry Collega (1-4or 5+) MOLOSKY & SON Stresstress 18. Mothar's Nama (First, Middla, Maldan Sumama) MARY BUTLER E.

Elamantary/Secondary (0-12) 12 17. Fathar's Nama (First, Middla, Last)

3 Widowed 4 □ Divorced

Sarah

8

10b. County

Universit

5. Social Security Number

213 32 4789

10e. Street and Number

1709

10a. Stata

MD.

11 Marital Status

Director

Funeral

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Completed

Be

2

Examiner

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Completed

Be

2

Medical Certification:

Usual Rasidence of Decedant

Physician

/Medical

Examiner

Funeral

Director

item 27 is marked other than "naturel", or items 23a or 28a-f show other traumatic event, the Medical Examinar natal be notified at

permit. Pages 1 and 2 should be filed within 72 hours after death v. Department of Health and Mental Hygiene. Important: If item 27 is marked other than "natural", or items 23a any injury or other traumatic event, the Medical Examinar must space.

Physician

/Medical

attending physician and for use as the burial-transit

signed by t

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this funerai

Director: After til d in by the funera

ithin 24 hours effer To the Funeral Director completely filled in b

ithin 2

efter death

The lew requires that the death certificete be executed

Box 68760.

Division of Vital Records, P.O.

or Attending Physician:

Examiner

Baltimore, Maryland 21215-0020

with the Meryland

HARRISON J. BUTLER

19a. Informant's Name/Ralationship (Type, Print)

19b. Mailing Addrass (Street and Number or Rural Routa Number, City or Town, State, Zip Coda)

Data

RACHEL McCLELLAN SISTER 20a. Mathod of Disposition

20b. Place of Disposition (Nama of cematary, cramatory or other place)

20c. Location - City or Town, Stata ARBUTUS, MD.

21213

1 ☐#Buriai 2 ☐ Cramation 3 ☐ Ramoval from Stata 4 ☐ Donation 5 ☐ Othar (Specify)

ARBUTUS MEM. PK. 9/27/96 22. Nama and Addrass of Facility

ESTEP BROTHERS FUNERAL HOME P.A. 1300 EUTAW PL. BALTO. MD. 21217

23a. Part 1. Enter the disease, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrast, shock, or heart failure. List only one cause on each line.

2103 E. CHASE ST. BALTO. MD.

Immediate Causa (Final disease or condition rasulting in death)

rulmonary Embolus

Approximata Interval Between Onsat and Death

Sequantially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disaase or injury that initiated events resulting in death) Last Physician/Medical

rombocytosis

Dua to (or as a consequence of)

Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I.

23b. Did tobacco use contribute to the cause of death? 1 ☐ Yes 2 ☐ No 3 ☐ Probably 4 ☐ Unknown

Anemia

24a. Was an autopsy

24b. Wara eutopsy findings available prior to complation of cause of death?

1 Yas 2 No

1 Yas 20 No

25. Was casa rafarred to medical axaminar? 1 Yas 2 No

Hospital: 1 Inpatiant 2 ER/Outpatient 3 DOA 28c. Injury at Work?

28. Placa of Death (Check only ona)

Other: 4 Nursing Homa 5 Residence 6 Other (Specify) 26d. Dascribe how injury occurred

27. Manner of Death

1 Natural

2 Accident

3 ☐ Sulcida

4 Homicida

5 Pending invastigation 8 Could not be detarmined

1 ☐ Yas 2 ☐ No 28e. Placa of Injury - At homa, farm, straat, factory, offica building, atc. (Specify)

28f. Location (Street and Number or Rural Routa Number, City or Town, Stata)

29a. Cartiflar (Check only one) Certifying Phyelcian: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(s) and manner as stated.

| Certifying Phyelcian: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(s) and manner stated.

| Certifying Phyelcian: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(s) and manner stated.

29b. Signatura and title of certifiar un M.D. 29c. Licansa number

29d. Data signed (Month, Day, Year) 9/24

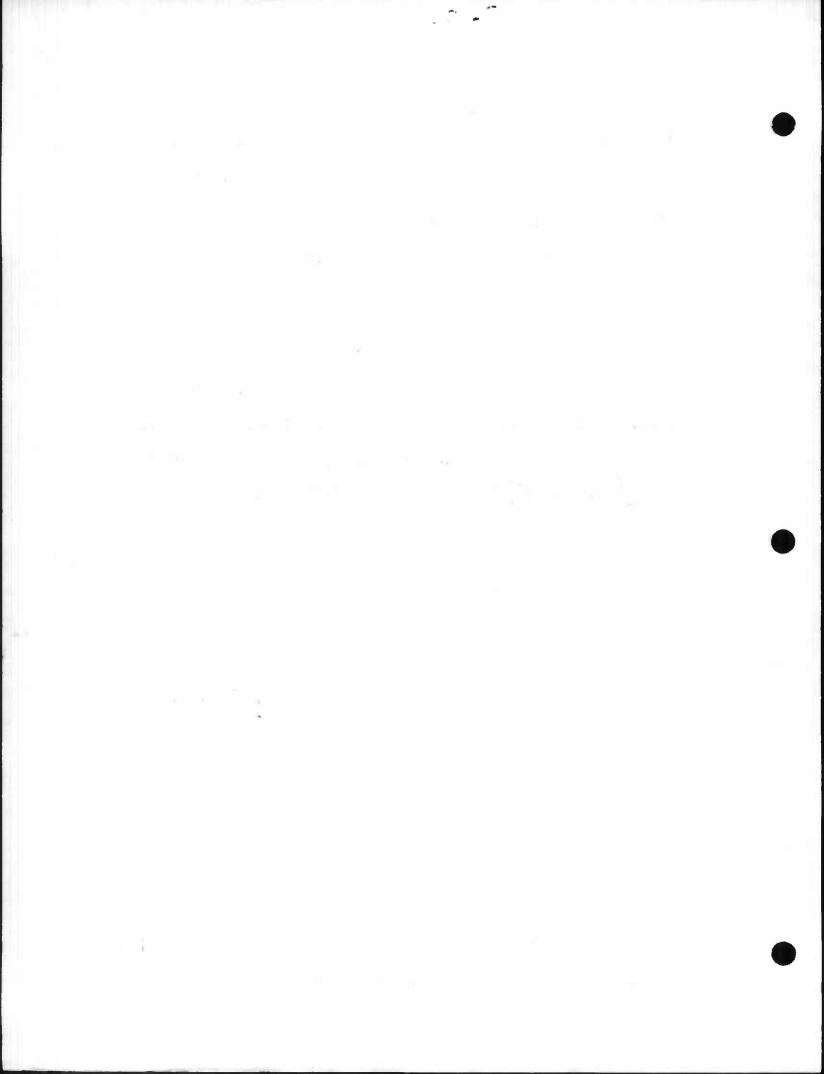
30. Nama and address of person who completed causa of death (itam 23a) (Type, Print)

225 Greene St M.D. Alex Keiss 21201 Battimore MD 31. Data filed (Month, Day, Year)

State Registrar

SEP 26 1996





Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible.

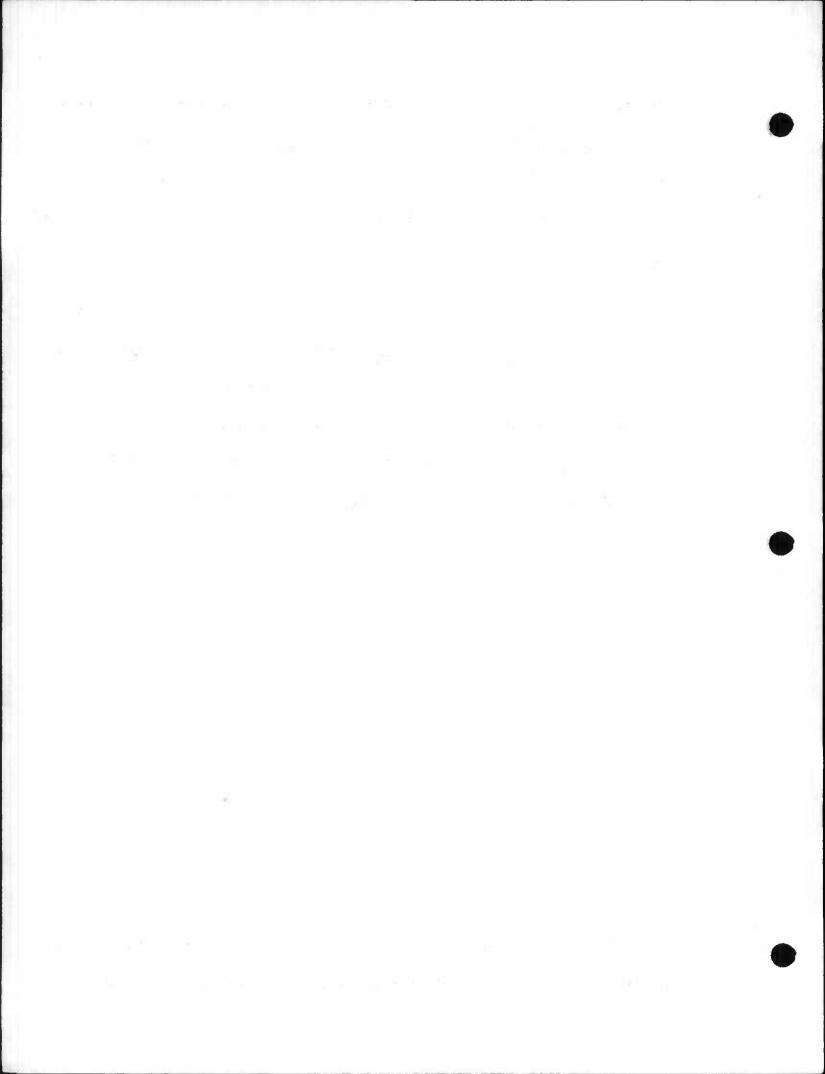
State of Maryland / Department of Health and Mental Hygiene 9 6

						Certificat	te of	Death	Я	leg. No.		
	Physic		1. Decedant's Nama <i>(First, Middla, Last)</i> Nelson			BUTZ			2. Data of Dea September	th	1996	3. Time of Death 9:45Pm
	/Medi Examir		4a. Facility Nama (If not institution, give street and FRANKLIN SQUARE HOSPIT 5. Social Security Number 6. Sex	,	re last hin	tholous If Linda	r 1 Yaar	BOSSVIL	Location of Death	4c. County Balti	of Death	
	Funeral Director		218122671 Usual Rasidance of Dacedant	F		Yrs. Months		Hours Min.		(Year) 1925		laca (Stata or Foreign try) 'LAND
	e Maryland	Director	10a. Stata 10b. County BALTIMORE	10c. (-	or Location SEDALE					1	0d. Insida City Limits 1 ☐ Yas ※ No
	ath with th		10e. Street and Number 8120 WALNUT AVE			10f. Zig	z	1237		log. Citizen of USA		
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Baltimore, Maryland 21215-0020	within 72 hours after death with the Maryland iene. r than "natural", or ferms 23a or 28a-f show the Medical Examinat must be notified at	Completed	15. Decedant's Education (Spacify only highast grada complete Elementary/Secondary (0-12) Collac	ad) ga (1-4or 5+)	16a.	Decedant's Usu (Giva kind of wo lifa. DO NOT u	ork dona isa ratired	duning most of wor f)	rking	16b. Kind of B		dustry
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ylar	Menta Menta Mrked Mrc e	ToB	HENRY BUTZ				į	KATHE	RINE MA	NZKE		
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Itimor	ft. Pages rtment of rtant: If it njury or c	G	1 ☑ Burial 2 ☐ Cramation 3 ☐ Ramoval fr. 4 ☐ Donation 5 ☐ Othar (Spacify)	om Stata	cematar	y, chamatory or o	AITH	9	9/27/96	BALTIM		
Ba	Depa Impo any is		21. Signature of Funeral Service Licensee			1211 0	ROSE HESA	DALE FUN				
	Physician /Medical Examiner). 	23a. Part1. Entar the disaasa, or complications the shock, or haart failura. List only one cause of the shock of haart failura. List only one cause of the shock	ptured a	bdom		rtic	aneurysı		ast,		Approximata thanval Between Onset and Death 6 hours
x 68760,	certificate be executed ding physician and use as the burial-transit	/Medical Examiner	Sequantially list conditions, if any, leading to immediate causa. Enter Underlying Causa (Disaasa or Injury that initieted evants rasulting in death) Last			consequanca of):						
Box	death ce e attendii	Ician	Port II Other classificant conditions containstics	a death but a star				and Books	Ont Dida		j	
s, P.O.	that the	by Physician/	Pert II. Other significant conditions contributing to	o death but not re	asulting in	tha underlying o	causa giv	an in Part I.	236. Did to		3 Prot	the cause of death?
Division of Vital Records	aw requir s been s 2 should	Completed b							24e. Was a perfor	med?	of of	ere autopsy findings allable prior to mpletion of cause death?
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n of \	Attending Physician: or death. sector: After this certific by the funeral director,	2	1 ☐ Yes 20 No Hospital: 1 27. Namfer of Death 28a. Death	Inpatiant 2 ata of Injury fonth, Day Year)	ER/Out		Oth 28c. Injury Work	4 LI Nursing H	loma 5 ☐ Rasida 28d. Dascribe ho			')
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_	To he Hoppital or Att	edical	29a. Certifiar (Check only one) Certifying Phyalcian: To Certifying Phyalcian: To the And of the Certifying Phyalcian: To the Certif	tha best of my kr a besis of axamir nannar statad.	nowledga, netion and	daath occurrad Vor invastigation	at the tin	ne, data and placa pinion, daath occu	, and due to tha corred at tha tima, d	euse(s) and ma ata and place,	annar as st and dua to	atad. tha causa(s)
4	Z III	W	29b. Signatura and titla of cartifiar	le	M.:		c. Licans	number 2148	1	9d. Data signe Septemb		
	20		30. Nama and addrass of person who complated c Dr Muhammad Salem MD 90				Driv	ve Baltir	more Mary	land 2	1237	
	Sta Registr	_	31. Deta filad (Month, Dey, Year)	Registral Sign					_			

DHMH 16 Rev 6/95

Registrar

SEP 26 1996



State of Maryland / Department of Health and Mental Hygiene

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					Certin	ficate of	Death		Reg. No.	0	200	UL
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	mine	An English Manne (Manalinalina)					4b. City, Town, or to Carney	ocation of Death		of Death .timor		
。Fune Direct	_	218–36–6996	Sax 7. Aga 1□M 21X F	(In yrs. last bir 56		f Undar 1 Yaa lonths Days		8. Date of Bir (Month, Da 10/26/	th ly, Year) 39		laca (Stata o try) higan	r Foreign
pus »		Usual Residence of Decedant 10a. State 10b. County		10c. City, Tow	m or Locati	ion						th . I leaden
Aanyla	1		imore	Tows		ion				1	0d. Insida Ci 1 ☐ Yes	
the Maryland	Director	10e. Street and Number	INOLE	TOWE		10f. Zip Coda			10g. Citizan of	Minat Caus		X
ath with	le le la					2]	L286		USA			
Baltimore, Maryland 21215-0020 permit. Pages 1 and 2 should be filed within 72 hours after death with the Maryland Department of Health end Mental thygiene. Important: If them 27 is marked other than "natural; or thems 23s or 28s-7 show any lintury or other traumatic event, or a Medical Emerican	by Financial	3 ₩ Widowed 4 □ Divorced	12. Was Dacedent E Armed Forces? 1 ☐ Yas 2 ☐ No If Yas, Giva Yaar or Dates:			S Dacadant of es, specify Cul	Hispanic Origin? (S) ban, Maxicen, Puerto Specify:	pecify Yas or No p Rican, atc.)		ce - Amaric ck, Whita, y: Whi	atc.	
21215-0020 d within 72 hours aft giene. rr then "natural", or	Completed	15. Dacedant's (Spacify only highest g	ducation eda complated) Collaga (1-4or 5+		(Giva kind lifa. DO	r's Usual Occu d of work done NOT usa ratin gram ar	a during most of worked)	king	16b. Kind of E	usinass/Ind		
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lary s man		19a. Informant's Name/Raletionship	(Type, Print)	19b	. Mailing A	ddrass (Stree	et and Number or Ru	ral Routa Numb	er, City or Town	, Stata, Zip	Coda)	
and and a salth n 27 I		Cheryl Bishop	Daughter	94	51 Jo	oppa Po	ond Rd.; E	Baltimor	e, MD 2	1234		
Baltimore, Semit. Pages 1 as Department of Hea mportant: If item:		20e. Mathod of Disposition 1 □XBurlai 2 □ Cramation 3	□Ramoval from Stete	20b. Place of cematar	f Disposition ry, <i>cr</i> am <i>at</i> o	on (Name of ory or otha <i>r pl</i>	ace)	Data	20c. Location	- City or To	wn, Stata	
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/Medic Examin	_	Immediata Causa (Final disaasa or condition rasulting in daath)	a	srain 1	neta.	stares				je je	2 wee 8 year	les-
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thet the deta	d A							10	Yes 225,No	3 Prob	ably 4 🗆 I	Unknown
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Of VIta Physician: rithis certific	To	1 ☐ Yes 2K No	Hospitei:	2 ER/Ou	tpatient 3	B DOA O	har: 4 Nursing Ho	ome 50 Rasio	dance 6 Ott	nar (Specify)	
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DIVISION PITAL OF Attendent after deat exalt Director: filled in by the	Certification:	3 ☐ Suicida 6 ☐ Could not l 4 ☐ Homicide detarmined	28a. Place of Injury building, etc.	y - At homa, fa (Spacify)	rm, straat,	factory, office		28f. Location (5 City or Tox	Streat and Numi vn, Stete)	oer or Rural	Route Numi	ber,
Hospital or 24 hours after Funeral Dir pletaly filled in	edicai	29a. Cartifiar (Check only one) Certifying P	nysician: To the best of minar: On the basis of e and mennar state	xamination and	, daeth occ d/or investi	currad at the fi	lma, data and piaca, opinion, death occur	and due to that red at the time,	causa(s) and m dete end piace,	annar as ste and dua to	eted. the causa(s))
o lo	Σ	29b. Signeture end fitta of certifier	10				se number		29d. Dete signe	d (Month, f	Day, Year)	
0)	1	. Vaul L	Klay no			D	16587		9/	23/9	76	
1	V	30. Nama end address of person who	completed causa of dee	th (Itam 23a) (Type, Prin	t)						
0		Paul Chang, M.D	. 5601 L	och Ra	venBl	vd. Su	ite 107;	Baltimo	re, MD	21239		

DHMH 16 Rev 6/95

Registrar

Lr 26 1996

State of Maryland / Department of Health and Mental Hygiene 28583 Certificate of Death 1. Decedant's Nama (First, Middla, Last) 2. Data of Daath 3. Tima of Death **Physician** Sam September 16:53 96 /Medical 4a. Facility Nama (If not institution, giva street and numbar) 4b. City, Town, or Location of Death 4c. County of Death **Examiner** Baltimore Hopkins HOSPITAL Johns If Undar 24 Hrs. 8. Data of Birth (Month, Day, Year) If Undar 1 Yaar 5. Social Sacurity Number 6. Sax 7. Aga (In yrs. last birthday) Birthplace (State or Foraign Country) **Funeral** 182 M 2□ F Months Days 424-07-7731 82 Yrs. Director DECEMBER 6,1913 ALABAMA Usual Rasidance of Decedant the Meryland 10a. Stata 10b. County 10c. City, Town or Location 7 is marked other than "natural", or items 23s or 28a-f show traumstic event, the Medical Examiner must be notified at 10d. Insida City Limits NA BALTIMORE CITY MARYLAND 1 Yas 2 No Director 10e. Street and Number 10f. Zlp Code 10g. Citizen of What Country? 21202 U.S.A. FEDERAL STREET Funeral deeth 12. Was Decedant Evar In U,S. Was Dacedant of Hispanic Origin? (Specify Yas or No-If Yas, specify Cuban, Maxican, Puarto Rican, atc.) 14. Raca - American Indian. 11. Marital Status Armed Forcas?

1 Yas 2 No
If Yas, Giva
Yaar or Datas: Black, Whita, atc. 72 hours eftar 1 Navar Married 2 Married Baltimore, Maryland 21215-0020 1 ☐ Yas 2 X No Specify: Specify: BLACK p 3₺ Widowed 4 Divorced Completed 16a. Decedant's Usual Occupation (Giva kind of work dona during most of working lifa. DO NOT usa retired) 15. Decedant's Education (Specify only highast grada complated) 16b. Kind of Business/Industry permit. Pages 1 and 2 should be filed within.
Department of Health and Mental Hygiene.
Important: if them 27 is marked other than any Injury or other traument. Eiamantary/Secondary (0-12) Collega (1-4or 5+) SHIP MERCHANT SEAMAN 17. Fathar's Nama (First, Middla, Last) 16. Mothar's Nama (First, Middla, Maldan Sumama) Be YORK ROBERT UNKNOWN 2 19a. Informant's Name/Relationship (Type, Print) 19b. Mailing Addrass (Straat and Number or Rural Routa Number, City or Town, Stata, Zip Coda) 6122 Otis Street, Cheverly, Maryland 20785 BRENDA HARRIS / DAUGHTER 20b. Placa of Disposition (Nama of cematary, cramatory or other place) 20c. Location - City or Town, Stata 20a. Mathod of Disposition 1 ☐ Burial 2 图 Cramation 3 ☐ Ramoval from Stata Metro Crematory 9-20-96 Baltimore, Maryland 4 ☐ Donation 5 ☐ Othar (Specify) 21. Signature of Funaral Service Licensea 22. Nama and Addrass of Facility
JOSEPH H. BROWN JR. FUNERAL HOME, RA. 2140 N. FULTON AVENUE, BALTIMORE, MD DIZIN disaasa, or complications that caused tha daath. Do not anter the mode of dying, such as cardiac or respiratory arrest, failura. List only one cause on each line. Approximata Interval Batween Onsat and Death **Physician** /Medical Immediata Causa (Final Cerebrovascular disaasa or condition rasulting in death) Examiner Dua to (or as a consequence of) Examiner Hypertension physiclan end the burlet-transit Sequantially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disaasa or injury Dua to (or as a consequance of): Box 68760 Diabetes certificate be Physician/Medical that initiated avants rasulting in death) Last Dua to (or as a consequence of): 80 attanding esn for detached Part II. Other significant conditions contributing to death but not rasulting in the underlying cause given in Part I. Records, P.O. 23b. Did tobacco use contributa to the causa of death? signed by t 1 Yes 2 No 3 Probably 4 Unknown þ been sig 24b. Wara autopsy findings svalisbla prior to completion of causa of death? 24a. Was an autopsy performed? Completed page 2 s has 1 ☐ Yas 2 No 1 ☐ Yas 25 No Division of Vital Be 25. Was casa rafarrad to medical axaminar? 26. Place of Death (Chack only one) Hospital: Other: 4 Nursing Homa 5 Residence 6 Other (Specify) 2 1 ☐ Yas 2 No 1 ☑ Inpatiant 2 ☐ ER/Outpatient 3 ☐ DOA this funeral 28a. Data of Injury (Month, Day Year) 27. Mannar of Death 28b. Tima of 28c. Injury at Work? 28d. Dascribe how Injury occurred Certification: After 5 Panding Invastigation 1 DR Natural s efter death. 1 Yas 2 No 2 Accident 6 Could not be datarmined 28f. Location (Street and Number or Rural Routa Number, City or Town, Stata) 3 ☐ Suicida Place of Injury - At homa, farm, street, factory, office building, atc. (Specify) filled in by 4 Homicida ò within 24 hours or To the Funeral 1 Certifying Physician: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(s) and manner as stated.

| Medical Examiner: On the best of examination and/or invastigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and manner stated. 29a. Certifian Medical (Check only one) 29b. Signatura and title of certified 29c. Licansa number 29d. Data signed (Month, Day, Year) N9140 Scotember 16 MD 30. Nama and address of person who complated causa of death (Itam 23a) (Type, Print)

State Registrar William

EP

31. Data filed (Month, Day, Year)

26 1996

Bower, od M.D. To Day, Year) J. Be. Registrar's Romania

State of Maryland / Department of Health and Mental Hygiene 0 6

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		Certificate of Death	la Barrati	Reg. No.	20304
Physicia	an	1. Decedent's Name (First, Middla, Last)	2. Date of I Month	Death Day	3. Time of Death
/Medic		Donald Briscoe	09	21	96 03:25
Examin	_	4a. Facility Neme (If not institution, giva street and number) 4b. City, Total	wn, or Location of De	ath 4c. Count	y of Death
		University of Maryland Medical Center Balt	more	Bal	Amore City
Funeral		5. Social Security Number 6. Sex 7. Age (In yrs. last birthday) If Under 1 Year if Under	24 Hrs. 8. Dete of I		
Director		218 - 427433	Min. (Month, 02/10	Day, Year)	9. Birthplace (Stat or Foreign Country) Maryland
ž		10a. State 10b. County 10c. City, Town or Location			10d. Inside City Limits
품품	5				1 2 Yes 2 □ No
3 5	S S	Delinhar City Ostrinare			
T Se L	Director	2111 MULBERRY STREET 2123		10g. Citizen of	Whet Country?
8 23	679			0.0	//.
E	Funeral	11. Maritel Stetus 12. Wes Decedent Ever in U,S. Armed Forces? 13. Wes Decedent of Hispenic Ori	gin? (Specify Yes or i , Puerto Rican, etc.)	No- 14. He	ce - American Indian, eck, White, etc.
natural', or Heme 23a or 28a-f show idical Examiner must be notified at	þ	1 ☐ Never Merried 2 ☐ Merried 1 ☑ Yes 2 ☐ No If Yes, Give 1 ☐ Yes 2 ☑ No Specify: Year or Dates: Korcau War.		Specif	W. BLACK
netur	Completed	15. Decedent's Education 16a. Decedent's Usual Occupation (Specify only highast grade complated) (Giva kind of work done during most	of working	16b. Kind of B	Business/Industry
. 30	٥	Elementary/Secondery (0-12) College (1-4or 5+) lifa. DO NOT usa retired)	0	V	CAB COMPANY
giene.	5	12TH GRADE TAXI CAB DRIV	ER	rellow	GB COMPANO!
other	Be	17. Father's Name (First, Middla, Last) 18. Mothe	r's Name (First, Midd	lla, Maiden Surnar	me)
	ToB	CHARLES BANKS ELIZ	ZABETH	T	HNSON
n and Mer 7 is marke traumatic		19a. Intormant's Name/Relationship (Type, Print) 19b. Melling Address (Street and Number			
		WILLIAM BRISCOE/BROTHER 2822 FOX STREET			
frem 2 other	ı	20a. Method of Disposition 20b. Place of Disposition (Nema of	Date		- City or Town, State
	ł	1 ☑ Buriai 2 ☐ Cremetion 3 ☐ Remove from Stete 4 ☐ Donation 5 ☐ Other (Specify) Cemetary, crematory or other place) CARRISON FOREST CEMETE	9-27-91	Dinnes	milla manu
ortant:	-			Carring.	טאיון ון נפוויו יי פ
Important: If any injury or once.		21. Signature of Funerel Septice Licensee 22. Name and Address of Facility	y TO F	ALLEDON H	10 000
2 = 2 9		JOSEPH H. BRO			
	\dashv	2140 N. FULTON 23a. Part 1. Exter the disease or complications that caused the death. Do not enter the mode of dving such as	cardiac or respirator	ALTIMOR	Approximete
		23a. Part1 Exter the disease, or complications that caused the death. Do not enter the mode of dying, such as shock or heart failure. List only one cause on each line.	cerdiac or respiretory	arrest,	Interval Between Onset and Deeth
ysician					Onset and Deeth
ledical aminer		Immediate Cause (Final disease or condition resulting in death)			1 minute
100		resulting in death) Due to (or as a consequence ot):			
-	ē	Sepsis			10 days
physician and the burial-transit	Examiner				100003
n an	X	if any leading to immediate			0.0
		cause. Enter Underlying Cause (Disease or injury			lodays
the the	edicai	resulting in deeth) Last Due to (or es a consequence of):			
0 0		a Perforated gastra ulcer			days
r us	Physician/M	0. 101111111111111111111111111111111111			
od fo	2	Pert II. Other significant conditions contributing to death but not resulting in the underlying cause given in Pert I.	23b. D	d tobacco use co	ontribute to the cause of death
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9 6		Pephiculcar disease	11	□Yee 2□No	324Probably 4 Onknow
been signed by the attendin should be deteched for use	ğ	Pephic ulcar disease Cirrhosis			Oth Man automorphisms
houl	Completed	Cirrhosis	24a. W	as an autopsy normed?	24b. Were autopsy tindings available prior to
10 G	d				completion of cause of deeth?
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s certificate ha director, page		25. Was cese referred to medical 26. Place			10100 20.10
certificate has rector, page 2	Be	examiner?	of Death (Check onl		
ig di	္	1 Tes 22 No 1 ac Inpatient 2 EH/Outpatient 3 DOA 4 Nu	rsing Home 5 □ Re		
After	Certification:	27. Manner of Death 1 ✓ Natural 5 ☐ Pending 28a. Ďate ot Injury (Month, Day Year) 28b. Time ot Injury Work? 28c. Injury at Work?	28d. Dascrib	e how injury occu	rred
or: After	ati	2 Accident investigation M 1 Yes 2 1	No		
Director: 3 in by the	1	3 Suicide 4 Homicide 6 Could not be determined 28e. Piace of Injury - At home, farm, street, factory, office building, etc. (Specify)			ber or Rural Routa Number,
illed in	9	4 Homicide building, etc. (Specify)	City of I	own, Stata)	
		29a, Certifier 17 Certifying Physician: To the best of my knowledge death occurred at the time date and	d place, and due to th	o coura(e) and m	apper so stated
Funeral risky filler	edicai	(Check only 2 Medical Examiner: On the basis of examination and/or investigation, in my opinion, deal	th occurred at the tim	e, date and place,	, and due to the cause(s)
a de	Med	on mainer states.			144 4 5
000	-	29b. Signature and title of certitier 29c. License number		1	ed (Month, Day, Year)
1		Class Resident D47930		9/21/	96
V\	-	30. Name and address of person who completed ceuse of death (Item 23a) (Type, Print)		21 201	
5			+ R 11.	4.11	21/21
1		21 Data Had Alash Day York 20 Parting Comments	1 Deltimore	Margianex	21201
Stat	- I	A-I			
Registra	ır	SEP 26 1996 July dig They de Mandalle			
Stat Registra	- I	Charles S. Drummond, III M. D. 22 S. Greene Stree 31. Date tiled (Month, Day, Year) 32. Registrar's Signature SEP 26 1996 La Muidson-Rondon	+ Bullinose,	Margland	21201

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State of Maryland / Department of Health and Mental Hygiene

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	Physici /Medi		1. Decedent's Nema (First, M	iddla, Las	R.		Cohe	1					2. Data of D Month Sept		Day 22	1996	3. Time of Death 12:35PN
)	Exami		4e. Facility Neme (If not institu SINAI HOSPITA		street and nu	mber)							ocation of Dea MORE	th	4c. County	of Death N/A	
	Funeral Director		5. Sociel Security Number 217–07–0205		ex □M 2□F		yrs. last birthd	7/	If Under Months	1 Year Days		Min.	8. Date of B Month, D JAN • I	rth ay, Ye	1911	9. Birthp Coun RI	iaca (Stata or Foreig ISSIA
	P		Usuai Rasidenca of Decedent 10a. Stata 10b. Cou			10	c. City, Town o	r Loca	tion							1	0d. Inside City Limits
	Se-f sho	Director	MD		TIMORE				IMOR								1 Yas 2 No
	23a or 2	ai Dir	10e. Street end Number 3309 WILD CHE	ERRY	RD.				10f. Zip	Coda 212	44			10g.	Citizan of V		try?
020	s within 72 hours after death with the Manyland ilene. Than "neturel", or Heme 23s or 28s-f show the Medical Evanting Imaging an ordined at	by Funeral	11. Marital Status 1 Never Married 2 1 Divor		12. Was Dec Armed Fo 1 Tyes if Yes, Gi Yaar or D	orces? 2 □ No			as Deced as, spec				pecify Yes or No Rican, etc.)	0-		e - Americ ck, Whita, v: W	
0200-61212	S	Completed	15. Dece (Specify only high Elamentary/Secondary (0-1	hast gra		1-4or 5+)	16a. De (G	ive kir e. DC	nt's Usua nd of wor NOT us	al Occu rk done sa ratire	pation du <i>ring</i> mos ed)	st of wor	king	188	o. Kind of Bu	usiness/Inc	Justry
77 0	be filed with itel Hygiene. d other than event, the M		12 17. Fathar's Name (First, Mide		College (1-401-34)	F	3001	KKEE	PER	18. Moth	ar's Nan	na (First, Middl	, Mai			CLEANING
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2	off should be sh		MRS. THELMA)					ERRY I		BALTIM			2124	
Jore,	~ ~ .		20a. Mathod of Disposition 1 ⊠ Burial 2 □ Cramati	on 3 🗆	Ramoval from	2	20b. Place of Di cemetery, SHAARE]	sposit	ion (Nar	ne of thar pla			Data 25/96		BALTI	City or To	wn, Stata
	permit. Page Department of Important: If any Injury or once.		4 Donation 5 Otha 21. Signature of Funeral Serv			111		² S	terna in	£ V11		y BR	OS., IN				D 21208
	Physician /Medical Examiner	Examiner	23a. Part1. Entar the disaasa shock, or haart failure. Immediata Causa (Finel diseasa or condition resulting in death) Sequantially list conditions.	List only		irat ht (to (or es a con	ne nseque	unce of):					arrast			Approximate Interval Batween Onset and Death 24 hour 4 weeks
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5	2 4 5 E	Certification:		uld not be armined	Z8a. Place	of Injury - ing, atc. (S	At homa, farm,	stree	t, fectory	, office			28f. Location City or To			per or Rura	l Route Number,
	Za furneral d	edicai C	29a. Cartifiar 12 Certification 2 Medi	lying Phy cai Exam	iner: On tha b	best of masses of axe	y knowledga, do mination and/o	aath o	ccurred stigetion,	at tha ti	ime, date a opinion, da	nd plece ath occu	, and dua to the rred at tha time	caus , data	e(s) and ma and place,	anner as si end dua to	ated. tha cause(s)
	To the	Me	29b. Signature and title of cer	Har	1	,			290	. Lican	sa number			29d.	Data signe	d (Month,	Day, Year)
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	10		DaseA 5 4	ERT	HE IN	se of deeth	(Item 23e) (Ty	2 4	int) 134	4	J. Be	le	deek	ve	B	lto,	N 21215
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Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene 28586 Certificate of Death 1. Decedent's Name (First, Middle, Last) 2. Date of Death 3. Tima of Death **Physician** Day EDWARD Month Year COLLIN 8:15Pm rept 23 1996 /Medical 4b. City, Fown, or Location of Death 4a. Facility Name (If not institution, give street and number) 4c. County of Daath Examiner Secours tospita 5. Social Security Number (In yrs, last birthday)
Yrs. If Undar 24 Hrs. If Under 1 Year 8. Date of Birth (Month, Day, May 9, 9. Birthplace (State or Foreign Country)
South America **Funeral** 237-46-0258 10M 20 F Days Hours Director may Usual Residence of Decedant filed within 72 hours after death with the Maryland 10b. County 10c. City, Town or Location permit. Pages 1 and 2 should be filed within 72 hours after death with the Marylan Department of Health and Mentel Hygiene. Important: if Item 27 is marked other than "natural", or Items 23a or 28a-f show any injury or other traumatic event, the Medical Examinations to profit educations. 10a. State 10d. Inside City Limits N Da 1 Xas 2 No Director 10e. Street and Number 10f. Zip Code 10g. Citizen of What Country? 21223 U.S. fonthill Ave Funeral 12. Was Decedent Ever In U,S. Armed Forces? 13. Was Dacedent of Hispanic Origin? (Specify Yes or No-If Yes, specify Cuban, Mexican, Puerto Rican, etc.) 14. Race - American Indian, Black, White, etc. 1 ☐ Yes 2 ☐ No If Yes, Give Year or Dates: 1 Never Merried 2 Married 21215-0020 Black 1 Yes 20 No Specify: þ Specify 3 Widowed 4 Divorced Completed 16a. Decedent's Usual Occupation
(Give kind of work done during most of working life. DO NOT use retired)

Electria 15. Decadent's Education (Specify only highest grada completed) 16b. Kind of Business/Industry Elementery/Secondary (0-12) College (1-4or 5+) N.S. A. Baltimore, Maryland 17. Father's Name (First, Middle, Last) 18. Mother's Name (First, Middle, Maiden Sumame) Be Pages 1 and 2 should be 1 ment of Health and Mentel I ant: If Item 27 Is marked or Collins Collins 19a. Informant's Name/Relationship (Type, Print) 19b. Malling Address (Street and Number or Rural Route Number, City or Town, State, Zip Code) thill Ave Bulto, mol wite 34 Collins telen 21223 ton 20b. Place of Disposition (Name of 20a. Method of Disposition Date 20c. Location - City or Town, State 9/27/96 (cemetery, crematory or other place) Burial 2 Cramation 3 Removal from State Randalls town, md Memoria 4 ☐ Donation 5 ☐ Other (Specify) of Funeral Service Licer Name and Address of Facility March F.H-West 4300 Wabash 23e. Perti. Enter the disease, or complications that caused the deeth. Do not enter the mode of dylng, such as cardiac or respiratory arrast, shock, or heart failure. List only one cause on each line. Approximate Interval Between Onset and Daath **Physician** /Medical Immediate Cause (Final MONTHS disaasa or condition resulting in death) Examiner Due to (or es a consequence of) Sequentially list conditions, if any, leeding to immediate causa. Enter Undarfying Cause (Disease or Injury that initiated events resulting in death) Last bunel-tran Due to (or as a consequence of) sate has been signed by the ettending physician page 2 should be detached for use as the burie Division of Vital Records, P.O. Box 68760, Physician/Medical Due to (or as a consequence of): Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 23b. Did tobacco use contribute to the cause of death? 1 Yes 20 No 3 Probably 4 Unknown þ Completed 24b. Were autopsy findings availabla prior to completion of cause of death? 24a. Wes en eutopsy performed? 2 UNO 1 ☐ Yes 1 Yes 2 1No Be 25. Was case referred to medical examiner? 26. Plece of Death (Check only one) Certification: To 1 Yes 2 No Other: 4 Nursing Home 5 Residence 6 Other (Specify) 1 ☐ Inpatient 2 ☐ ER/Outpatient 3 ☐ DOA 27. Manney of Death 28a. Date of Injury (Month, Day Year) 28b. Time of 28c. Injury at Work? 28d. Describe how Injury occurred 1 Natural 5 Pending Injury Investigation 1 ☐ Yes 2 ☐ No 2 Accident the 6 Could not be determined 3 ☐ Suicide 28e. Placa of Injury - At home, farm, street, factory, office building, etc. (Specify) 28f. Location (Streat and Number or Rural Routa Number, City or Town, State) 4 ☐ Homicide 1 Certifying Physician: To the best of my knowledge, deeth occurred at the time, dete and plece, and due to the cause(s) and manner as stated.

2 Medical Examiner: On the basis of examination and/or investigation, in my opinion, death occurred at the time, dete and place, and due to the cause(s) and manner stated. Medicai 29a. Certifier To the Hosp within 24 no To the Functional (Check only

State Registrar 31. Date filed (Month, Day, Year) SEP 26 1996

29b. Sign turn and title of certifier

R. KRISHNAN,

32. Registrar's Signature une wavidon- Aandale

30 Name and address of person who completed cause of deeth (Item 23a) (Type, Print)

821

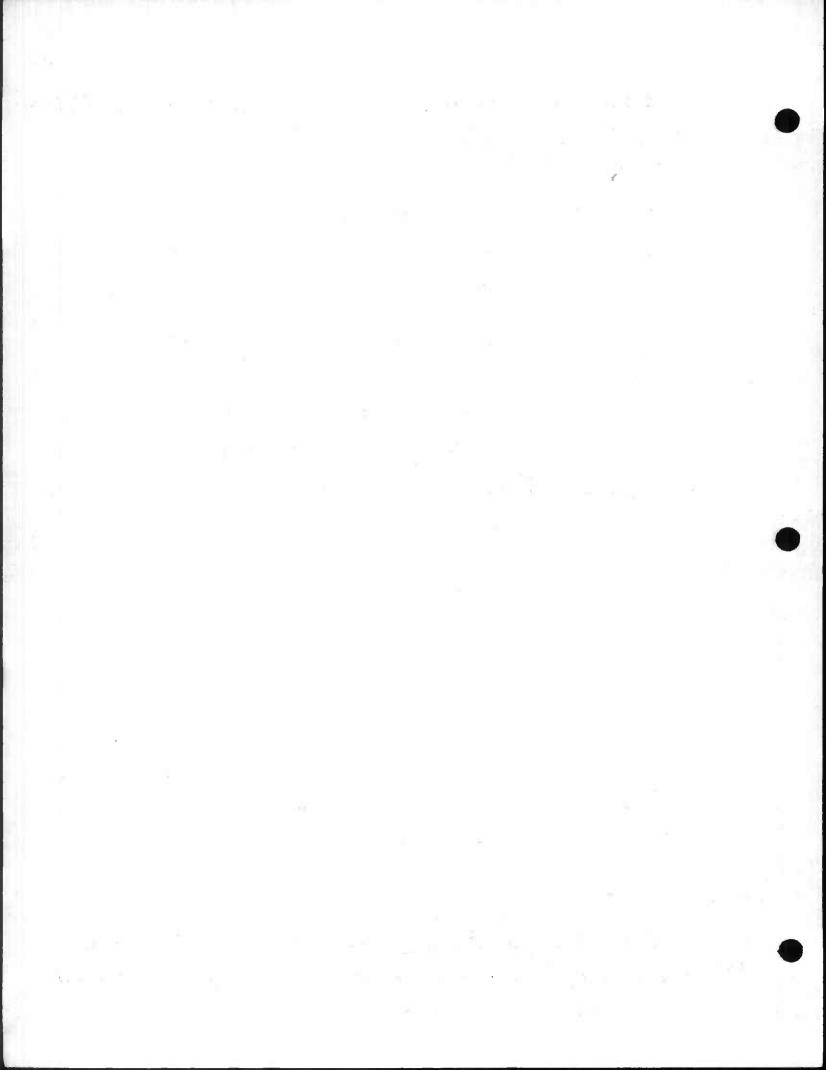
ans

29c. License number

NI EV7AW ST # 305 BALTIMORE ND 21201

29d. Date signed (Month, Day, Year)

DHMH 16 Rev 6/95



State of Maryland / Department of Health and Mental Hygiene

		Decedent's Name (First, Middle,			Cei			Death		R	eg. No.	96	285	180
Physic /Med		BRENDA CL	ARK							Month T.	Day 3,	T 991	3. Time o	:30
Exami	ner	4a. Facility Neme (if not institution, GOOD SAMAR I			L			BAL	TIMO		4c. County	n/a		
_e Funeral Director	21	7-66-5860	7. A	ge (In yrs. 40	last birthday) Yrs.	If Under	er 1 Year Days	If Under 2 Hours	Min. D	Date of Birth Month, Day	Year/195	9. Birthpl	ace (State of	or Foreign
ith with the Maryland 23s or 28s-f show	etor	Usual Residence of Decedent 10a. State 10b. County M D	n/a	10c. Ci	ty, Town or Lo		IMO	RE						2 No
th with the 23s or 2	Funeral Director	7 0 4 1 MC CL	EAN BLVI).		10f. Z	ip Code 2	1234		1	Og. Citizen of UNITE	What Count D	STATE	ES
1215-0020 within 72 hours efter death with the Maryland ene. than "natural", or items 23a or 28a-f show than "natural Exa refree must be notified at	by	11. Marital Status 1 Never Married 2 Married 3 Widowed 4 Divorced	12. Was Decedent Armed Forces? 1 Yes 27 If Yes, Give Year or Dates:	Ever in U		Was Deci If Yes, sp 1 Yes		ispanic Orig on, Mexican, Specify:	In? (Specifi Puerto Rid	y Yes or No- an, etc.)		ce - America ck, White, e		<
CV	Be Completed	15. Decedent's (Specify only highest Elementary/Secondery (0-12) 12 th	Education grade completed) College (1-4or	5+)		dent's Usi kind of w DO NOT BORE		ation during most	of working		16b. Kind of B			FUN
Maryland 2 nd 2 should be filed v Ith end Mentel Hygie 27 is marked other t traumatic event, m	To Be C	17. Father'a Neme (First, Middle, Le		Υ				18. Mother	's Neme (F	First, Middle, I	Maiden Sumen WEST	LAS	HLEY	
re, Maryland stands and and and and stands income the marked other traumatic event,		19e. Informant's Name/Relationship	(Type, Print)	ΕY	19b. Mailir 703			a <i>nd Number</i> SON	or Rural R	ET, E	City or Town,	State, Zip	Code) MD #	29
Baltimore, M. pemit. Peges 1 and 2 Department of Health a Important: If them 27 is any injury or other tra once.		20e. Method of Disposition 1 ☐ Sulval 2 ☐ Cremation 3 4 ☐ Donetion 5 ☐ Other (Spe		20b. F	Place of Dispo cemetery, crem	sition (Ne natory or ILL	other plac	METER		Date	ANNE		wn, State	co,
Balt permit. Departi Import any inj		21. Signature of Funeral Service Lic	GAR	/-		. Name a		ss of Facility MARCH		-119	01 E.	NOR	TH .	AVEN
Physician /Medical Examiner	18.00	23e. Part1. Enter the disease, or or shock, or heart failure. Liat or Immediate Cause (Final disease or condition resulting in death)			intes			g, such as c			eat,		Approximat Interval Bet Onset end I	tween Deeth
	ner	resulting in death)	Meta		oras a conseq tic		vic	al C	ance	r				
58760, icete be executed physician end sthe buriel-transit	Exami	Sequentially list conditions, if any, leeding to immediate cause. Enter Underlying Cause (Disease or injury that initiated events	b. ————————————————————————————————————		or as a conseq									
5 0 6	Physician/Medical Examiner	Cause (Usease or injury that initiated events resulting in death) Last	d	Due to (o	r es a consequ	uence of)	:							
P.O.	by Physicia	Part II. Other eignificant conditions	contributing to death b	ut not res	ulting In the ur	nderlying	cause give	en in Part I.			bacco use co			
aw requires been 2 shou	Completed b									24a. Was ar perform		ava con	re autopsy f liable prior t opletion of c eath?	to
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Of Vital Physicien: The this certificate ral director, pa	o Be	25. Was case referred to medical exeminer? 1 ☐ Yes 2 ☒ ☒ vo	Hospital:				Othe	Nr:		heck only on				
On Of Ing Phy After this funeral o	atlon: To	1 Yes 2 No 27. Manner of Death 1 N Natural 5 Pending 2 Accident investigat	28a. Date of Inju (Month, Day		28b. Time of Injury		28c. Injury Work	4 LI Nurs	28d		nce 6 □Oth w injury occuri			
UNISION of the Hospital or Attending of the Functs after death. of the Functs Director: After completely filled in by the func	Certification:	3 Suicide 6 Could not determine	28e. Place of Injuding, etc	ury - At ho c. (Specif)	ome, farm, stre	et, factor	y, office		28f.	Location (Sti City or Town	eet and Numb , Stete)	er or Rural	Route Num	ber,
Cothe Hospital of within 24 hours a To the Funers in completely filled it	edical	29e. Certifier 1	Physician: To the best of aminer: On the basis of and manner sta	examinal	wledge, deeth tion and/or Inv	occurred	at the tim	e, dete and pinion, death	plece, end occurred a	due to the ca	use(s) end ma ete end placa,	nner as ste and due to	ited. the cause(s)
Vithi To th	Σ	29b. Signature end title of certifier				. 29	c. License	number		29	d. Date signed	d (Month, D	ay, Year)	

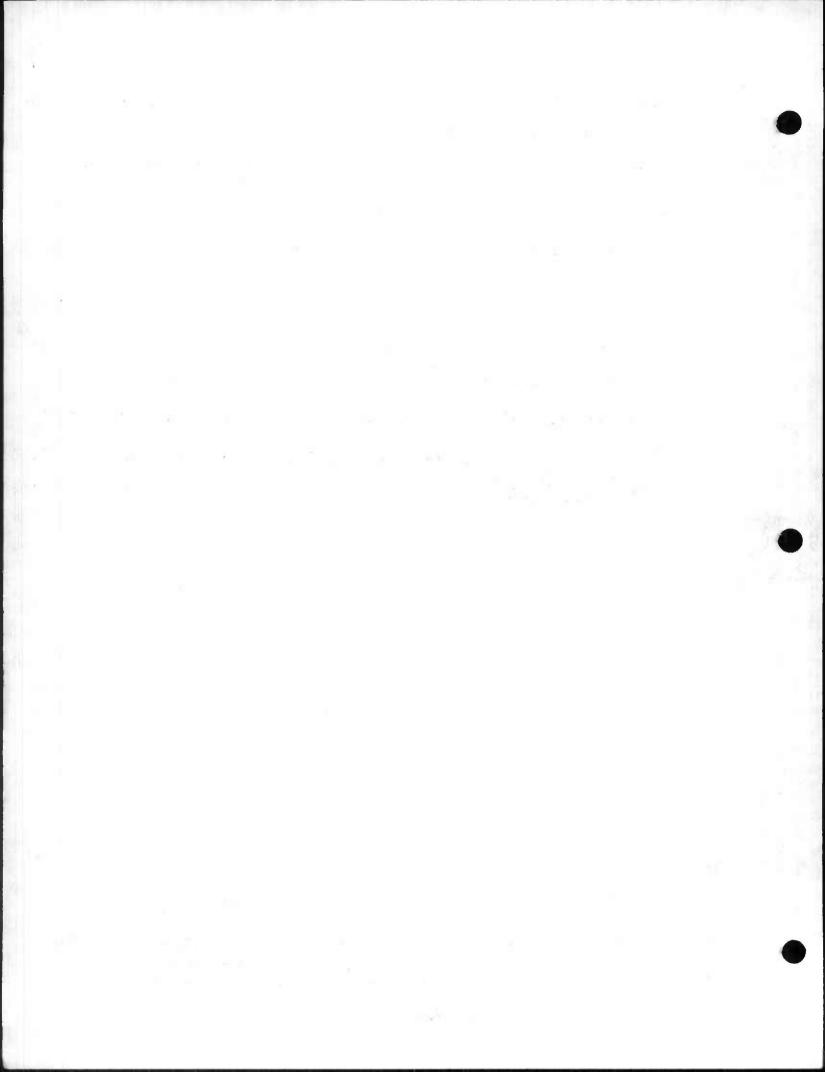
29d. Date signed (Month, Day, Year)

SEPT, 23 1996

State Registrar

31. Dete filed (Month, Day, Yeer)





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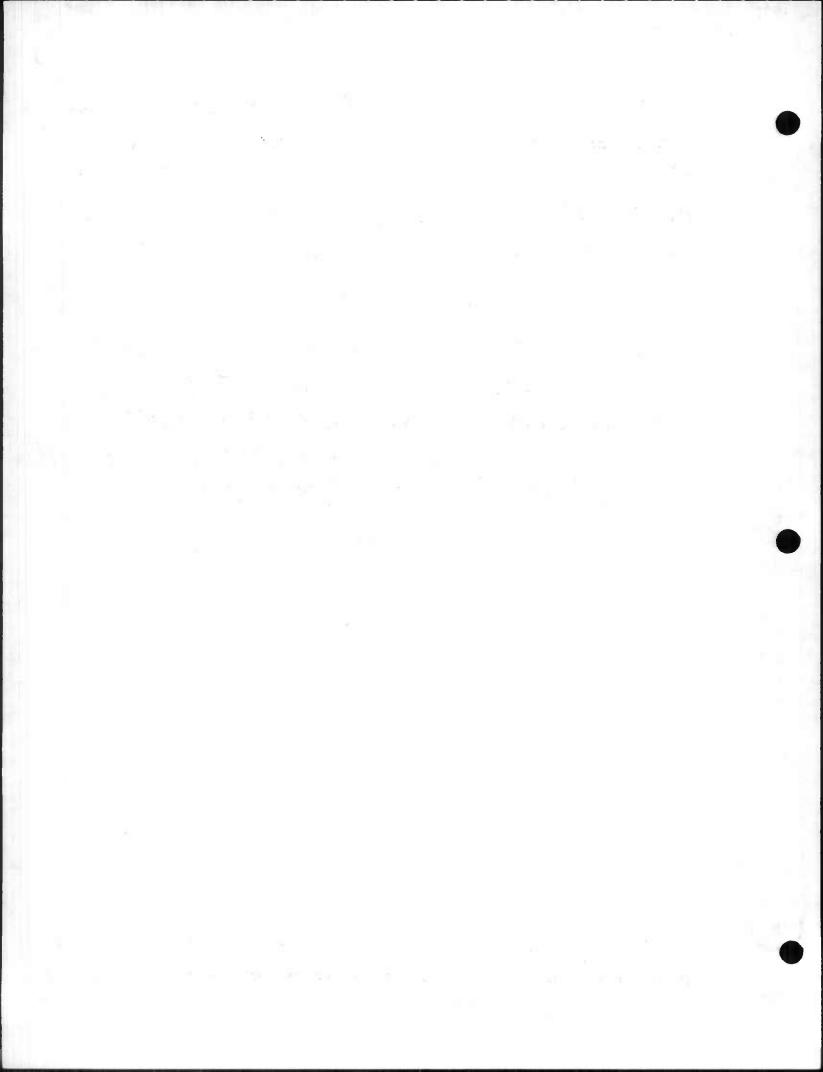
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Physic		1. Decedent's Neme (First, Middle, La	ast)		Certificat	e of Death	2. Dete of D	Reg. No.	2.7	ime of Death
		CHARLES	Ε.			CHANCE	Month SEPTEM	Dey	Yeer	4:17P.
/Med Exami		4e. Fecility Neme (If not institution, git	ve street end number)		4b. Clty, Town,	or Location of Dee		The state of the s	t . I / F .
			TREET			BALTI	MORE		NIA	
Funera, Director			Sex. 7. A 1 M 2 □ F	ge (In yrs. lest birtl	hday) If Under Months		Irs. 8. Dete of B	3, 1928	Worth C	State or Foreign Wolina
filed within 72 hours after death with the Maryland Hygiene. Ifther than "naturel", or items 23a or 28a-f show ont, the Marical Evaint we must be notified	tor	Mary and NA	4	10c. City, Town	or Location	re,				ide City Limits Yes 2□No
with the	Funeral Director	10e. Street end Number	1 <+		10f. Zip			10g. Citizen of	What Country?	
death ms 23	Jera	11. Mentel Status	12. Was Decedent	Ever in U,S.	13. Was Dece	CONTROL OF STATE OF S	(Specify Yes or N	D- 14. Rad	ce - American Ind	ian,
ges 1 and 2 should be filed within 72 hours after death with the Manylan It of Health and Mental Hygiene. If Item 27 is marked other than "natural", or items 23s or 28s-f show or other traumatic event, the Medical Examples in all be notified.	þ	1 Never Married 2 Merried 3 Widowed 4 Divorced	Armed Forces' 1 M Yes 2 If Yes, Give Yeer or Dates:	No NA/IN/TT	1 🗆 Yes		erto Rican, etc.)	Specif	bck, White, etc.	ro
"natur	Completed	15. Decedent's E (Specify only highest gra	ducation ade com <i>pleted)</i>		Decedent's Usua Give kind of wo	rk done during most of v	vorking	16b. Kind of B	susiness/industry	
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s 1 and 2 I Health tem 27 other tra		20e. Method of Disposition	nunce	20b. Place of	Disposition (Ner	ne of	Date /	20c. Location	- City or Town, Si	ete .
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permit. Page Department of Important: If any Injury or		21. Signature of Funeral Service Licer	nsee (), ()	7	22. Neme en	d Address of Facility	Fune	ral H	me.	111001
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Physician /Medical		Immediate Cause (Final	***************	ncivo A	rtorio	sclerotic	Cardio	wascul		and Deeth
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Registrar

State 31. Dete filed (Month, Day, Year) SEP 26 1996





State of Maryland / Department of Health and Mental Hygiene

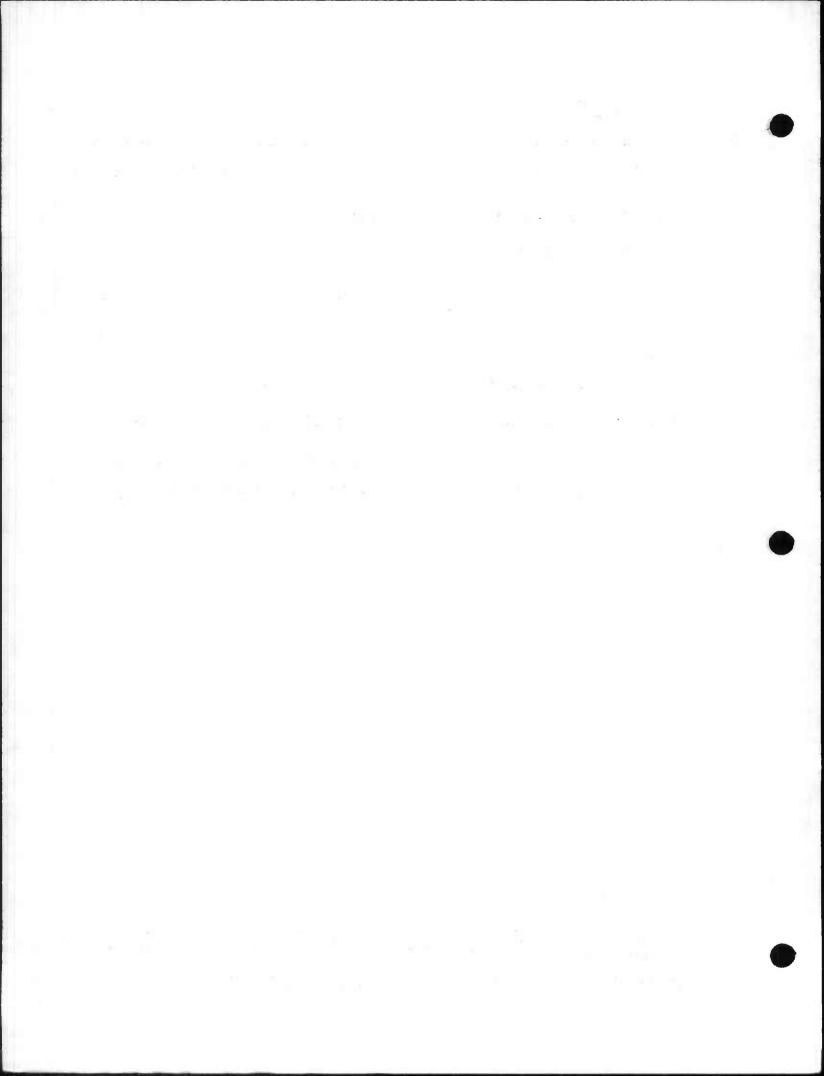
28589 Certificate of Death 1. Decedent's Name (First, Middla, Last) 2. Dete of Death Sepender 21, 1996 OLBERT **Physician** CORN (0. /Medicai 4e. Facility Name (If not Institution, giva street and number) 4b. City, Town, or Location of Death 4c. County of Death **Examiner** North Arundel Hospital Glen Burnie Anne Arundel 5. Social Security Number If Under 1 Yaer | If Under 24 Hrs. | 8. | Months | Deys | Hours | Min. | Data of Birth Month, Day, Yea June 27, 6. Sex XXM 2□ F 7. Aga (In yrs. last birthdey) 9. Birthplece (Stata or Foreign **Funeral** Deys 1923 Maryland 216-12-3925 73 Yes Director Usual Residence of Decedant permit. Pages 1 and 2 should be filed within 72 hours after death with the Maryland Department of Health and Mental Hydene. Important: if item 27 is marked other than "natural", or itema 23a or 28a-f show any injury or other traumatic event, the Medical Examiner must be notified at one. 10e State 10h County 10c. City, Town or Location 10d. Inside City Limits Maryland 1 ☐ Yas 2 No Anne Arundel Director Glen Burnie 10e. Street and Number 10a. Citizan of What Country? 10f. Zip Coda 723 Cotter Road 21060 USA Funeral 12. Was Decedent Ever in U,S. Armed Forces? 1 12 Yas 2 □ No If Yas, Giva Yeer or Datas: WW 2 11. Maritel Status 13. Was Decedant of Hispanic Origin? (Specify Yes or No-If Yes, specify Cuben, Mexicen, Puerto Rican, atc.) 14. Race - American Indian, Bleck, Whita, etc. 1 ☐ Nevar Married 2 ☐ Married Baltimore, Maryland 21215-0020 1 ☐ Yas 2 X No Specify. þ Specify XIX Widowed 4 □ Divorced White 16a. Decedant's Usuel Occupation (Giva kind of work dona during most of working lifa. DO NOT use retired) 15. Decedent's Education (Specify only highast grade completed) 16b. Kind of Businass/Industry US Postal Service Elemantary/Secondary (0-12) Coilega (1-4or 5+) Clerk 17. Fathar's Nama (First, Middle, Last) 18. Mothar's Neme (First, Middla, Maiden Surnama) Kolkowski (CORK) Agnes Zilska 19a. Informant's Name/Relationship (Type, Print) 19b. Mailing Addrass (Streat and Number or Rural Route Number, City or Town, Stata, Zip Code) 4604 Fourth St., Baltimore, Maryland Mrs. Nancy Cooper - Niece 20b. Place of Disposition (Nama of cometery, cramatory or other place) 20a. Mathod of Disposition 20c. Location - City or Town, Stete 1 Buriel 2 Cremetion 3 Ramoval from State 4 Donation 5 Othar (Specify) Cedar Hill Cemetery 9/24/96 Baltimore, Maryland 21. Signature of Funeral Service Licens 22. Nama and Address of Facility McCully Funeral Home of Brooklyn 237 E. Patapsco Ave., Baltimore, Md. 237 E. Patapsco Ave., Baltimore, Md. nock, or heert failura. List only ona ceusa on each lina. 21225-1856 Approximete Interval Batween Onset and Death Physician /Medical Immediate Ceusa (Final disaase or condition rasulting In deeth) Seps (S Examiner Dua to (or es a consequence of):

NOMBUCYTOPENIA

Dua to (or as a consequence of): sician and burial-transit Sequantially list conditions, if eny, laading to Immediata ceusa. Entar Underlying Ceuse (Disaasa or Injury that initiated evants resulting in death) Last attending physician for use as the buria Division of Vital Records, P.O. Box 68760, Physician/Medical Pancreal DS Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 23b. Did tobacco use contribute to the cause of death? 1 ☐ Yes 2 ☐ No 3 ☐ Probably A ☐ Unknown by 24b. Ware autopsy findings available prior to completion of ceusa of death? Completed 24a. Wes an autopsy performed? peeu has 20 No certificate 1 Yas 1 Yas 2 No 25. Was casa rafarred to medical axaminar?
1 ☐ Yas 2 ☑ No 26. Placa of Death (Check only one) Hospital: Other: 4 Nursing Homa 5 Residence 6 Othar (Specify) 1 Inpatiant 2 ER/Outpatient 3 DOA this uneral 28a. Data of injury (Month, Day Year) 27. Menger of Death 28d. Dascribe how Injury occurred 28b. Time of Certification: 28c. injury at Work? Alber 1- Natural 5 Pending death. 1 ☐ Yas 2 ☐ No Invastigation 2 Accidant To the Hospital or Allend within 24 hours after dealt To Jing Enharal Director. 6 Could not be datarmined 3 ☐ Suicida 28a. Place of Injury - At homa, farm, street, factory, office building, etc. (Specify) 28f. Location (Street and Number or Rural Route Number, City or Town, State) 4 Homicide 29a. Cartifiar Certifying Physician: To tha best of my knowledga, daath occurred at tha time, data and piace, and dua to the cause(s) end manner as stated.

| Medical Examiner: On the basis of axamination and/or invastigetion, in my opinion, deeth occurred at the time, data and place, and due to the cause(s) and menner steted. Medical 29b. Signeture and title of a X 30. Nema and addrass of person who completed causa of daath (Itam 23a) (Type, Print) ItOSPITAL DAIVE GLEN BURNIEMANYCAND M 31. Deta filed (Month, Day, Year) 21061 State Achia Savidson Registrar

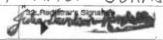
DHMH 16 Rev 6/95



State of Maryland / Department of Health and Mental Hygiene 96 28590

				C	ertificate o	f Death	R	leg. No.	
Dhusia	ion	Decedent's Name (First, Middle, L	ast)				2. Date of Dea Month	th Day	3. Time of Death
Physici /Medi		Frank M.	Clari	dge			septem		
Examir		4a. Fecility Name (If not institution, g Johns Hopkins		Mod Co	nter		Location of Death	4c. County N/A	of Deeth
	-			(In yrs. last birtho					O Bishalasa (Otata as Fauria
Funeral Director		218-03-0475 Usual Residence of Decedent		1 Yrs	Months Day		. (Month, Dey	Year) 24,191	9. Birthplace (State or Foreig Country) 5. Maryland
8 m		10e. State 10b. County		10c. City, Town o	r Location				10d. tnside City Limits
de la	ctor	Md. Balti	more	East	twood				1□Yes 2€No
23a or 2	Funeral Director	10e. Street and Numbar 7153 Eastbroo	ok Ave.		10f. Zip Code	1224	1	IOg. CitIzen of V USA	Vhet Country?
thens: The Medical Examiner rout be notified at	by	11. Marital Status 1 ☐ Never Married 3 ☐ Widowed 4 ☐ Divorcad	12. Was Decedent En Armed Forces? 1. Yes No Il Yes, Give Year or Dates:		13. Was Decedant of if Yes, specify Control of the Yes 2 № N	f Hispanic Origin? (suben, Mexican, Puel lo Specify:	Specify Yes or No- rto Rican, etc.)	Blac	a - American Indian, k, White, etc. White
netur Scal	ted	15. Dacedani's I (Specify only highest g	Education	16a. De	ecedent's Usual Occ	cupation	nekina	16b. Kind of Bu	siness/Industry
- E	Completed	Elemantary/Secondary (0-12)	Collaga (1-4or 5+)		ne during most of wo ired)			
rygiene. ther than ant, the M	Co	7 yrs.			Inspecto	or		Americ	an Standard
o d	o Be	17. Father's Nama (First, Middle, Les Harry Clarid	7				me (First, Middle, I Keeney	Melden Surnem	e)
	-	19a. Informant's Name/Relationship		19b. M	ailing Address /Stre	et end Number or B	Turei Route Number	r. City or Town	State Zin Code)
27 Is		Elizabeth C			7153 Eas	tbrook	Ave. Ba	lto. M	State, Zip Code) d. 21224
item 27 l		20a. Method of Disposition		20b. Place of Di	sposition (Neme of	denot i	Date	20c. Location -	City or Town, State
7 8		1 Strain 2 ☐ Cremation 3 4 ☐ Donation 5 ☐ Other (Spec			Heart. (of Jesus	9-26	Dundal	k
Important: H any Injury o		21. Signalbus of Fyneral Service Lice		baorea	22 Name and Add	fress of Facility			
impo any li		* Holy E hal	Osh		Connell	ly Funer			
	Н	//0.00/000	maileatha a that saused t	he death Do sal		ollers P			
		23a. Part1 Enter the disease, or conshock, or heart failure. List only	one ceuse on each line	. Do nor	enter the mode of d	lying, such as cardia	ic or respiretory em	est,	Approximate Interval Between Onset end Death
sician edical		Immediate Cause (Final	/:			1 1			
miner		disease or condition resulting in death)	а	astroin	restina	1 bleco	d		2 hours
	P		-	ue to (or as a con					
nsit	- L	O L			jeal Va	rices			weeks
and el-tra	Examiner	Sequentielly list conditions, if any, leading to immadiate cause. Enter Undarlying Cause (Disease or injury		ue to (or es e con			0 11 1		
ding physician and ise as the buriel-transit		Causa (Disease or injury that initiated events				nosis o	+ thel	1ver	years
s the	/Medical	resulting in death) Last	Di	ue to (or as a con:	sequence of):				
	M		d						
6 3	clar	4							
the the	Physician	Part II. Other significant conditions	contributing to death but	not resulting in th	a underlying cause	given in Part t.			stribute to the cause of death
igned by be detec							1 🗆 Y	es 2 No	3 Probably 4 Unknow
P B	1 by						24a. Was a	n autoney	24b. Were autopsy findings
0, 0							perform	med?	available prior to completion of cause
should	etec							,	of death?
2 8	mpietec							_	
ata nes page 2	Completed						1 🗆 Ye	es 2 No	1 ☐ Yes 2 ☐ No
page 2	Be	25. Was cese referred to medical examiner?					ath (Check only on		1 Yes 2 No
s certificata hes director, page 2		examiner? 1 Yes 2 No	Hospital: 1 Inpatient	2 ☐ ER/Outpa	tient 3 DOA	Where		a)	
his certificata hes al director, page 2	To Be	examiner? 1 Yes 2 No 27. Manper of Death 1 Natural 5 Pending	28a. Date of Injury (Month, Dey	28b. Time	e of 28c. In	Other: 4 Nursing I	ath (Check only on	na) enca 6 □Othe	er (Specify)
for: After this certificata the funeral director, pag	To Be	examiner? 1 Yes 2 No 27. Manper of Death 1 Natural 5 Pending	28a. Date of Injury (Month, Dey)	/ear) 28b. Time Injur	e of 28c. In	Other: 4 Nursing Figury ellork?	ath (Check only on Home 5 Reside 28d. Describe ho	enca 6 Other	er (Specify)
for: After this certificata hes the funeral director, page 2	To Be	examIner? 1 Yes 2 No 27. Manper of Death 1 Natural 5 Pending investigatic 2 Accident 3 Suicide 6 Could not 1	28a. Date of Injury (Month, Dey)	/ear) 28b. Time Injur	e of y M 1	Other: 4 Nursing I jury el ork? Yes 2 No	ath (Check only on Home 5 Reside	enca 6 Other	or (Specify) ed
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Funeral Director: After this certificate hes stely filled in by the funeral director, page 2	To Be	examiner? 1 Yes 2 No 27. Manger of Death 1 Natural 2 Accident 3 Suicide 4 Homicida 29a. Certifiar (Check only) 2 No 5 Pending investigation of Could not I determined	28a. Date of Injury (Month, Day) 28a. Place of injury building, atc.	28b. Tim Injur 1 - At homa, farm, (Specify) my knowledga, da kamination and/or	e of y M 11 street, factory, office that occurred at the Investigation, In my	Other: 4 Nursing I	ath (Check only on Home 5 - Reside 28d. Describe home 28f. Location (St. City or Town a, and due to the caurred at the time, di	enca 6 Other ow injury occurre treet and Number on, State) ausa(s) and mai ata and place, a	er (Specify) ed er or Rural Route Number, mar as stated. and dua to tha cause(s)
this certificata hes al director, page 2	edical Certification: To Be	examiner? 1 Yes 2 No 27. Manper of Death 1 Natural 2 Accident 3 Suicide 4 Homicida 29a. Certifiar (Check only one) 29b. Signature and little of certifier	28a. Date of Injury (Month, Dey) 28e. Place of injury building, atc.	28b. Timiniur - At homa, farm, (Specify) my knowledga, daxemination and/ord.	street, factory, office the investigation, in my	Other: 4 Nursing Nurs	ath (Check only on Home 5 Reside 28d. Describe home 28f. Location (St. City or Town a, and due to the curred at the time, did	enca 6 Other ow injury occurre treet and Number on, State) ausa(s) and mai ata and place, a	er (Specify) ed er or Rural Route Number,

State Registrar

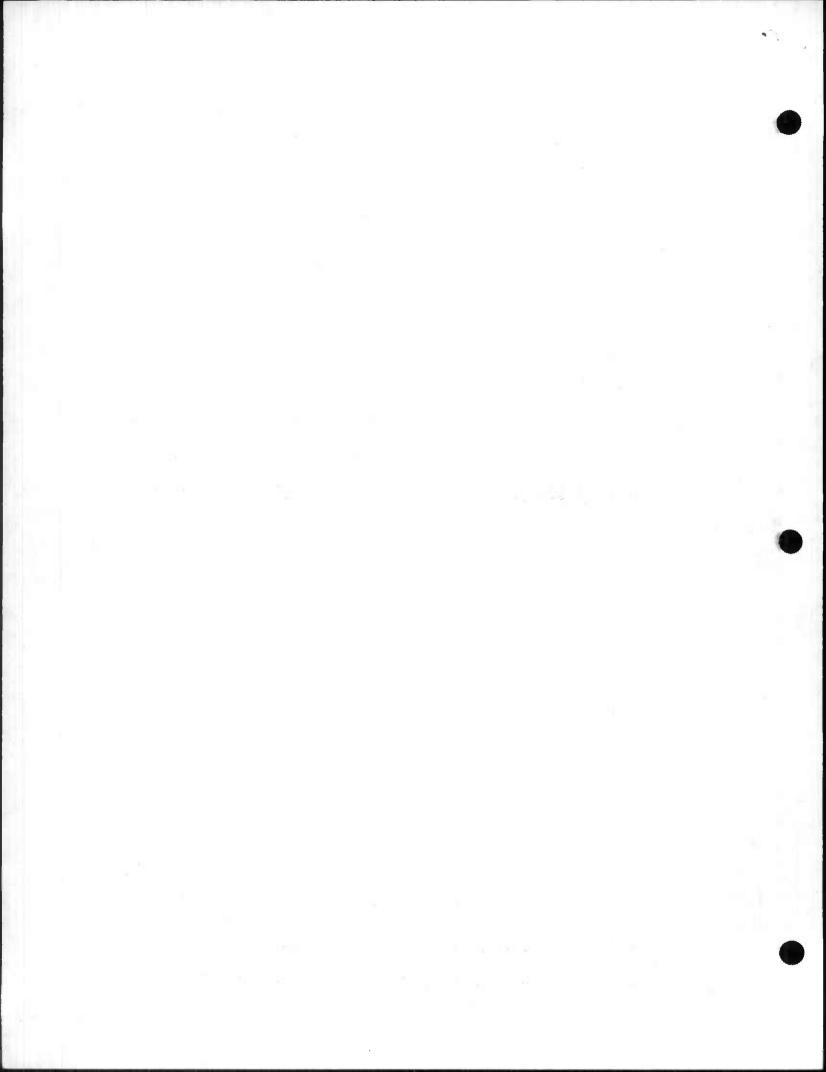


State of Maryland / Department of Health and Mental Hygiene 96 28591

						Certif	icate of	Death			Reg. No.		70021
	Division		1. Decadant's Nama (First, Middla, La	nst)						2. Data of Da	ath	Vana	3. Tima of Death
	Physic /Medi		Barbara Emily	y Chmiel	ewski					Sept.	18 1	996	8:30 ar
)-	Exami		4a. Facility Nama (If not Institution, gi	va street and number	r)			4b. City, To	wn, or Lo	cation of Death		of Death	
			3502 East Lor	mbard St				Balt:		e	N	/A	
2 4	Funeral Director		213-52-1788	ADM OFF	ga (In yrs. last bii 46		Undar 1 Yaa onths Days		24 Hrs. Min.	8. Daia of Birt (Month, Da OCt. 2	y, Year) 20,194	Chi.	iaca (Stata or Foreign stry) aryland
7	2		Usuai Rasidance of Dacadant 10a. Siata 10b. County		10c. City, Tow	m or Locatio	n .						0d. Insida City Limits
ho Mand	28a-f sho	Director	Md.	N/A		ltim	ore						1 Yas 2 □ No
40	23a or 3	eral Dir	3502 East Lomb				Of, Zip Coda	2122			10g. Citizan of US	A	
21215-0020	Lating must be notified at	by Funeral	11. Marital Siaius 1 □ Navar Marriad 2 ☑ Married 3 □ Widowed 4 □ Divorced	12. Was Dacedan Armed Forcas 1 ☐ Yas 2√ If Yas, Give Yaar or Datas:	? INo	_	Decedani of s, specify Cul Yas 2 No			acify Yas or No- Rican, atc.)		ce - Amaric ck, Whiia, y: Whi	atc.
5-6	an "naturel", Medical Ex	Completed	15. Decedant's E (Specify only highast gra	ducation ada complated)	16a	Decedant's	s Usual Occu of work done IOT use retin	pation a <i>during m</i> os	t of worki	ing	16b. Kind of B	usinass/Ind	dustry
121		mpi	Elamantary/Secondery (0-12)	Coilege (1-4or				9d)					
d 2	100		12 yrs. 17. Father's Nema (First, Middle, Lest	1		Secre	tary	10 Math	nda Nama	(Final Middle		I.A	•
Maryland	d d	To Be	Frank Olcza							e (First, Middle, a Ploc		ne)	
lar	and and		19a, informant's Name/Relationship (195	. Maliing Ad	ddrass (Stree	t and Numbe	er or Rura	al Routa Numbe	r, City or Town	Steta, Zip	Coda)
	= N h		Joseph Chmiele	ewski				Lomba	ard	St. Ba			1. 21224
- 4	7 2 0		20a. Mathod of Disposition 1 ☐ Burial 2 ☐ Cramation 3 ☐ 4 ☐ Donation 5 ☐ Othar (Spacil			f Disposition ry, cramator OWY10	y or othar pla	aca)	9	Data 9 – 21	Glen		
Balt	Department Important: If any injury or once.		21. Signatura of Fundral Service Lica	raaa raaa		22. Na		elly	Fun	eral F			
P	hysician	И	23a. Part1 Enter tha disease, or com shock, or heart failure. List only	plications that cause one cause on each	d tha daath. Do line.	not anter the	a moda of dy	Ing, such as	cerdiac o	Point or raspiratory ar	rasi,	21224	Approximata Interval Batween Onsat and Death
<i>t</i>	/Medical		immediata Ceusa (Final disaasa or condition	Me	ETHSTAT	ic B	SREAK	TOA	n cer	2 10	Lungs	5	11 uns
E	xaminer		rasulting in daath)	a	Dua to (or es e								12 3
Y	#	ner		Cau	ncer	0 11	re le	HY	Bres	157			7 Lups
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X 58/50,	ing physicle e as the bu	Medical	Causa (Disaasa or injury ihat initiated avants rasulting in daath) Last	c	Dua io (or as a	consequanc	e of):						
death c	Č S		· ·	G.								1	
5 8	9 X	Physician	Part II. Other significant conditions of	contributing to death it	out not resulting in	n tha undari	ying causa g	ivan in Part I		23b. Dld t	obacco use co	ntribute to	the cause of death?
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ding Physician: The law requires the	s been s 2 should	Completed								24a. Was		ave	are autopsy findings allabla prior to mpletion of cause daath?
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clan:	s certificate director, par	Be	25. Was casa refarred to medical axaminar?						of Death	(Check only o	ne)		
ding Physician:	After this co funeral dire	on: To	1 ☐ Yas 2 ☒ No 27. Mannar of Death 1 ☒ Natural 5 ☐ Panding	Hospital: 1 ☐ Inpati 28a. Deia of Inju (Month, Da	ury 28b.	Itpatient 3 Fima of njury	DOA Ot		-	ma 5 🛛 Rasid 28d. Dascribe h			()
or Attendi	dea ctor: y the	Certification:	2 Accidant Invastigation 3 Suicida 6 Could not b	e 28a. Piace of in	jury - Ai homa, fa	rm, streat, f	1 1	Yas 2 1				er or Rura	l Routa Number,
Dital or	유리는		4 Homicida 29a. Cartifiar 77 Certifying Ph		tc. (Specify)					City or Tow			
HOS HOS	within 24 hours of To the Funeral I completely filled	edical	(Check only one)	ysician: To the best niner: On the basis o and manner si	of examination an	d/or invastig	ation, in my	ma, data an opinion, daal	d place, a	ed ai the tima,	ata and placa,	end due to	ated. the cause(s)
Tot	within To the comple	Σ	29b. Signature and title of certifier	0			29c. Lican	sa number			29d. Data signe	d (Month, I	Day, Year)
	4		mon le	mily	DM		73	7239	6		9.26	.96	
	10		M JOHN KENNED	1 1	N N OC		_	AZTIM	ONE	MO 2	1262.		
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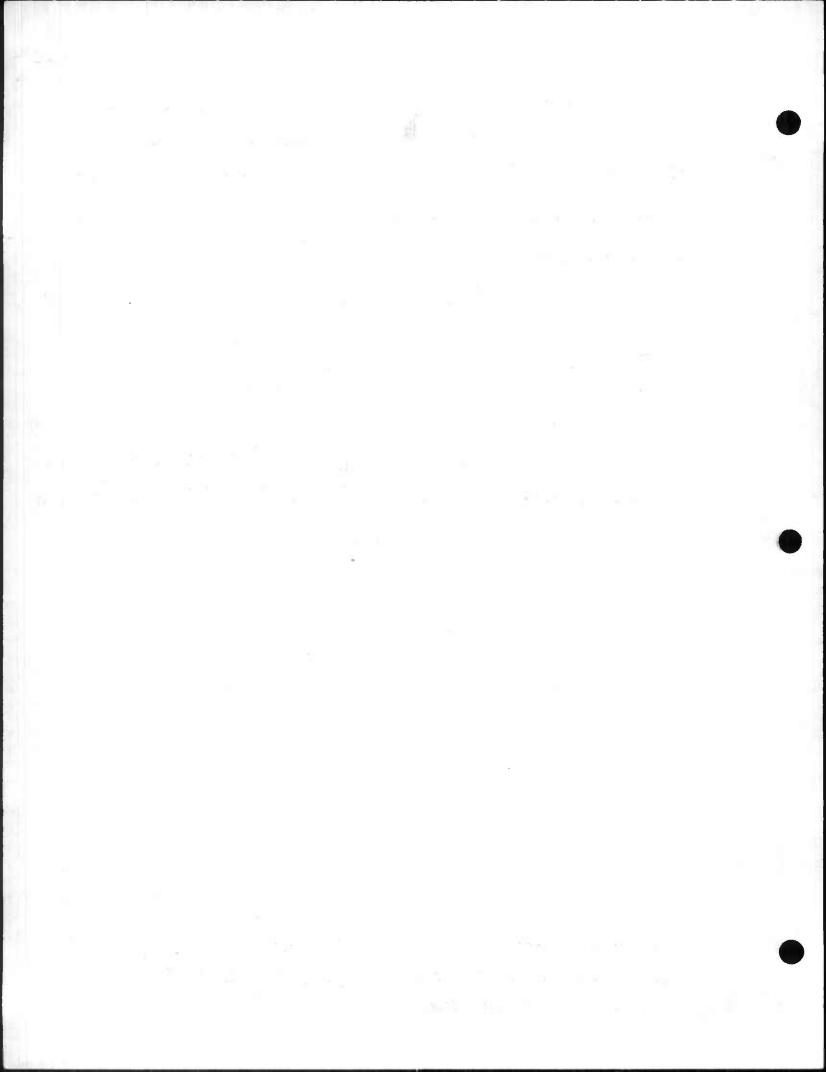
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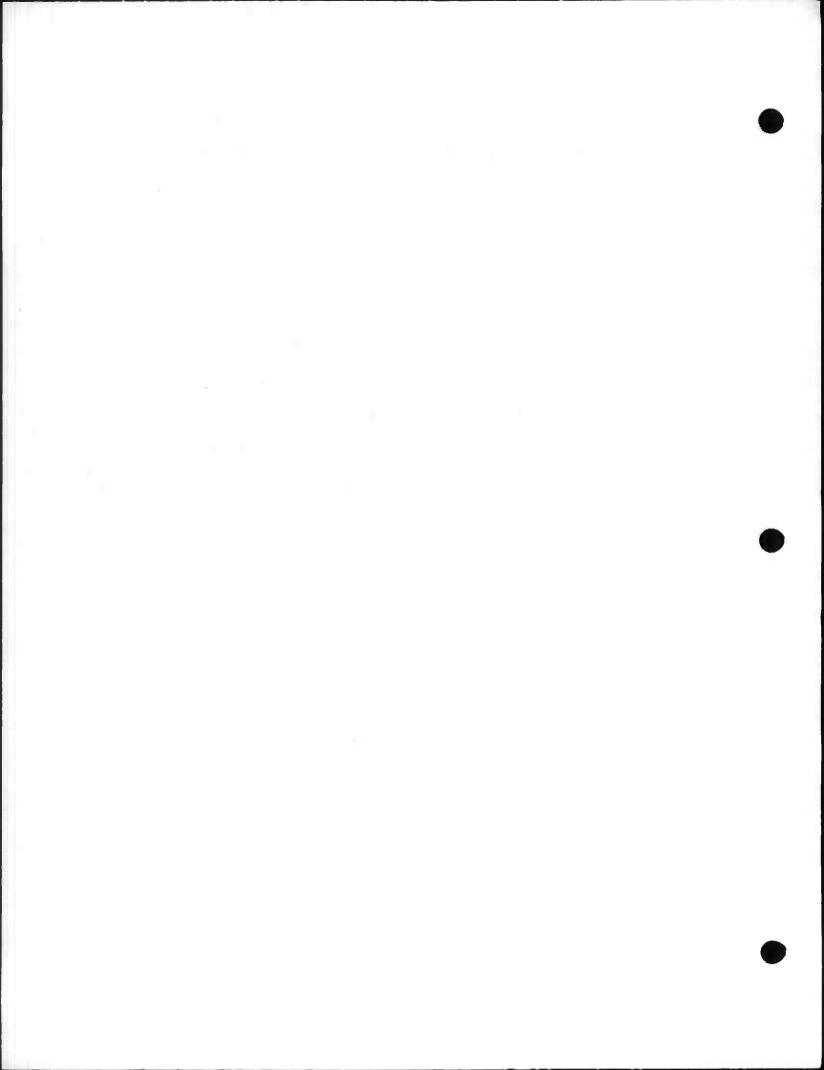
State of Maryland / Department of Health and Mental Hygiene 96

28592

						Cer	tificate of	Death		Reg	. No.		
	Dhusia		1. Decedent's Name (First, Middle, La							e of Death	Deut	Voor	3. Time of Death
	Physic /Medi		ADELE	COHEN					Sep	tembe	r 19,	1996	2:50 P.M.
	Exami		4a. Facility Name (If not institution, given	e street and numbe	er)			4b. City, Tov	vn, or Location	of Death	4c. County	of Death	
	-1		Hebrew Home of G					Rockv				gome	ry
	Funeral Director			Sex 7. / 1 □ M 2/√XF	Age (In yrs. last b	Yrs.	Months Days		Min. (Mc	e of Birth onth, Day, Y ch 3,	^(ear) 1903	Coun	lece (State or Foreign try) SSIA
land	№ #		10a. Stete 10b. County		10c. City, Tov	vn or Loc	cation					1	0d. inside City Limits
Mary	등등	to	Maryland Montgon	nery	Rock	vill	.e						Yes 2 No
h the	r 28a	Director	10e. Street end Number				10f. Zip Code			10g	. Citizen of \	What Coun	try?
th wit	23a c		6121 Montrose Roa	ad			208	52			U. S.	Α.	
rdea	E DE	Funerai	11. Maritai Status	12. Wes Deceder Armed Forces		13. W	Vas Decedent of Yes, specify Cul	Hispanic Orig	in? (Specify Ye	s or No-	14. Rac	a - Americ	
21215-0020 d within 72 hours efter death with the Maryland	ral', or itams 23a or 28a-f show Examiner must be notified at	by	1 ☐ Never Married 2 ☐ Married ③☐Wiorced	1 Yes 25 If Yes, Give Yeer or Dates	No		Yes 2 No		T dono modif,	510.)	Specify		
5-0 72 h	"natural",	eted	15. Decedent's Ed (Specify only highest gre	ducation	168	. Deced	ent's Usuai Occu	pation	of working	16	b. Kind of B		
within		Completed	Elementary/Secondery (0-12)	College (1-4o	or 5+)	life. D	O NOT use retire	ed)	or working				
	100 100	ပိ	12 Years 17. Fether's Name (First, Middle, Last,	1		Ta	ilor	40 14-41-	to Albino (Elica		Clothi		
an and	d o o	Be		/					's Name (First,		iden Suman	10)	
Maryland	th and Mente 7 is marked traumatic ev	2	Max Friedman 19a. Informant's Name/Relationship (Type Print)	191	h Mailin	g Address (Stree		ary Her		The or Tourn	Ctoto 7in	Codo
	47.5		Mrs. Beverly Rod		101	D. Telegilli I	g Madress (birec	a and manipe	or ribrar rioble	rvaniber, C	nly or rown,	Siele, Zip	0000)
Baltimore, IV			20a. Method of Disposition				ition (Name of		Date	20	c. Location -	City or To	wn, State
Pages	Depertment of Important: If I any injury or once.		★ Burial 2 □ Cremation 3 □ 4 □ Donation 5 □ Other (Specif	Removal from Stat	е		atory or other ple	9	/22/199		nitol	Unici	nts, Md.
Balti Permit.	ortal Inju		21. Signature of Funeral Servica Licar		Bern S		m Congr Name and Addr			Ca	PICOI	neigi	ics, Mu.
m ž	lmpo any ir		Danala C	Dette.	much		IN HEBR						C. D.C. 20012
//	ysiclan Medicai aminer	her	23a. Pert1. Enter the disease, or com shock, or heert failure. List only fmmediate Cause (Final disease or condition resulting in death)	a Upper		consequ				atory arrest	,		Approximate Interval Between Onset and Death Agr
petn	d ansit	Examiner	Sequentially list conditions	b. repris	Due to (or as a		ionce of):						7
x 68760, entificeta be executed	attanding physician and for use es the buriel-transit	edicai	Sequentielly list conditions, if any, leading to Immediate cause. Enter Underlying Cause (Disease or Injury that Initiated events resulting in death) Last	c	Due to (or as a							1	
0	nding use e	≥ l		d									
death death	d for	icla	Pert fl. Other significant conditions of	ontributing to death	but not resulting i	n the un	dorbina cousa si	ion in Port I	92	h Did tohe		mtelbute to	the causs of death?
D. The the de	ed by the attend detached for us	Physician	. or in other significant solicitions of	orithodaing to death	out not resulting i	ii uio uii	denying cause gi	veil iii raitti,	20	1 🗆 Yss	~ 2		ebly 4 Unknown
S, the	gned be de	by F									->/		,
or Attending Physician: The law requires that the	s been s 2 should	Completed		-					24	a. Was an a performe		cor	ore autopsy findings uilable prior to appletion of cause death?
The law	s certificate hes director, page 2	E								1 ☐ Yes	22 No	10	Yes 2□ No
- C	ctor, I	Be	25. Was case referred to medical examiner?					26. Place	of Death (Chec	k only one)	/ 1		
Jysic V	0 0	2	1 ☐ Yes 2N No	Hospitei: 1 ☐ Inpat	tient 2 ER/O	utpatient	3 DOA OI	her: 4 Nur	sing Home 5[Residenc	e 6 Oth	ar (Specify)
Attending Physician:	arn. xr: Aftar th he funera		27. Menner of Death 1. Natural 5 Pending 2 Accident Investigation			Time of Injury	28c. Inju Wo M 1	iry at ork?]Yes 2 □ N		scribe how	injury occuri	ed	
DIVIS	of in by t	Certification:	3 ☐ Suicide 6 ☐ Could not be 4 ☐ Homicide determined	286. Placa of II	njury - At home, fa atc. <i>(Specify)</i>	rm, stre	et, fectory, offica		28f. Loc City	ation (Stree or Town, S	at and Numb Stete)	er or Rure	Route Number,
To the Hospital or	winn ze nous arar deam. To the Funersi Director: After thi completely filled in by the funeral	edical	29a. Certifier (Check only one)	ysician: To the bes linar: On the basis and manner s	of examination an	e, deeth o	occurred at the ti estigation, in my	me, date and opinion, death	placa, and due occurred at the	to the caus time, dete	e(s) and ma and placa, s	nner as st	ated. the cause(s)
To the	To the complete of the complet	ž	29b. Signeture end title of certifier				29c. Licen	4			Date signed		
			Indlele				1)	239	58	4	9/19	196	
/	3		30. Name and address of person who	completed cause of	death (Item 23a)	(Type, P	rint)	oce t	Ed, R	ocker	ille	MO	20852
	Sta	te	31. Date filed (Month, Day, Year)	9 32 Begis	trar's Signature		, - (4 ,	3 0 1)	-	
	Registr		SEP 26 1996	a David	son-Nandal	0							



	1 - FOR STATE 0	F MARYLAND / DEPARTI CERTIFIC	MENT OF HEALTH AND CATE OF DEATH	MENTAL HYGIENE REG. NO.	
	1. DECEDENT'S NAME PIPST MICHIN (Las)	er		2. DATE OF OEATH MONTH DAY	24, YEAR 3. TIME OF DEATH PM
	4. SOCIAL SECURITY NUMBER 2 1 2 - 2 2 - 6 6 3 7 Se. FACILITY NAME (If not institution, give street and number	OF 88 YRS. INC	FUNDER 1 YEAR IF UNDER 24 HRS. ONTHS DAYS HOURS MIN.	7. Date of Birth 0.7/22/190	
TOR	St. Elizabeth Nursin		Baltimore	EATH	9c. COUNTY OF GEATN N/A
DIRECTOR	10a.STATE 10b.COUNTY Balti	more 10c. CITY, T	OWN OR LOCATION Cator	sville	tod. INSIDE CITY LIMITS? t YES 2 NO
FUNERAL	625 Southmont Road		10f. ZIP CODE 2 1 2 2 8		10g. CITIZEN OF WHAT COUNTRY? USA
BY	1 Never Married 2 Married FORCES?	DENT EVER IN U.S. ARMED 1 YES 2 NO /E WAR OR DATES	13. WAS DECENDENT OF NISPA If yes, specify Cuben, Mexic 1 VES 2 NO Speci	ал, Puerto Rican, etc.)	or No- 14. RACE - American Indian, Black, White, etc. Specify: White
COMPLETED	15. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) College (1-4 o + 2)	life Do MOT use o	done during most of working	Social	Security
BE CON	17. FATHER'S NAME (First, Middle, Lest) Thomas McCarthy		Mar	AME (First, Middle, Meiden Sury Dore	
5	190. INFORMANT'S NAME (Type/Print) Thomas Calder / sc		paess (Street and Number of Rural randford Rd		Statu, Zip Code) le, Md 21228
	28e. METHOD OF DISPOSITION 1 Burlel 2 Cremetion 3 Removal from State 4 Donelton 8 Other (Specify) 21. SIGNATURE OF UNRAL SERVICE RICENSE	20b. PLACE AND DATE OF E cametery, crematory or other Crestlawn	place) Mem. Garden 22. NAME AND ADDRESS OF FA	9/27/96 M NGLITY Sterli	NTION - City or Town, State arriotsville, Md ng Ashton Funera
\dashv	23. PART I. Enter the diseases, or complications	that coused the death. Do not	Home, inc.	tonsville	MD 21228
	IMMEDIATE CAUSE (Final	PS 35 TO (OR AS A CONSEQUENCE OF):			Interval Between Onset and Daeth
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury	A	fection		7 days
¥	PART II. Other aignificent conditions contributing	to death but not resulting in t	he underlying cause given in	Part i. 24s. WAS AN AL	
: MEDIC	Pankinson's disease. dementia- DID TOBACCO USE CONTRIBUTE TO	CALICE OF DEATH VEC	EL NO EZ UNCERTAL	1 TYES 2 6	COMPLETION OF CAUSE
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	26. PLACE OF DEATH (N LJ	
HYS	27. MANNER OF DEATH 28e. DATE	2 ER/Outpatient 3 DOA 4 (Nursing Home 5 Residence F 28c, INJURY AT	8 Other (Specify) 28d. DESCRIBE NOW INJ	URY OCCURED
B	2 Accident Investigation 3 Suicide 6 Could at 28e. PLAC	E OF INJURY — At home, lerm, street	M 1 YES 2 NO	28I. LOCATION (Street and	1 Number or Rural Route Number,
COMPLETED	4 Homicide determined 29a. CERTIFIER (Check only) 1 CERTIFYING PHYSICIAN: To the best conductions of the conduction of	ng, etc. (Specify) t of my knowledge, death occurred a	t the time, date and place, and dur	City or Town, State)	or se stated.
COM	one) 2 MEDICAL EXAMINER: On the besis				due to the cause(a) and manner as stated.
TO BE	296. SIGNATURE AND TITLE OF CERTIFIER 30. NAME AND ADDRESS OF PERSON WHO COMPLETED OF	AUSE OF DEATH (ITEM 27) (Type, Phi	29c. LICENSE NU D3'74	MBER 2	Deptember 24, 1996
	KRIS E. KUHN, M.		hour Avenue	Baltimore,	MD 21227
	SEP 26 1996				DHMH-18 Rev 1/69



Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene 28594 Certificate of Death 1. Decedent's Nama (First, Middle, Last) 2. Date of Death (Month **Physician** JAMES CARTER -HJR. 10 /Medical 4a. Facility Name (If not Institution, giva street and number) 4b. City, Town, or Location of Death 4c. County of Death Examiner SECOURS HOSPITAL NIA BALTIHORE If Under 1 Year If Under 24 Hrs. 8. Date of Birth (Month, Day, Year) 5. Social Security Number 6 Sex 7. Aga (In yrs. last birthday) Birthplaca (State or Foreign Country) **Funerai** Days Hours 1**2** M 2□ F 219-50-4874 Yes Director October 5,1950 BAITIMOREMD Usual Residence of Dacadent 10a State 10b. County 10c. City, Town or Location 10d. Insida City Limits ns 23a or 28a-f shov Director MARYLAND BALTIMORE 1 S Yes 2 □ No 10e. Street and Number 10f. Zip Code 10g. Citlzen of What Country? 21223 PENROSE HYENUE 1912 U.S.A. Funeral death Нетв 12. Was Decedent Evar in U.S. Armed Forces? 1 KYas 2 □ No 6-12-76 Raca - American Indian, Black, White, etc. 11. Marital Status Was Decedent of Hispanic Origin? (Specify Yas or No-if Yes, specify Cuban, Mexican, Puerto Rican, etc.) "natural", or item filed within 72 hours after 1 □ Never Married 2 Married Yes, Give Year or Dates: 10-22-70 1 ☐ Yes 2 No À 3 ☐ Widowed 4 ☐ Divorced Specify: BLACK Completed 15. Decedant's Education 16a. Decedent's Usual Occupation (Give kind of work done during most of working life. DO NOT use ratired) 16b. Kind of Business/Industry (Specify only highast grade completed) Eiamentary/Secondary (0-12) College (1-4or 5+) ENGINEERING COMPANY 11TH GRADE CONSTRUCTION WORKER

SR.

20b. Place of Disposition (Name of cemetary, crematory or other place)

Enter the disease, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, or heart failure. List only one cause on each line.

DEHYBRATION

Due to (or as a consequence of)

Due to (or as e consequence of)

22. Name end Address of Facility

MMUNE

CARTER

IREN

Part II. Other eignificant conditions contributing to death but not resulting in the underlying cause given in Part I.

1 Dinpatient

28a. Date of Injury (Month, Day Year)

21215-0020 traumatic evant, the Medical Hygiene. other! Maryland Pages 1 and 2 should be finent of Health and Mantal I int: If Itam 27 is marked of other altimore, 0 Department of important: If any injury or once

Be

Physician /Medical Examiner

and

has

certificate

After this

To the Funeral Director: completely filled in by the

The law requires that the death certificate be executed

Box 68760,

P.O.

Division of Vital Records.

or Attending Physician:

death.

Physician/Medical signed by t þ Completed Be 2 In by t

25. Was case rafarred to medicei examiner? 1 Yes 2 No 27. Manner of Deeth 1 Natural Medical Certification: 5 Panding investigation 2 Accidant 3 Sulcide 6 Could not be determined 4 Homicide 10 Certifying Physician: To the best of my knowledge, death occurred at the time, date and place, and due to the ceuse(s) end manner as stated.
2 Medical Examiner: On the basis of examination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the ceuse(s) 29a. Certifier 29b. Signature and titla of cartifier

17. Fathar's Name (First, Middle, Last)

19a. Informant's Name/Relationship (Type, Print)

4 Donation 5 Other (Specify) Signature of Funeral Service Doense

JUANITA CARTER/WIFE

1 ☑ Burial 2 ☐ Cremation 3 ☐ Removal from State

JAMES

20a. Method of Disposition

Immediate Cause (Final

Sequentially list conditions, if any, laading to immadiate ceuse. Enter Underlying Cause (Diseasa or Injury that initiated evants rasulting In deeth) Last

disease or condition rasulting in death)

and manner statad

2 ER/Outpatient 3 DOA

28b. Time of

28e. Place of Injury - At home, farm, street, factory, office building, etc. (Specify)

Injury

29c. Licensa number

1 ☐ Yes 2 ☐ No

28c. Injury at Work?

29d. Date signed (Month, Day, Year)

28f. Location (Street and Number or Rural Route Number, City or Town, State)

18. Mothar's Name (First, Middla, Maiden Sumame)

Data

GARRISON FOREST CEMETER 9-27-96 DWINGS MILLS, MARYLAND

JOSEPH H. BROWN JR. FUNERAL HOME, P.A. 2140 N. FULTON AVE., BACTIMORE, MARYLAND 21217

19b. Malling Address (Street and Number or Rural Routa Number, City or Town, Stata, Zlp Code) 1912 PENROSE AVE., BALTIMORE, MARYLAND 21823

JONES

DEFICIENCY SYDNOME

24a. Was an autopsy

1 ☐ Yes

28d. Describe how injury occurred

Othar: 4 Nursing Home 5 Rasidance 6 Othar (Specify)

21000

20c. Location - City or Town, Stata

23b. Did tobacco use contribute to the cause of death?

1 Yee 20 No 3 Probably 4 Unknown

24b. Were autopsy findings available prior to complation of causa of daath?

1 Yes 2 No

Approximate Intarval Between Onsel and Death

WEEK

VIOLA

30 Name and address of person who complated cause of daath (Item 23a) (Type, Print)

N. LRICHMAN, ND 821 N.EV7AW 17. # 301 BALTIMOLE 2120/

26. Place of Death (Check only ona)

who Bollednuns The

State Registra

Market against the same way growing in the fig. 24 N N N N Grant Control of the The Septiment garest group Septembers Salah and the same of the same of the salah and the salah Markette British Briti James Carry againthe specify" and mars and 97 3 1000 San and the second of the seco the production of the state of The last of an expensive and an expensive and the second

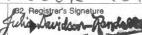
State of Maryland / Department of Health and Mental Hygiene 96

96 2

28595

					C	ertificate of	Death	,	Reg. No.	0 6	0 3 3 3
п	Dhuole	:	1. Decedent's Neme (First, Middle, Last,)				2. Dete of Dee	eth Dey	Year 3.	Time of Deeth
	Physic /Medi		Thelma Elizal	beth Da	avis			Sept.		96	9 AM
	Exami		4e. Fecility Neme (If not institution, give	street end number)			4b. City, Town, or L	ocation of Deeth			
			1529 Shoreside	e Trail			Pasad	ena	Anne	Arund	del
Т	Funeral	Г	5. Sociel Security Number 6. Sex	x 7. Ag	e (In yrs. last birthd	ay) If Under 1 Year		8. Dete of Birti (Month, De)			(State or Foreign
Ł	Director		213-20-4854]M 2 ⊠ F	72 Yrs	Months Deys	Hours Min.	Nov.	7,1923	Mary]	land
	land Man		10a. State 10b. County		10c. City, Town or	Location				10d. l	nside City Limits
	Mar 1	to	Md. Baltimon	re City		Balti	more			1	Yes 2□No
	r 284	Director	10e. Street and Number			10f. Zip Code			10g. Citizen of W	hat Country?	
	3a o		1470 William St	treet		212	20		TT C	S.A.	
	items ?	Funeral		12. Wes Decedent	Ever in U,S. 1	Was Decadent of If Yes, specify Cub		ecify Yes or No-	14. Race	- American Ir	ndien,
21215-0020	72 hours after death with the Manyand "natural", or flems 23a or 28a-f show solical Examiner must be notified at	by Fu	1 ☐ Never Merried 2 ☑ Married 3 ☐ Widowed 4 ☐ Divorced	Armed Forces? 1 ☐ Yes 2 ☑ If Yes, Give Year or Detes:	No	If Yes, specify Cut 1 ☐ Yes 2 ☑ No		Ricen, etc.)	Specify:	white, etc. Whit	te
0	natura natura	Completed	15. Decedent's Educ	cetion	16a. De	cedent's Usuel Occu	petion		16b. Kind of Bu	siness/industr	У
215	C .	ple	(Specify only highest grade Elementery/Secondary (0-12)	completed) College (1-4or 5	(G	ive kind of work done a. DO NOT use retire	during most of work	ing			,
21	d withir giene. r than	E	12	0		ical Sec	retary		Harbon	Hoer	nital
	should be filed and Mental Hygis marked other imatic event, it	BeC	17. Fether's Neme (First, Middle, Last)		1100	ICUI DCC	18. Mother's Nem	e (First, Middle,			JILAI
Maryland	Mental Mental or arked or attic eve	To B	George F. Brow	wn Jr.			Tda E	velvn 1	Harriso	n	
ary	2 should end Mer is marke	-	19e. Informent's Neme/Relationship (Type		19b. M	eiling Address (Stree					le)
	nd 2 is alth or 27 is r trau		Claude S. Davis	s Jr./Hu							
Baltimore,	s 1 and 2 should be filed withi f Health end Mental Hygiene. Item 27 is marked other than other traumatic event, I a M		20e. Method of Disposition			sposition (Neme of cremetory or other ple		Dete	20c. Location - (
5			1 ☑ Buriel 2 ☐ Cremetion 3 ☐ R 4 ☐ Donetion 5 ☐ Other (Specify)	emovei from Stete			1	- /4006			
	permit. Page Department of Important: If any Injury or once.		21. Signeture Ø Funeral Service License	90	Loudon	Park Ce		5/1996	Baltin	nore,	Md.
Ba	Dep Impo			1	1		Funera	l Home	of Sou	ith Ba	altimore
			23a. Pert1. Enter the disease, or compli	. / Jaylo	1						
п			shock, or heart feilure. List only on	cetions(that/caused ne ceuse on eech lir	the deeth. Do not ne.	enter the mode of dy	ng, such es cerdiec	or respiretory an	rest,	inte	rval Between
	Physician /Medical		Immediate Course (Flori	0 - /	-0.					Ons	set end Death
	Examiner		Immediate Cause (Final disease or condition resulting in deeth)	UROS	SEPSIS	>					
		16			Due to (or es e con-	sequence of):					
	be sit	nju), —————							
	the death certificate be executed y the attending physician and eched for use as the bunel-transit	Examiner	Sequentially list conditions, if env. leading to immediate		Due to (or es e cons	sequence of):					
68760,	cian burie		Sequentially list conditions, if eny, leeding to immediate cause. Enter Underlying Cause (Disease or injury								
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	entifica Jing pl										
Вох	eath ce attendii for use	Physician/									
	that the de ed by the a deteched	ysic	Pert II. Other algnificant conditions con-	tributing to death bu	ut not resulting in the	underlying ceuse gi	ven in Pert I.	23b. Did to	obacco usa con	tribute to the	cause of death?
P.0	that the ed by detection	문	SEVERE	DSTF	OPOR	DSIC		1 U Y	es 2 No	3 Probably	4 Unknown
S	8 5 8	by									
of Vital Records,	w requires that been signed t should be dete	Completed	ATHEROSCIE	ROTIC	CARD	IDNASC	SAICT	24e. Wes e perfor		evaliebi	utopsy findings le prior to
ec	2 S S	npie				01,00	00,11			of deeth	tion of cause
<u> </u>		Sol	DISEASE.					1□ Y	es 2 No	1 🗆 Yes	2 DNa
<u>ita</u>	iclan: The	Be	25. Wes cese referred to medicel examiner?				26. Place of Deet	h (Check only or	ne)		
2	5 00	2		ospital: 1 inpatie	nt 2 ER/Outpat	lent 3 DOA Ot	ner: 4 Nursing Ho	me 5 Resid	ence 6 □Otha	(Specity)	
0	ding Ph h. After th funeral		27. Menner of Deeth 1 Staturel 5 Pending	28a. Dete of Injur (Month, De)	y 28b. Time		y at	28d. Describe h	ow injury oocurre	d	
0	Attending ir death. sctor: After by the fune	atic	1 Naturel 5 Pending 2 Accident Investigation	(,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	1,00		Yes 2 □ No				
Division	or Attender deat Director:	tific	3 Suicide 6 Could not be determined	28e. Place of Injubuilding, etc.	ry - At home, farm,	street, factory, office		28f. Location (S City or Tow	treet and Numbe	r or Rural Rou	ute Number,
<u> </u>	s efter se of in or in o	Certification:	/	building, etc	. (Opecity)			Ony or You	n, otetej		
	To me Ho pital or Attending I	edical	29e. Certifier 1 Certifying Physical Check only 2 Medical Examin	Ician: To the best of	f my knowledge, de	eth occurred et the ti	me, dete end plece,	end due to the c	euse(s) and men	ner as steted.	
-	plete		(Check only 2 Medical Examin	end menner ste	ted.	investigation, in my c	opinion, deeth occur	ed et the time, d	ete end place, a	na aue to the	ceuse(s)
4	2 1 100	Σ	29b. Signeture end title of certifier			29c. Licens		2	9d. Dete signed		
١,)		HUOZEN	MINER	7M 18	Dy	5105		91	30 197	
-	4		30. Neme end eddress of person who cor	mpleted cause of de	eeth (Item 23e) (Typ	e, Print)		0 0	- 44- 0	F 000	171222
	V		DR. AFROZE N	NUNE	ER 70	Print) TE. FOR	RT AVE.	BAC	IIMOR	E IVII	7 21230
			31 Date filed (Month Day Year)	62 Paciety	r'e Cionatura						

State Registrar ete filed (Month, Dey, Year)
SFD 26 1006



State of Maryland / Department of Health and Mental Hygiene

28596 Certificate of Death

4b. City, Town, or Location of Deeth

Physician
/Medical
Examiner
LAGITITIO

1. Decedant's Neme (First, Middla, Last) ANTOINETTE

4a. Facility Nema (If not institution, give street end number)

FLORENCE

DAVID

2. Dete of Death Month sept 1996 3. Time of Death 9 40 AM

10d. Inside City Limits

Approximate Interval Between Onset and Death

3 Probably 4 Unknown

1 Yes 2 No

Funeral

Director

28a-f show

Нетя 23а

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natural

al Hygiene.

ith end Mental F.

Pages 1 and 2 should be

the Maryland

with ò

deeth

filed within 72 hours efter

21215-0020

Baltimore, Maryland

5. Social Security Number 10a, Stete

Usuel Residence of Decedant MARYLAND 10e. Street end Number

must be notified at Director The Medical Examiner by

Completed Be permit. Pages 1 and 2 s Department of Health or Important: If Item 27 is any Injury or other trau

Physician /Medical Examiner

The law requires that the death certificate be executed ettending physician and for use es the bunel-transit Box 68760. Physician/Medical signed by the e P.O. Records, þ Completed peen certificate has Division of Vital or Attending Physician: Be 10 this Certification: After t death. In 24 hours after deat 3

4c. County of Deeth 8 GREENWOOD AVENUE GLEN BURNIE ANNE ARUNDEL if Under 1 Yaar if Undar 24 Hrs. 6. Sex 7. Age (In yrs. last birthday) 8. Date of Birth (Month, Dey, Year) 9. Birthplece (Stete or Foraign 1□ M 20 F Months Days Hours MARYLAND Yrs 213-26-4164 67 12-11-1928 10b. County 10c. City, Town or Location ANNE ARUNDEL GLEN BURNIE 10f. Zlp Code 10g. Citizen of Whet Country? # 8 GREENWOOD AVENUE 21061 U.S.A. 12. Wes Decedent Ever in U,S. Armed Forces? 1 ☐ Yes 2 ☒ No Was Decedent of Hispenic Origin? (Specify Yas or No-If Yas, specify Cuben, Mexican, Puerto Rican, etc.) 14. Race - American indian, Biack, White, etc. 1 ☐ Nevar Married 2☐ Married Yas, Give 1 Yes 2 No Specify: Specify: WHITE 3 ☐ Widowed 4 ☐ Divorced 15. Decedent's Education (Specify only highast grede completed) 16e. Decedent's Usuel Occupetion 16b. Kind of Business/Industry (Give kind of work done during most of working life. DO NOT usa retired) Elementery/Secondary (0-12) College (1-4or 5+) GENERAL OFFICES 12 SECRETARY N/A 17. Fether's Nema (First, Middle, Last) 18. Mother's Name (First, Middle, Maiden Sumeme) JOSEPH SCHULZ FRANKLIN ELIZABETH BRONIE HUPKA 19e. Informant's Neme/Rejetionship (Type, Print) 19b. Meiling Addrass (Street end Number or Rural Route Number, City or Town, Stete, Zip Code) ALBERT (NMN) DAVID # 8 GREENWOOD AVENUE, GLEN BURNIE, MD. 21061 (HUSBAND) 20b. Plece of Disposition (Neme of cemetery, cremetory or other plece) 20e. Method of Disposition Date 20c. Location - City or Town, Stata Buriel 2 Cremation 3 Remove from State 4 ☐ Donetion 5 ☐ Other (Spacify) MEADOWRIDGE MEMORIAL PARK9/26/96 ELKRIDGE, MARYLAND 21. Signeture of Funeral Service Lit 22. Name end Addrass of Facility SINGLETON FUNERAL HOME, 1 SECOND AVENUE, S.W., GLEN BURNIE, MD. 21061 mplicetions that caused the death. Do not enter the mode of dying, such es cardiec or respiretory arrest, to one cause on each line. Immediete Ceusa (Fine (ances diseese or condition rasulting in deeth) Due to (or es e consequance of) Dua to (or es e consequence of):

Examine Sequentially list conditions, if eny, leading to immadiate cause. Enter Underlying Cause (Diseesa or injury that initiated avants resulting in death) Lest

27. Manner of Deeth

2 Accident

4 Homicide

3 ☐ Suicida

29a. Certifier (Check only one)

Naturei

Dua to (or es e consequença of):

Part ii. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I.

25. Wes case raferred to medical Hospital 1 Yes 2 No 1 ☐ Inpatient 2 ☐ ER/Outpatlent 3 ☐ DOA 28c. injury et Work?

Dete of injury (Month, Dey Year) 28b. Tima of 6 Could not be detarmined

1 Yes 2 No 28e. Plece of injury - At home, ferm, street, factory, office building, etc. (Specify)

24b. Were autopsy findings aveileble prior to completion of cause of death? 2 0 No 1 Yes 1 ☐ Yes 2 ☐ No

23b. Dfd tobacco use contribute to the cause of death?

26. Placa of Death (Check only ona) Othar: 4 ☐ Nursing Homa 5 ☐ Mesidenca 6 ☐ Other (Specify) 28d. Describe how injury occurred

1 Yes 2 No

24a. Was en eutopsy

28f. Location (Straat and Number or Rurel Route Number, City or Town, State)

Cortifying Physician: To the bast of my knowledge, death occurred at the time, date and place, and due to the causa(s) and mannar as stated.

| Cortifying Physician: To the basis of axamination end/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and manner stated. 29c. License number 29d. Dete signed (Month, Day, Year)

29b. Signeture and title of certifier

5 Panding Invastigation

D39505 M.D

30. Neme end eddress of person who complated cause of death (Item 23e) (Type, Print)

1406-B Crain twy Glen Burnie, MD. 2106 udhishtra Markan

State Registrar

Medical

31. Date filed (Month, Day, Year) 2726 1996



Item2 10-7-96 Film6740 W.H. Gez5-96 Film6739 W.H. Per A. Board & Doctor Items4a. Please Type of Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene 96 28597

		Decedent's Nama (First, Middle, Las	nt)		rtificate of		2. Data of Dea	Reg. No.	2	. Tima of Death
Physici			Dorman				Month August	Th Aug 31 -30, 19	9 Vaar	:00 a.m.r
/Medic Examir		4a. Facility Nama (If not Institution, give				4b. City, Town, or Lo	0			.00 a.m.
Examin	iei	1136 E. 36th Stre				Baltimore		none		
Funeral		5. Social Security Number 6. Se		(In yrs. last birthday)	If Undar 1 Year	If Undar 24 Hrs.	8. Data of Birth (Month, Day			(State or Foreign
Director		243-16-6834	IN 2□F	78 Yrs.	Months Days	Hours Min.	June 15			Carolina
		Usual Rasidanca of Decedant 10a. Stata 10b. County		10c. City, Town or Lo				,		
ahow ad at	5	Maryland none		Baltim						Insida City Limits
28a-1	Director	10e. Street and Number		Daitin						**
t be r		1122			10f. Zip Code			10g. Citizan of 1		
E H	era	1136 E. 36th Stre	12. Was Dacedant B	varin U.S. 13 1	Was Decedent of I-	21218	acifu Vae or No.		S.A. se - Amarican II	ndian
Examiner must be notified at	by Funeral	1 □ Navar Married 2 ☑ Married 3 □ Widowed 4 □ Divorced	Armed Forcas? 1 □Yas 2 □ N If Yas, Giva W Yaar or Datas:	\$11	t Yas, specify Cub 1 ☐ Yas 2 ☐ No	lispanic Origin? (Span, Maxican, Puarto Specify:	Rican, atc.)	Blai Specify	ck, White, atc.	
sal E		15. Decedent's Ed	ucation	16a. Dece	lant's Usual Occup	pation	1	16b. Kind ot B	usinass/Industr	ry
Med	Completed	(Specify only highast grade Eiamantary/Secondary (0-12)	da complated) Collage (1-4or 5	(Giva	kind of work dona DO NOT usa retire	during most of work d)	ing	Air cor	ndition	ing
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went	Be (17. Fathar's Nama (First, Middla, Last)				18. Mothar's Name	a (First, Middle,	Maldan Suman	na)	
affe	2	Luther Clifton Do	rman			Mamie Ga				
1		19a. Informant's Name/Ralationship (7 Nellie Dorman-Wif				and Number or Run				
par		20a. Mathod of Disposition	е	20b. Place of Dispo		Street-Ba				1218
ury or of		1 Buriai 2 Cramation 3 4 Donation 5 Other (Specify		cematary, crer	natory or other pla	се)	Data	20c. Location -	- City or Town,	State
any in		21. Signature of Funeral Service Licens Joseph B	anSant			ss of Facility Comy Board Maryland			more St	reet
	/	23a. Part f. Enter tha disease, or comp shock, or heart failure. List only of	lications that caused	tha daath. Do not ent	ar tha moda of dyir	ng, such as cerdiac	or raspiratory and		Apr	proximata
cian		shook, or heart failure. Elst only t	ma causa on aach iin	4.					On	arval Batween set and Death
dical		Immediate Cause (Final disease or condition	Moto	static	Ponc	tate	CAM	100		naak.
iner		resulting in death)		Dua to (or as a consec	uence of):	7-01	CAU		7	ew us
정	Examiner	_	b						i	
burlai-tran	хви	Sequentially list conditions, if any, leading to immediate cause. Enter Underlying	ı	Dua to (or as a consac	uance of):					
The burla		cause. Enter Underlying Cause (Disease or Injury that initiated events	c							
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ja	틍	Part II. Other elapidinent conditions co	atelliusiaa ta daath buu	a man annual man to the a		and to Balle I	ORE DISA			
ached	Physician/	Part II. Other significant conditions co	minuming to death bu	THOU TRISUITING IN THE U	roarrying ceusa giv	en in Par I.				cause of death?
be detac	by P						""	res 2□ No	ATI LIADEOL	y 4 ☐ Unknown
should be							24a. Was a	an autopsy		utopsy tindings de prior to
38 2 sho	piet						perfor	meu r		ation of cause
aded	Completed						1 U Y	as 2 No		s 2 No
	Be	25. Was case referred to medical				26. Place of Deatl		201		
director,	To	examiner?	Hospital: 1 ☐ Inpatiar	at 2 ER/Outpatien	t 3 DOA Oth		11	ance 8 Oth	ar (Specify)	
Der.	200	27. Manner of Death 1 BNatural 5 ☐ Pending	28a. Data of Injun	Year) 28b. Tima of	28c. Injur Wor		28d. Dascribe h			
2	cati	2 ☐ Accident investigation				Yes 2 □ No				
n Dy	Certification:	3 Suicide 6 Could not be 4 Homicide determined	28e. Place of Inju building, atc.	ry - At homa, tarm, str (Specify)	et, tactory, office		28t. Location (S City or Tow		per or Rural Ro	ute Number,
filled in		20a Cartiflar								
Å.	edical	29a. Certifiar 1 ☐ Certifying Phy (Check only one) 2 ☐ Medical Exami	ner: On the basis of	my knowledge, daath examination and/or inv	occurred at the tire astigation, in my o	na, data and place, a pinion, daath occurr	and due to the c ed at the time, d	ausa(s) and ma lata and place,	annar as stated and dua to tha	i. causa(s)
ald mo	_	29b. Signature and title of certifiers	and mannar stat	9G.	29c. Licans			29d. Data signe		
6			C 110	MOSM	D 10	(88		0 /	-96	, , , ,
	-	30. Name and address of person who con EVAN G-E LOS (31. Data tilled (Month Pare Yang) 06			7 0/17	- /		7-0	10	
- 1		au reame and address of person who o	omplated causa of da	atn (Itam 23a) (Type,	erint)		1		0010	011
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Registrar

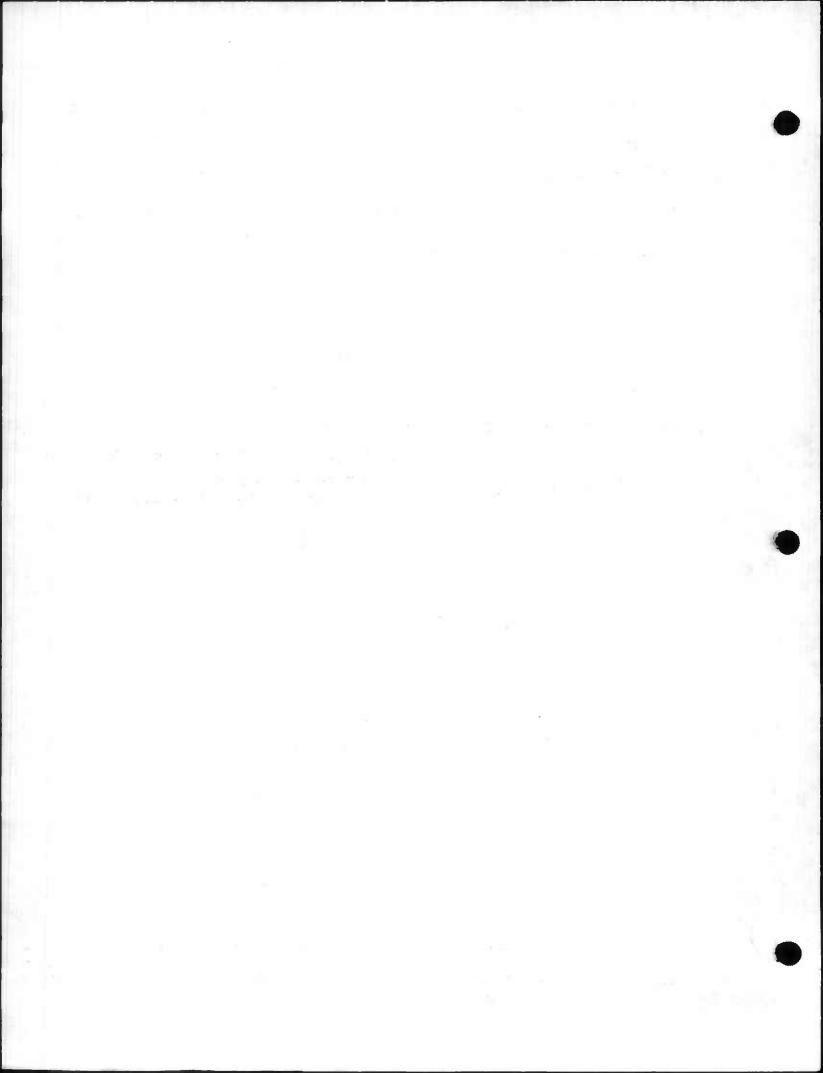
State of Maryland / Department of Health and Mental Hygiene 28598 Certificate of Death 1. Decedant's Nama (First, Middla, Last) 2. Data of Daath 3. Tima of Death **Physician** Month IRVING ENOFSKY SEPTEMBER 24 1996 08:46 /Medicai 4a. Facility Nama (If not institution, giva streat and number) 4b. City, Town, or Location of Daath 4c. County of Death **Examiner** SINAI HOSPITAL BALTIMORE 5. Social Sacurity Number If Undar 1 Yaar | If Undar 24 Hrs. 7. Aga (In yrs. last birthday) 8. Data of Birth (Month, Dey, Birthplaca (Steta or Foraign Country) **Funeral** Days Months Hours Min. 1**X** M 2□ F 90 216-09-3359A Vrs Director NOV. 15,1905 RUSSTA Usual Rasidanca of Dacedani 10a. Stata 10b. County 10c. City, Town or Location 10d. Insida City Limits 28a-f show MARYLAND N/A be notified BALTIMORE Director 1 X Yes 2 □ No 10e. Straat and Numba 10f. Zip Coda 10g. Citizen of What Country? 2500 W. BELVEDERE AVE., APT. 1001 itams 23a 21215 USA death Funeral 12. Was Decedant Evar in U,S. Armed Forcas? 1 ☐ Yas 2 ☐ Xo If Yas, Give Yaar or Datas: Was Dacedant of Hispanic Origin? (Specify Yas or No-If Yas, specify Cuban, Maxican, Puarto Rican, etc.) 14. Raca - Amarican Indian, d 2 should be filed within 72 hours effer th and Mental Hygiene.
7 Is marked other than "natural", or its treumatic event, the Medical Exercise. Black, Whita, atc. 1 □ Navar Married 2 □ Married 21215-0020 1 ☐ Yas 2 No Specify: by WHITE Specify: 3K Widowed 4 □ Divorced Completed 15. Dacedent's Education (Specify only highast grada complated) 16e. Dacedant's Usual Occupation (Giva kind of work dona during most of working lifa. DO NOT usa retired) 16b. Kind of Businass/Industry Elemantary/Secondary (0-12) Collaga (1-4or 5+) CLERK CLOTHING Baltimore, Maryland 17. Father's Nema (First, Middla, Last) 18. Mothar's Nama (First, Middla, Maidan Surnama) Peges 1 and 2 should be fament of Health and Mental Int: If Item 27 Is marked of **ABRAHAM ENOFSKY** RACHEL 19e. informant's Name/Ralationship (Type, Print) 19b. Mailing Address (Straat and Numbar or Rural Route Number, City or Town, Stata, Zip Coda) 1190 W. NORTHERN PARKWAY, APT. 422 BALTIMORE, MD 21210 or other 1 MRS. IRENE YAKER (SISTER) 20b. Place of Disposition (Nama of cematary, cramatory or other place) 20a. Mathod of Disposition Data 20c. Location - City or Town, Stata 1 ☑ Burial 2 ☐ Cramation 3 ☐ Ramoval from State pemit. Pege Department of Important: If any Injury or 2002. BETH EL MEMORIAL PARK 9-25-1996- RANDALLSTOWN, MD 4 ☐ Donation 5 ☐ Othar (Specify) 21. Signatura of Funaral Sarvica Licansaa 22. Names of Address Inson & BROS., INC. 8900 Reisterstown Road Pikesville, MD 21208 1/1 23e. Part1. Entar the disease, or complications that caused the death. Do not antar the mode of dying, such as cardiac or raspiratory arrast, shock, or heart failure. List only one cause on each line. Physician /Medical Immediata Cause (Final · PNEUMONIA disaasa or condition rasulting in daath) 24 HOURS Examiner Dua to (or as a consequence of): Examiner YEARS HYCERTENSIVE ATHEROSCLEROTIC buriel-trensit Sequantially list conditions, if any, laading to immadiata causa. Entar Underlying Cousa (Disaasa or Injury that initiated avants rasulting in daath) Last Dua to (or as a consequence of): CARDIOVASCULAR DISEASE and The law requires that the death certificate be exec Box 68760. SEPSIS Physician/Medical 24 HOURS the Dua to (or as a consaquance of): USe P.O. Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 23b. Did tobacco use contribute to the cause of death? signed by 1 | Yee 2 | No 3 | Probably 40 Unknown DIABETES, HYPERTENSION, NONSINSTAINED Records, by 8 24b. Wara autopsy findings available prior to complation of causa of deeth? Completed 24e. Was an autopsy performed? VENTRICULAR TACHYCARDIA, PAROXYSMAL ATRIAL TACHYCARDIA, ATRIAL FIBRILLATION 1 Yas 2 No certificate 1 ☐ Yas 2 ☐ No of Vital Attending Physician: Be 25. Was casa rafarred to medical axaminar? 28. Place of Death (Check only ona) Hospital: 1 Annatiant 2 ER/Outpatient 3 DOA 2 Other: 4 ☐ Nursing Homa 5 ☐ Rasidanca 6 ☐ Othar (Specify) 1 Yas 2 No funeral 28a. Data of Injury (Month, Day Year) 27. Mannar of Death Certification: 28b. Time of 28c. Injury at Work? 28d. Dascribe how Injury occurred After Division 5 Panding Invastigation 1 Metural 1 ☐ Yas 2 ☐ No 2 Accidant or Attendent efter death Director: 6 ☐ Could not be datarmined 3 Suicida 28a. Placa of Injury - At home, farm, streat, factory, office building, atc. (Specify) 28f. Location (Street and Number or Rural Routa Number, City or Town, State) 4 Homicida To the Hospital
Within 24 hours e
To the Funeral C
completely filled Medical 29a. Certifier Ecritifying Physician: To the best of my knowledge, deeth occurred et the time, date and piece, end due to tha causa(s) and menner as steted. (Check only one) 2 Medical Examiner: On the basis of examinetion and/or investigation, in my opinion, death occurred at the time, date and place, and due to the causa(s) and manner stated. 29b. Signatura and title of certifiar 29c. License number 29d. Data signed (Month, Day, Year) AS2402321-9282-AW SEPTEMBER 24 1996 MD 30. Nama and addrass of person who complated causa of death (Itam 23a) (Type, Print)

ANNES. WILL ON MD SINAL HOSPITAL OF BALTIMORE BALTIMORE MARYLAND
31. Data filed (Month, Day, Yaar)

State Registrar 31. Data filed (Month, Day, Yaar)

SEP 26 1996

DHMH 16 Rev 6/95



Please Type or Print in Black Indelible Ink. Assure All Coples Are Legible. State of Maryland / Department of Health and Mental Hygiene 28599 Film G739 item 4c per FH 9-26-96 Certificate of Death 1. Decedent's Neme (First, Middle, Last) 2. Dete of Deeth 3. Time of Death 12:10A dember 4c. County of Deeth Ba 4a. Fecility Neme (If not institution, give street end number) GILCHRIST CINTER 5. Sociel Security Number If Undar 24 Hrs. If Under 1 Yeer 6. Sex 7. Age (In yrs. last birthdey) 9. Birthpiece (State or Foreign Months Deys Hours 219-44-5356 1□M 20 F 50 Maryland Yrs. Usual Residence of Decedant 10b. County 10c. City, Town or Location 10d. Inside City Limits Maryland Baltimore Hampstead 1 Yes 2 No 10f. Zip Code 10g. Citizen of What Country? 21074 USA 12. Wes Decedent Ever in U,S. Armed Forces 1 ☐ Yas 2 ☑ No If Yas, Give Was Decedent of Hispanic Origin? (Specify Yas or No-If Yas, specify Cuben, Mexican, Puerto Ricen, etc.) 14. Race - American Indian, Bleck, White, atc. 1 ☐ Yes 2 No Specify: Specify: White Yaer or Detes: 16a. Decedent's Usual Occupation (Give kind of work done during most of working life. DO NOT use retired) 16b. Kind of Business/Industry College (1-4or 5+) Housekeeper Fitness Center

Approximele Interval Between Onset and Death

3 morth

24b. Were autopsy findings available prior to completion of cause of death?

1 ☐ Yes 2 No

28a-f show the Medical Examiner must be notified at Director 10e. Street and Number items 23a or 17222 Grace Road Funeral Pages 1 and 2 should be filed within 72 hours after death 11. Marital Stalus 1 Naver Merried 2 Married Baltimore, Maryland 21215-0020 "natural", or þ 3 Widowed 4 Divorced Be Completed 15. Decedent's Education (Specify only highest grade completed) I Hygiene. Elementery/Secondery (0-12) marked other 17. Fether's Neme (First, Middle, Last) 18. Mother's Neme (First, Middle, Meiden Sumeme) permit. Pages 1 and 2 should be Department of Health end Mentel Important: If them 27 is marked o any injury or other traumatic eva Edwin Walter Filler Mary Virginia Walton Bolgiano P 19e. Informent's Neme/Relationship (Type, Print) 19b. Melling Address (Street end Number or Rural Route Number, City or Town, State, Zip Code) Edwin W. Filler/father 17222 Grace Rd. Hampstead, MD 21074 20e. Method of Disposition 20b. Plece of Disposition (Name of cemetery, cremetory or other plece) Dale 20c. Location - City or Town, Stete 1 Burlel 2 Cremetion 3 Removel from State 4 ☐ Donetion 5 ☐ Other (Specify) Metro Crematory, Inc. 09/26/96 Baltimore, MD 21. Signeture of Funerel Service Licens Pawn F. McDonald Cremation Society of Maryland, Inc. 299 Frederick Rd. Baltimore, MD 21228 23a. Pert1. Enter the disease, or complications that caused the deeth. Do not enter the mode of dying, such as cerdlec or respiratory arrest, shock, or heart failure. List only one cause on each line. **Physician** /Medical Immediate Cause (Finel disease or condition resulting in daath) Monucaranoma of Lung Examiner Due to (or es e consequence of) Physician/Medical Examiner or Attanding Physician: The law requires that the death certificete be executed hysician and the burief-transit Sequentially list conditions, if eny, leeding to immediate ceusa. Entar Underlying Cause (Diseasa or Injury that Initiated events resulting in deeth) Lest Due to (or as a consequence of): P.O. Box 68760, ettending physician Due to (or es e consequence of) 98 USB ŏ Pert II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 23b. Did tobacco use contribute to the cause of death? the detached 1 Nes 2 No 3 Probably 4 Unknown Chronic Chstrudge Amery Ossocze Division of Vital Records. Be Completed by funeral director, page 2 should be 24e. Wes en eutopsy performed? Syndrone of Inappropriate Anti Occube Hunon certificate has 2 12 No 25. Wes case referred to medicel examiner? 26. Place of Deeth (Check only one) Hospital: patient 2 ER/Outpatient 3 DOA 1 Yes 2 No Other: 4 Nursing Home 5 Residence 6 COther (Specify) No. 12 Certification: To this 28e. Deta of Injury (Month, Day Year) 27. Menner of Deeth 28b. Time of 28c. Injury et Work? 28d. Describe how Injury occurred After 1 Naturel 2 □ Accident 5 Pending To the Hospital or Attanding within 24 hours after death.

To the Funeral Director: After completely filled in by the fun 1 Yes 2 No Investigation 6 Could not be determined 3 Sulcida 28e. Place of Injury - At home, farm, street, fectory, office building, atc. (Specify) 28f. Location (Street and Number or Rural Route Number, City or Town, Stete) 4 - Homicide Certifying Physicien: To the bast of my knowledge, death occurred et the time, data and place, end due to the ceuse(a) and manner as steted.

Medical Examiner: On the basis of examination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(s) and manner stated. 29a. Certiflar Medical (Check only 29b. Signetura and little of certifier 29c. License number 29d. Dete signed (Month, Dey, Year) A. Ma D25062 9-25-1996 30. Neme end eddress of person who completed ceuse of deeth (Item 23e) (Type, Print) 750 MAIN Sty REISTERSTOWN, MO 21136 GAIZY A. MANKO MO 31. Dete filed (Month, Day, Year) 32. Registrer's Signature State

Registrar DHMH 16 Rev 6/95

SEP 26 1996

Physician

/Medical

Examiner

10a Stata

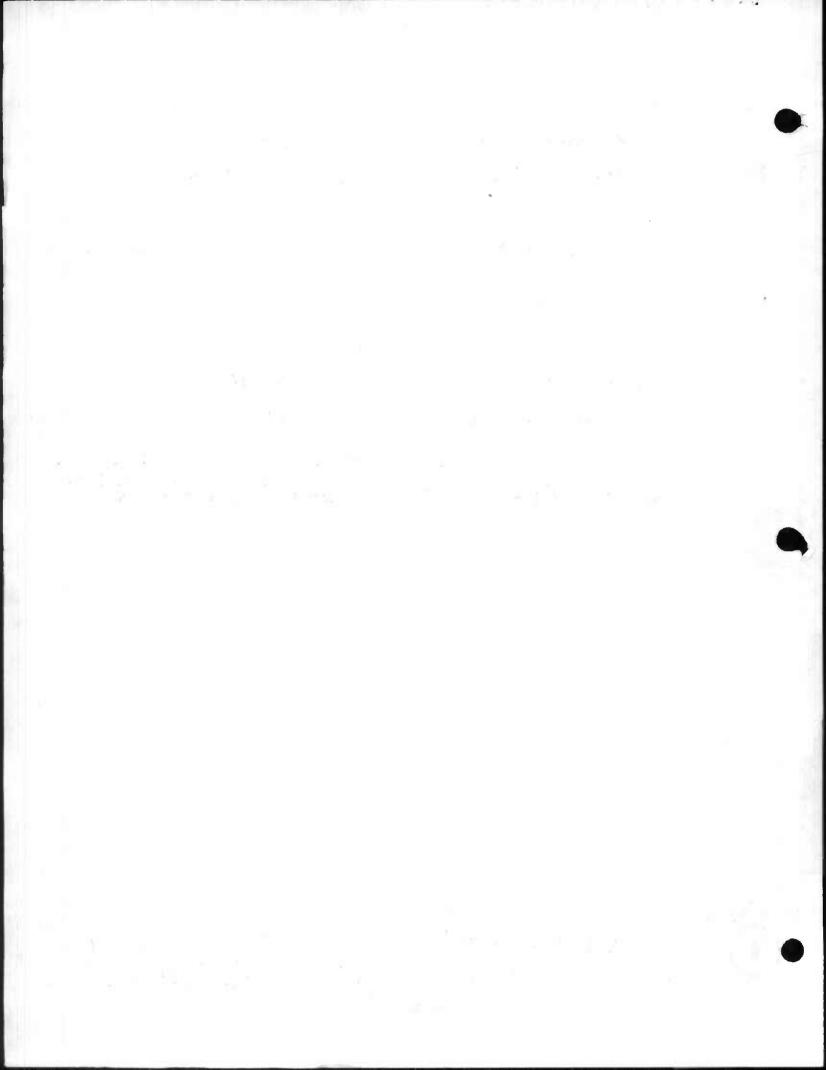
Funeral

Director

State of Maryland / Department of Health and Mental Hygiene 96 28600

					C	ertificate o	f Death	F	Reg. No.			
	Physic	ion	1. Decedent's Neme (First, Middle	, Last)				2. Date of Dea	ith	Voor	3. Time of Deeth	
	Physic /Med		Mabel	٧.	Frederic	k		Month 09	^{Day} 23	96°	5:51 A	N
	Exami	ner	4a. Fecility Name (If not Institution,	give street end number)			4b. City, Town, or I	Location of Deeth	4c. Count	y of Deeth		
L				son Street			Baltimo		N	Α		
4	¿Funeral Director		5. Social Security Number 215–28–4996 Usuel Residence of Decadent	6. Sex 7. Ag	6 4 Yrs.	y) If Under 1 Yee Months Dey		8. Date of Birth (Month, Dey 04-11-	, Year)	9. Birthp Cour	plece (Stete or Foreign ntry) VA •	in:
	r 28a-f show		10a. State 10b. County	0	10c. City, Town or	Location				1	10d. Inside City Limits	5
	e Ma	ctor	MD	n/a	6	04 N.	PAYSON	ST, BAL	_TO.		1 🕅 🔆 s 2 🗆 No	3
	# 6 위	Oire	10e. Street end Number			10f. Zip Code			l0g. Citizen ot			
	€ 83	rail	604 N. PA	YSON ST.			21217		UNITE	. D	STATES	
5-0020	or items	by Funeral Director	11. Maritel Stetus 1 Never Married 2 Marrie 3 Widowed 4 Divorced	12. Wes Decadent Armed Forces? 1 ☐ Yes 2 ☑ I It Yes, Give X Yeer or Detes:		3. Was Decedent of if Yes, specify Cu 1 ☐ Yes X2 N	Hispanic Origin? (Suben, Mexican, Puert Specify:	pecify Yes or No- o Rican, etc.)	14. Ra Bie Speci	ca - Americ eck, White,		
9-9	"natural",	ted	15. Decadent	s Education	16e. Dec	edent's Usuel Occ	upation		16b. Kind of E	3usiness/In	dustry	
21	C - 1	Completed	(Specify only highest Elementery/Secondary (0-12)	College (1-4or 5	life	of work don DO NOT use reti	e during most of wor red)	king		7		
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	1 and 2 sho Health and em 27 is me other traum		19a. Informent's Name/Relationsh SPENSCINE	FREDERI		iling Address <i>(Stree</i>	PAYSON					7
ore	If of H If Her or oth		20a. Method of Disposition 1 □ Buriel 2 □ Cremation	3 Demove from State	20b. Pieca ot Dis cemetery, cr	position (Name of emetory or other pa	lece)	Date	20c. Location	- City or To	own, State	
Ë	and and and and and and and and and and		4 Donetion 5 □Other (Sp.		KING	MEMORI	AL PARK	9-27	RAND	ALLS	STOWN, MD	
Baltimore	Depart Depart Import any inj		21. Signatule of Funeral Service L	centree AA		22. Name end Add	ress of Fecility Barch F.H.	saltimore	_			
			23e. Part1. Enter the disease, or o shock, or heart tailure. List o	omplications thet caused	the death. Do not e						Approximate	
V	Physician			Λ				-	^		Interval Between Onset and Deeth	
	/Medicai Examiner		Immediate Cause (Final disease or condition	Acm	e M	10 Caro	hal u	bard	lun	1	Colons.	
3	LAditille		resulting In deeth)	Δ.	Due to (or as a cons	equenca ot):	· · · ·	9000	V		y vu .	
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60,	eath certificete be asscuted attending physician and for use as the bunal-transit	ai Examiner	Sequentially list conditions, if eny, leeding to immediate cause. Enter Underlying Cause (Diseese or Injury that initieted events	Dia	Due to (or es e cons	equence ot):	3			1	Severel ye	u
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on	iding Phith. After this funeral	tior	1 Naturel 5 Pending Pending Nestiga	(Month, Dey	Year) Injury	W	ork? ☐ Yes 2 ☐ No	200. 2000/100 //	w injury coods	100		
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ā	Di afte	ert	4 Homicide	building, efc	ry - At home, farm, s . (Specify)			City or Town				
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	(p		30. Name and eddrese of person w	no completed cause of de	W)	Print	D1871	4 41) 4 -	91	24/	96	
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	Registr		STP 26 1996	u windso	n-Andelle							

DHMH 16 Rev 6/95



State of Maryland / Department of Health and Mental Hygiene 28601 Certificate of Death 1. Decedent's Name (First, Middle, Last) 2. Date of Daath **Physician** Month MARGARET FREAL 2:45 mm 25 96. /Medical 4a. Facility Name (If not institution, give street and number) 4b. City, Town, or Location of Death 4c. County of Death Examiner Johns Hopkins Bayview Baltimore Months Days Hours Min. 8. Date of Birth 1 2 3 3 5. Social Security Number 7. Age (In yrs. last birthday) **Funeral** Birthpiace (State or Foreign Country) 1□M 2 F Maryland 217-30-1811 62 Yrs. Director Usuai Residence of Decedant 10a State 10b. County 10c. City, Town or Location 10d. inalda City Limits 1 Yes ZANO Director Baltimore Dundalk MD. 10e. Street and Number 10f. Zip Code 10g. Citizen of What Country? 7521 Durwood Rd. 21222 U.S.A. Funeral 12. Was Decedent Ever in U,S. Armed Forces? 1 ☐ Yes 2 ⑤ No If Yes, Give Year or Dates: Was Decedent of Hispanic Origin? (Specify Yes or No-If Yes, specify Cuban, Mexicen, Puerto Rican, etc.) 14. Race - American Indian, Black. White, etc. 1 Never Married 2 Married White 1 ☐ Yes 2 ☐ No Specify: ò 3 Widowed 4 □ Divorced Completed 15. Decedent's Educetion (Specify only highest grade completed) 16a. Decedent's Usual Occupation (Give kind of work done during most of working life. DO NOT use ratired) 16b. Kind of Business/Industry Elemantary/Secondary (0-12) College (1-4or 5+) Homemaker Own Home 17. Father's Nama (First, Middle, Last) 18. Mother's Name (First, Middla, Maiden Sumame) Be John Joseph Duncan, Sr. Agnes Roberta Ward 19a. Informant's Name/Relationship (Type, Print) 19b. Mailing Address (Street and Number or Rural Route Number, City or Town, Stata, Zip Coda) Linda Haught/ Niece 7615 Spruce Rd. Baltimore, MD. 21222 20a. Mathod of Disposition 20b. Place of Disposition (Nama of cemetery, crematory or other place) Date 20c. Location - City or Town, State 1 Burial 2 Cremation 3 Removal from State Chesapeake Crematory 9/25/96 Beltsville, MD. 4 ☐ Donation 5 ☐ Other (Specify) 21. Signature of Funger Service Life Bradley-Ashton Funeral Home, 2134 Willow Spring Rd. Dundalk, MD. 21222 23a. Part1. Enter the disease, or complete control that caused the chath. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only on cause on each line. Approximate Interval Between Onsef and Death **Physician** /Medical SEPSIS (INTRA ARDOMINAL) Immediate Causa (Final disease or condition resulting in death) Examiner Due to (or as a consequence of): MULTIPLE ABDOMINAL Hospital or Attending Physician: The law requires that the death certificate be executed Sequentially list conditions, if any, laading to immediate ceuse. Entar Underlying Cause (Disaase or Injury that initiated avents Due to (or as a consequence of): Division of Vital Records, P.O. Box 68760, BLEEDING LOWER GI Physician/Medical that initiated avents resulting in death) Lasf Due to (or as a consequence of) Part II. Other significent conditions contributing to death but not resulting in the underlying ceusa given in Part I. 23b. Did tobacco use contribute to the cause of death? 1 Yes 2 No 3 Probably 4 Unknown DIABETES MELLITUS, by 24b. Wara autopsy findings available prior to completion of ceuae of death? Completed CHLONIC RENT INSUFFICIENCY 24a. Was an autopsy performed? 1 Tyes 2 No 1 ☐ Yes 2 ☐ No 86 25. Was cese referred to medical examiner? 28. Placa of Death (Check only ona) Hospital: 1 Inpatient 2 ☐ ER/Outpatient 3 ☐ DOA Other: 4 Nursing Home 5 Residence 6 Other (Specify) 1 Yes 2 No Medical Certification: To 27. Manner of Death 28c. injury af Work? 28d. Describe how Injury occurred 5 Pending investigation 1 Nafural after death.

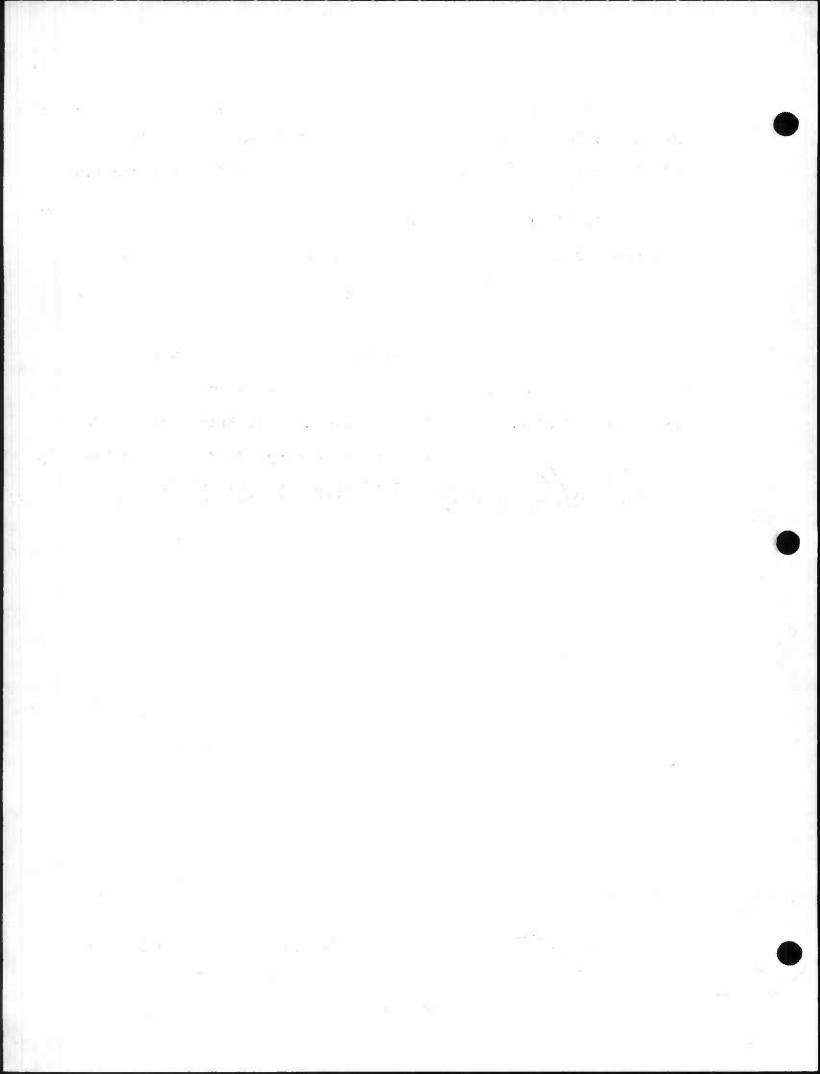
Director: Aft
d in by the fur 1 Yes 2 No 2 Accident 6 Could not be determined 3 Suicide 28e. Place of Injury - At home, farm, street, factory, office bullding, etc. (Specify) 28f. Location (Street and Number or Rural Route Number, City or Town, Stata) 4 Homicide within 24 hours aft To the Funeral DI completaly filled in 29a. Certifiar (Check only one) 1 Certifying Physician: To the best of my knowledga, daath occurred at the tima, data and place, and due to the cause(s) and manner as stated.
2 Medical Examiner: On the basis of axamination and/or investigation, in my opinion, death occurred at the tima, data and place, and due to the cause(s) and manner stated. To the 29b. Signature and title of certifier 29d. Date signed (Month, Day, Year) N9927. 30. Name and address of persop who completed ceuse of death (Item 23a) (Type, Print) c/o Bayvicu JH KAMAI SAWAN.

DHMH 16 Rev 6/95

State Registrar 31. Date filed (Month, Day, Year)

SEP 26 1996

Rsz. Registrac's Signath



State of Maryland / Department of Health and Mental Hygiene Certificate of Death 1. Decedent's Name (First, Middle, Last) 2. Date of Death 3. Time of Death Month С. 9/18/96 FISHER 6 pm 4a. Facility Name (If not Institution, give street and number) 4b. City, Town, or Location of Death 4c. County of Death (HOME) 3036 SEAMON AVE. APT. 2 BALTIMORE BALTO. CITY If Undar 24 Hrs. 8. Date of Birth (Month, Day, Year) If Under 1 Year 6. Sex 7. Age (In yrs. last birthday) Birthplaca (Stata or Foreign Country)
 S.C. 1□ M 2⊯F Months Days 5/2/29 Usual Residence of Decedent 10b. County 10c. City. Town or Location 10d. Inside City Limits Yes 2 No N/A BALTIMORE 10f. Zip Code 10g. Citizen of What Country? 3036 SEAMON AVENUE APT. 21225 14. Race - Amarican Indian, Black, Whita, atc. 12. Was Decedent Ever in U,S. Armed Forces? Was Decedent of Hispanic Origin? (Specify Yes or No-If Yas, specify Cuban, Mexican, Puerto Rican, etc.) 1 Navar Married 2 Married 2 No 1 Yas 1 ☐ Yes 2 ☐ No Specify: Specify: BLACK 3 Widowed 4 □ Divorced 16a. Decedent's Usual Occupation (Give kind of work done during most of working life. DO NOT use retired) 15. Decedent's Education (Specify only highest grade completed) 16b. Kind of Business/Industry Elementary/Secondary (0-12) Collaga (1-4or 5+) HOMEMAKER HOME 17. Fathar's Name (First, Middle, Last) 18. Mothar's Name (First, Middle, Maiden Sumama) SMITH DORA SMITH 19a. Informant's Name/Relationship (Type, Print) 19b. Mailing Address (Street and Number or Rural Route Number, City or Town, State, Zip Coda) EARL FISHER (SON) 802 W. LEXINGTON ST. BALTO. MD. 21201 (APT.7) 20b. Place of Disposition (Name of cematery, crematory or other place) 20c. Location - City or Town, State 1 ☐ Burial 2 ☐ Cramation 3 ☐ Removal from State 4 ☐ Donation 5 ☐ Other (Specify) WESTERN STAR CEMETERY 9/24/96 CATONSVILLE, MARYLAND 21. Signature of Ecneral Service Licensee 22. Nama and Addrass of Facility ESTEP BROTHERS FUNERAL HOME P.A. 1300 EUTAW PL. BALTO. MD. 21217

List only one cause on each line. Approximata Interval Between Onset and Death tamponado 1 west Due to (or as a consequence of): Metastatio (mg months Due to (or as a consequence of): Due to (or as a consequence of) 23b. Did tobacco use contribute to the cause of death? 1 408 2 No 3 Probably 4 Unknown 24b. Were autopsy findings available prior to completion of causa of death? 24a. Was an autopsy performed? 1 Yas 2 No 1 Yas 2 No 26. Place of Death (Check only ope)

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P.O. Box 68760.

Records,

Division of Vital

Hospital or Attending Physician:

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To the Hospital or Attendity in 24 hours efter death.

To the Funeral Director: A completely filled in by the fu

Physician

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of other than "natural", or items 23a or 28a-f show event, the Medical Expurient must be notified at

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and Mentel Hygiene.

permit. Pages 1 and 2 should be file Department of Heelth and Mentel Hy Important: If Item 27 is marked other any Injury or other traumatic event

with the Meryland

filed within 72 hours efter

Baltimore, Maryland 21215-0020

PEARL

5. Social Sacurity Number

212 30 0246

MARYLAND

10e. Street and Number

12

EARL

20a. Method of Disposition

23a. Part1. Enter the distant shock, or heart fairne.

Immediate Cause (Final disaase or condition resulting In death)

10a. State

Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or Injury that initiated events resulting In death) Last

Part II. Other significant conditions contributing to death but not rasulting in the underlying cause given in Part I.

25. Was case refarred to mudical examiner? Other: 4 Nursing Home 5 Residence 8 Other (Specify) 1 Yes 1 ☐ Inpatient 2 ☐ ER/Outpatient 3 ☐ DOA 27. Manner of Death 28a. Date of Injury (Month, Day Year) 28b. Time of 28c. Injury at Work? 28d. Describe how Injury occurred

1 Natural 5 Pending investigation 1 Yes 2 No 2 Accident 6 Could not be determined 3 ☐ Sulcide

28e. Place of Injury - At home, farm, street, factory, office building, etc. (Specify) 28f. Location (Street and Number or Rural Route Number, City or Town, State) 4 Homicide

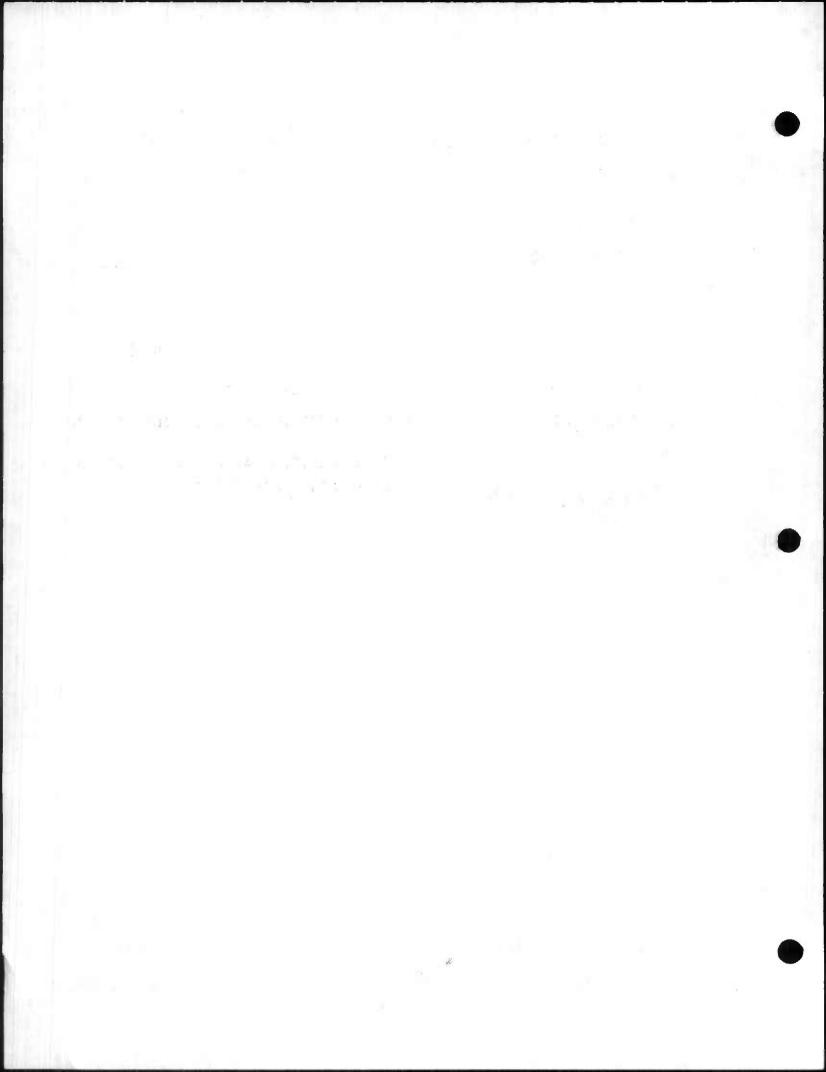
1 certifying Physician: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(s) and manner as stated.
2 Medical Examiner: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and manner stated. (Check only 29b. Signature and title of certifier 29c License number 29d. Data signed (Month, Day, Year)

30. Name and address of person who completed dause of death (Item 23a) (Type, Print)

L. Musha Doyle 31. Date filed (Month, Day, Year) SEP 26 1996 Austra Manyland Caucar Gr., 22 S. Greene St., Balt, MD Univ. of 21201

023809

State Registrar



State of Maryland / Department of Health and Mental Hygiene

28603

							(Certifica	ate of	Death		Reg. I	No.		20	000
ľ	Physic	ian	1. Decedent's Name (First, Midd	lle, La	st)						2. Date of I	Death	Day	Year	3. Time	a of Death
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И	Examii	ner	4a. Facility Name (If not institution								or Location of De	ath 4	c. County			
ш			GREATER BAL 5. Social Security Number	6. S					der 1 Year	TOWS		21.1	BAL	TIMOR		
8	Funeral Director		217-16-4940 Usual Residence of Decadent		M 2□ F	Age (In yrs. le 75	Yr	Month			frs. 8. Date of 8. (Mooth, 1	Pay Yes	ar)	Coui	place (Stantry) /Iand	te or Foreign
	land w		10a. State 10b. County	,		10c. City	Town o	or Location						T.	Od. Inside	e City Limits
	Mary	tor	MD Balt	tim	ore	Pa	arkv	ille								res ACNO
	h with the	al Director	10e. Street and Number 1772 Weston	Ave	nue			10f. 2	Zip Code	21234		10g. (USA	What Cour	ntry?	
5-0020	within 72 hours effer death with the Maryland ilene. Then "naturel", or items 23a or 28a-f show the Medical Examiner must be northed at	by Funeral	11. Meritel Status 1 Never Married 2 Mar 3 Widowed 4 Divorced		12. Was Deceden Armed Forces 1∑ Yes 2 ☐ If Yes, Give Year or Dates	?] No		_	cedent of I pecify Cub	Hispanic Origin? an, Mexican, Pu Specify:	(Specify Yes or fuerto Rican, etc.)	No-		ca - Americ ck, White,	etc.	l _e
5-0	72 ho	eted	15. Decader (Specify only higher	nt's Ed	ducation		16a. D	ecedent's U	sual Occup	pation	working	16b.	Kind of B	usiness/in	dustry	
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aryland	ould be filed Mental Hyg arked other atic event,	Be C	Clarence O. Fo							Flor	Name (First, Midd	Frey		ne)		
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≥	d 2 h a 7 is		Paul J. Forrest			on					Cockeys					
altimore,	-155		20a. Method of Disposition			20b. Pla		isposition (A		-	Date			Cify or To		
Ë	0 0		W Burial 2 ☐ Cremation 4 ☐ Donation 5 ☐ Other (5			8					. 09/24		Cock	eysvi	110	MD
<u>=</u>	permit. Peg Depertment Important: Il any Injury o		21. Signature of Funeral Service	Licer	1500	Duit	aricy			ess of Facility uneral			COCK	eysvi	.iie,	MD
n	89 E 8 8		1 Christina	_	S. Key	reck	/				Blvd.; T	owso	on, M	D 212	286	
	10.00		23a. Part1. Enter the disease, o shock, or heart failure. List	comp	plications that cause	ed the death.	Do not	enter the m	ode of dylr	ng, such as card	diac or respiratory	arrest,			Approxim	nate Batusas
V	Physician														Onset ar	nd Death
ă.	/Medical Examiner		Immediate Cause (Final disease or condition resulting in death)		. CAR	PIOP	UL	MUD	NAR	LY A	RREST				Azw	TE
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^	exaction ending	Exa	Sequentially tist conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or Injury			Due to (or	as a cor	nsequence o	1):							
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5	the death y the etter	Physician/	Part II. Other significant condition	ons co	ontributing to death I	but not result	ting in th	ne underlylng	g cause giv	ven In Part I.	23b. DI	d tobacc	o use co	ntribute to	the caus	se of death?
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=	Physicien: The la this certificate ha ral director, page	To Be	examiner? 1 ☐ Yes 2 ☐ No		Hospital: 1 Inpati	ient 2□E	R/Outpa	atient 3 🗆 I	Oth	000	Death (Check only Home 5 Re	-	8 DOth	er (Specif	(v)	
	ding Ph Afferthi tuneral		27. Manner of Death 1 Natural 5 Pendir 2 Accident Investi		28a. Date of Inju	ury 2	8b. Tim Inju	e of	28c. fnjur Wor		28d. Describe				0	1
DIVIS	호흡흡호	Certification:	3 Suicide 6 Could determ	not be	286. Placa of in	njury - At hom tc. (Specify)	ne, farm	, street, facto	ory, offica		28f. Location City or T	(Street lown, Sta	a <i>nd N</i> umb ite)	er or Rure	I Route N	um <i>ber</i> ,
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	vithin 3 vithin 3 To the comple	Me	29b. Signature and title of certifie	r	and manner s	A .		2	9c. Licens	e number		29d. D	ate signe	d (Mopth,	Day, Year	7)
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١,	CX		30. Name and address of person	who c	completed cause of	death (Item 2	3a) (Tv	pe, Print)	/ -		, ,	(1	L.	A	7
_	Dr.	10	DV NCAN 31, Date filed (Month, Day, Year)		SA M	ONN	M)	560	11	Lolt	RAYEN	1 6	BLVI) "	no	21239
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State of Maryland / Department of Health and Mental Hygiene Certificate of Death 1. Decedent's Neme (First, Middle, Last) 2. Dete of Death Dey 4c. County of Death 4:50 Pm 4b. City, Town, or Location of Death FRINK

Physician /Medical **Examiner**

Funerai Director

the Maryland

28a-f show traumatic event, the Medical Examiner must be notified at ò items 23a Pages 1 and 2 should be liled within 72 hours after must of Health and Mertal thygiene. The first and the state of the state of the my or other traumatic event, the Modical Examine.

Baltimore, Maryland 21215-0020

Physician /Medical Examiner

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P.O. Box 68760,

Records,

Division of Vital

or Attending Physician: The law requires that the death certificate be execu deteched page 2 should be detect certificate s efter death.

I Director: After this od in by the funeral di this To the Hospital o within 24 hours of To the Funeral D completely filled i

ames Facility Neme (If not institution, give street and number, Maryland Baltimore LITE WAYSI + T Under 1 Year 5. Sociel Security Number M 2 F If Under 24 Hrs. 7. Age (In yrs. last birthday) 8. Date of Birth (Month, Day, Year) 9. Birthpiece (State or Foreign Country) Months Days Hours 218-48-0143 46 Yrs. OCOBER 1,1949 MARYLAND Usual Residence of Decedent 10e State 10b. County 10c. City, Town or Location 10d. Inside City Limits NIA MARYLAND BALTIMORE CITY 1 ¥Yes 2 No 10e. Street end Number 10f. Zip Code 10g, Citizen of What Country? U.S.A. 2228 FREDERICK AVENUE 2122 12. Wes Decadent Ever in U,S. Armed Forces? Wes Decedent of Hispanic Origin? (Specify Yes or No-If Yes, specify Cuben, Mexican, Puerto Rican, etc.) 14. Rece - American Indian, Bleck, White, etc. 1 Never Married 2 Married I ☐ Yes 2 ☑ No If Yes, Give Year or Dates: 1 Yes 2 No þ 3 ☐ Widowed 4 ☐ Divorcad SLACK Completed 15. Decedent's Education (Specify only highest grade completed) 16e. Decedent's Usual Occupation (Give kind of work done during most of working life. DO NOT use retired) 16b. Kind of Business/Industry Elementary/Secondary (0-12) College (1-4or 5+) SELF EMPLOYED STH GRADE JUNK MAN 17. Father's Name (First, Middle, Last) 18. Mother's Name (First, Middle, Malden Surname) Be FRINK HARRY 2 HAZEL TRUEHART 19a. informant's Name/Reletionship (Type, Print) 19b. Malling Address (Street and Number or Rural Route Number, City or Town, State, Zip Code) HAZEL FRINK MOTHER 717 DRUID PARK LAKE DRIVE, BALTIMORE MARYLAND 21817 20e. Method of Disposition 20b. Placa of Disposition (Name of cemetery, crematory or other place) Date 20c. Location - City or Town, State 1 ☑ Burial 2 ☐ Cremetion 3 ☐ Removel from State MT. CALVARY CEMETERY 9-24-96 CLEN BURNIE, MARYLAND 4 Donation 5 Other (Specify) 21. Side 22. Name and Address of Facility JOSEPH H BROWN JR. FUNERAL HOME, P.A. Q140 N. FULTON AVE., BALTIMORE, MARYLAND 21017 33. Part1. Enter the disease, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock or neert failure. List only one cause on each line. Immediate Cause (Final inomatosis - Spread to Lungs 8/24/96 disease or condition resulting in death) Examiner Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Ceuse (Disease or Injury that initiated events resulting in death) Last Due to (or es a consequenca of) Physician/Medical Due to (or as a consequenca of): Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 23b. Did tobacco use contributa to the cause of death? 1 Yes 2 No 3 Probably 4 Unknown þ Completed 24b. Were autopsy findings available prior to completion of cause of death? 24a. Was an autopsy performed? 1 Yes 2 PNo 1 Yes 2 No Be 25. Was case referred to medical 26. Piece of Death (Check only one) 2 1 Yes 2 No 1 Pinpatient Other: 4 Nursing Home 5 Residence 6 Other (Specify) 2 ER/Outpatient 3 DOA 27. Manner of Death 28a. Date of Injury (Month, Day Year) Certification: 28b. Time of 28d. Describe how Injury occurred 28c. Injury at Work? 5 Pending Investigation 1 PNatural 1 Yes 2 No 2 Accident 8 Could not be determined 3 Suicide 28e. Place of injury - At home, ferm, street, factory, office building, etc. (Specify) 28f. Location (Street and Number or Rural Route Number, City or Town, State) 4 C Homicide 1 Certifying Physician: To the best of my knowledge, death occurred at the time, date and placa, and due to the cause(s) and manner as stated.

2 Medical Examiner: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and placa, and due to the cause(s) and manner stated. Medical 29a, Certifier (Check only one) 29b. Signature end title of cartifier 29c. License number 30. Name and address of person who complete South Greene ave

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State Registrar

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State of Maryland / Department of Health and Mental Hygiene

Sept. 24, 1996

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	Examin		4a. Facility Name (If not institution,	give street end number))			4b. City, Town, or L	ocation of Death	4c. Coun	ty of Death	
0	LAGIIIII	. ,	411 E 22nd St	. Apt. B				Baltimo	re		N/A	
	Funeral Director		5. Social Security Number 218-94-0852	6. Sex 7. Ag	ge (In yrs. le 26	est birthday) Yrs.	If Under 1 Yas Months Day		8. Data of Birt (Month, De July 8	, 1970	Cour	place (Steta or Foreign otry) yland
	D .		Usuai Residence of Decedant									
	show		10a. State 10b. County			, Town or Lo					1	Od. Inside City Limits
	28e-f sh	to	Maryland N/A		E	Balti	more					1 Yas 2 □ No
	or 28a	lec ec	10e. Street and Number				10f. Zip Code			10g. Citizen of	What Cour	ntry?
	death with the Maryland	alD	411 E 22nd St	Apt. B			1 2	21218		USA		
		Funeral Director	11. Marital Status	12. Was Decedent Armed Forces	Ever in U,S	3. 13.	Was Decedent of f Yas, specify Cu	f Hispanic Origin? (Spuban, Maxican, Puart	pecify Yas or No Rican, etc.)	- 14. Ra	ce - Americ	
020	urs a	by	X Nevar Married 2 Marrie 3 Widowed 4 Divorced	d 1 ☐ Yas 2 ☐ If Yes, Give Year or Dates:	N o		1□Yes X□N			Speci		ack
5-0	natu	eted	15. Decedent's (Specify only highest			16a. Deced (Give	dent's Usual Occ kind of work don	upation ne during most of wor red)	king	16b. Kind of I	Business/In-	dustry
21215-0020	d within giene. r than '	Completed	Elemantary/Secondary (0-12)	Coilage (1-4or	5+)	Wai		red)		Foo	d In	dustry
	三工女名	Bec	17. Father's Name (First, Middle, L	est)				18. Mother's Nan	ne (First, Middle,	Maiden Sume	me)	
/lan	0 2 2 2	To B	Joseph M	icNeal					Joan G	ibson		
Maryland	nd 2 sho aith end N 27 is ma r traums		19a. Informant's Name/Relationsh Joan Bond/mother					et and Number or Ru St. Apt. B				
3altimore,	Pages 1 and nent of Healint: If item ary or other		20a. Mathod of Disposition 1 ☐ Buriai 2 分 Cremation 3 4 ☐ Donation 5 ☐ Other (Special Control of the Control o	ecify)	Met	ro Cre	sition (Neme of metory or other pematory,	Inc. 09/	Date 24/96	20c. Location		
Balt	permit. Departm Importa any inju		21. Signatore of Funeral Service L	Dawn F. M	cDona	1d 7		ress of Facility n Society				2

J male

Physician /Medical Examiner

attending physician end for use as the bunel-transit

The law requires that the death certificate be executed

Box 68760,

vision of Vital Records, P.O.

Immediata Causa (Final disease or condition resulting in death)

Physician/Medical Examiner þ Completed Be 70

23a. Part . Enter tha disease, or complications that caused the death. Do not anter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line. Approximate Interval Betw Onset and Death 1994 TERMINAL AQUINED IMMUNODETICIENCY Due to (or as a consequence of) Due to (or as a consequence of) Due to (or as a consequance of):

22 Name and Address of Facility Cremation Society of Maryland, Inc. 299 Frederick Rd. Baltimore, MD 21228

Sequentially list conditions, if any, leading to Immediata cause. Enter Undarlying Cause (Disease or Injury that Initiated events resulting In death) Last Part II. Other eignificant conditions contributing to death but not resulting in the undarlying cause given in Part i. 23b. Did tobacco use contribute to the cause of death? 1 Yes 2 No 3 Probably 4 Unknown - CH no wic Bronch This malnutrition 24b. Were autopsy findings available prior to completion of cause of daath? 24a. Was an autopsy performed? 1 ☐ Yes 2 No 1 ☐ Yes 2 ☐ No 25. Was case referred to medical 26. Place of Death (Check only one) Hospital: 1 ☐ Inpatient 2 ☐ ER/Outpatient 3 ☐ DOA Other: 4 Nursing Home X Residence 8 Other (Specify) 1 ☐ Yas 2 【No 27. Manner of Death 28a. Date of Injury (Month, Dey Year) 28c. Injury at Work? 28d. Describe how Injury occurred Medical Certification: 5 Pending investigation 1 ☐ Yes 2 ☐ No 2 Accident 6 Could not be determined 28f. Location (Street end Number or Rural Route Number, City or Town, Stete) 3 ☐ Suicide 28e. Placa of Injury - At homa, farm, street, factory, office building, atc. (Specify) 4 Homicide Certifying Phyeician: To the best of my knowledge, death occurred at tha tima, data and piace, and due to the cause(s) and manner as stated.

2 Medical Examiner: On the best of axamination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(s) and manner stated. 29a. Cartifiar 29b. Signature and title of certifiar 29c. Licensa number 29d. Data signed (Month, Day, Year)

017148

Marylant 2/2/4

State Registrar

31. Data filad (Month, Dey, Year) SEP 26 1996

BOUTIMORE 32. Registrar's Signatury and all

1.0.

noso

30. Name and address of person who completed cause of death (Item 23a) (Type, Print)
4706 1872-8020 Note 0 361-773

DHMH 16 Rev 6/95

WBALTIMORE, MARYLAND 21215-0020 DIVISION OF VITAL RECORDS, P.O. BOX 68760

TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed withing the notion for the form. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1. 2. 3 should be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

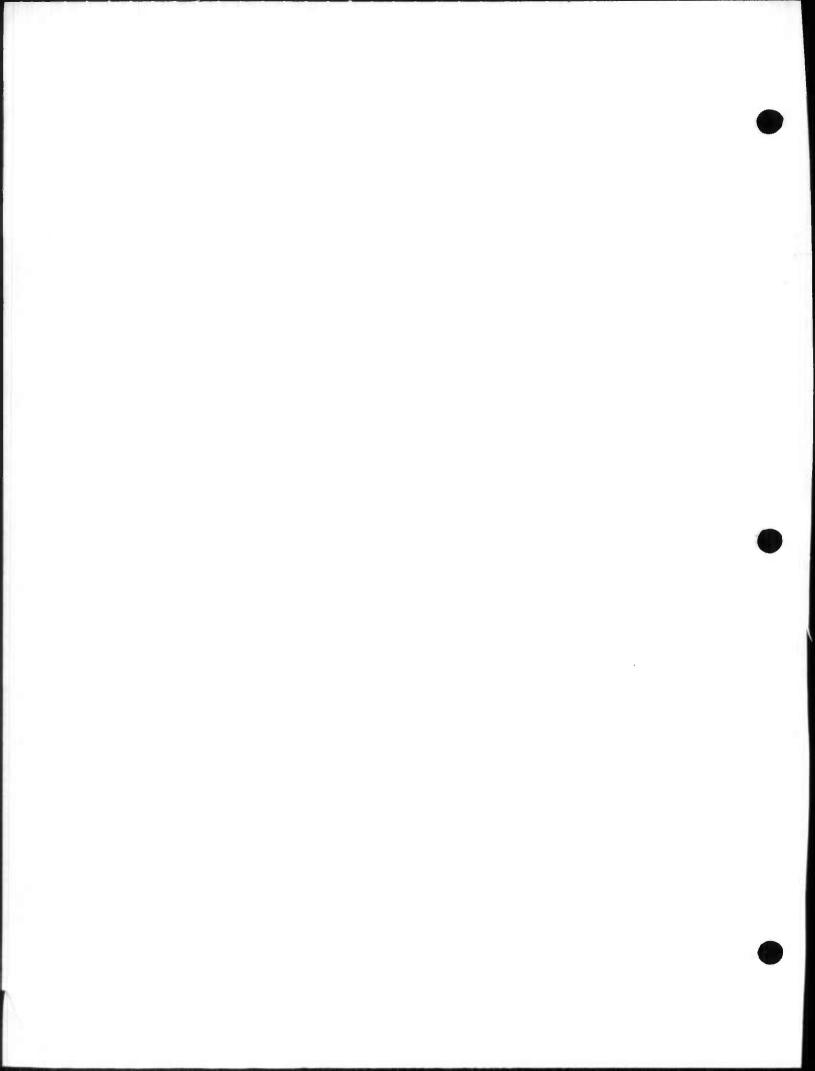
IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

1 - FOR STATE REGISTRAR

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH BEG NO.

					OLITIN	IONI		DEA			HEG. NO.			
	1. DECEDENT'S NAME (First,									2. DAT	E OF DEATH	Y	YEAR	3. TIME OF DEATH
	SANDRA 4. SOCIAL SECURITY NUMBE	T,			DSCH			,			TEMBER	23,		0910 M
	215–46–595		5. SEX 1	6. AGE (In yrs. 50		MONTHS	DAYS	HOURS.	MIN.		th, D2811	946	a. BIRTH	PLACE (State or Foreign YLAND
	9a. FACILITY NAME (If not ins	titution, give st	reet and number)			9b. CIT	Y, TOWN	OR LOCATI	ON OF D	EATH		9c. COU	INTY OF DE	EATH
DIRECTOR	SHADY GRO	OVE A	DVENTIS	T HOS	PITA	<u> </u>		ROCE	CVIL	LE			MONT	GOMERY
RE	10a. STATE	10b. COUNTY			10c. CIT	Y, TOWN								10d. INSIDE CITY LIMITS?
	MARYLAND	MONT	GOMERY				POI	OMAC						1 YES 2 NO
FUNERAL	10e. STREET AND NUMBER							f. ZIP COD	_			10g. CIT		HAT COUNTRY?
Ä	11212 BEDFY	ORDSHI						20854	1				US	A
	11. MARITAL STATUS 1 Never Married 2 X	Warried	12. WAS DECEDEN FORCES? 1	YES 2		13.	WAS DEC	CENDENT C	OF HISPA	NIC ORIG	IN? (Specify Yes Rican, etc.)	or No-	14. RACE Black	- American Indian, White, atc.
В	3 Widowed 4 Divon		IF YES, GIVE W	AR OR DATES	21		1 TYES	2 XNO	Specif	ly:	Rican, etc.)			WHITE
COMPLETED		DENT'S EDUC		16a.	DECEDENT'S	USUAL O	CCUPATIO	ON met of working	20	16	b. KIND OF BUS	INESS/INC		
9	Elementary/Secondary (0-		College (1-4 or 5 +	-)	IIIe. Do NOT u	se retired.)			79					
N N	17. FATHER'S NAME (First, Mic	tella I not)	5+			ACCOL	JN'I'AI				ACCOUN'			
	ISRAEL	NONE, LEGITY		FOTED	LANDE	,			ANN	AME (First,	Middle, Maiden		INGER	
BE	19a. INFORMANT'S NAME (Ty)	pe/Print)		FKIED			S (Street a			Bourte Nive	nber, City or Town			
٩	MR. LEE GOI	DSCHM	IDT (HUS	BAND)							POTOMAC			54
	20s. METHOD OF DISPOSITIO	ON		20b. PLA	CE AND DATE	OF DISPOS	SITION (NO	ame of		-			City or Tov	
	4 🗂 Donation 6 🗆 Other (Specify)		cemetery,	CHEVR	A AH	AVAS	CHE	SED	9-	-25-199	6- R	ANDAI	LLSTOWN, MD
	21. SIGNATURE OF FUNERAL	SERVICE LIC	ENSEE)		22.	NAME AI	ND ADDRE	SS OF FA	CILITY	BROS.,	TNC		
	• alle	nou	le J	WIN	SOV								svill	le, MD 2120
	23. PART I. Enter the dis	enses, or c	omplications that	caused the	death. Do	not enter	the mo	da of dy	ing, suc	h aa cai	rdlac or reapli	atory an	rest,	Approximata
	IMMEDIATE CAUSE (Fine													Interval Between Onset and Daath
	disease or condition	> ,		SEPT			CK							1 DAY
				OR AS A CON			1~	MOL	to N	2.0				LE DAYS
ON	Sequentially list condition			OR AS A CON			67	1.(1.1	101	17	_			13 DAYS
CAT	If any, leading to immed cause. Enter UNDERLYIN	IG 📗			02002.102.0	. ,.								
CERTIFICATION	CAUSE (Disease or Injury that Initiated events	·	DUE TO	(OR AS A CON	SEOUENCE O	F):								
	resulting in death) LAST													
	PART II. Other aignifican	t conditions	contributing to	death but no	t resulting	In the ur	nderiving	o cause o	alven In	Part I	24e. WAS AN	MITOREY	246	WERE AUTOPSY FINDINGS
<u>ა</u> ∥	LEUK				•		, , , , , , , , , , , , , , , , , , , ,	,	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		PERFORI	MED?		AMAILABLE PRIOR TO COMPLETION DF CAUSE
MEDICAL	RESP			FAILU	RE					_	1 🗌 YES 2	KNO		OF DEATH?
	DID TOBACCO US			USE OF DE	EATH YE	S 🗆	NO [1 UNC	ERTAI	и П				1 TYES 2 NO
롱	25. WAS CASE REFERRED TO EXAMINER?				ACE OF DEA									
Z I	YES 2 NO		HOSPITAL:	ER/Outpatient	3 🗆 DOA	4 A Nur		e 5 🗆 Re	sidence	6 Oth	er (Specify)			
PHYSICIAN:	27. MANNER OF DEATH	erumi	26a. DATE OF (Month, De		26b. TIM	E OF IURY	28c. INJ WO	URY AT		28d. DE	SCRIBE HOW IN	JURY OC	CURED	
B		ending vestigation				М		YES 2	NO					
COMPLETED		ould not be etermined	building,	F INJURY — At etc. (Specify)	home, ferm,	street, taci	tory, offic	•		28t. LOC	CATION (Street ar or Town, State)	nd Number	or Rural Ro	sute Number,
٦ ا	29a. CERTIFIER (Check only	FYINO PHYSIC	DAN: To the beat of	my knowledge,	death occurr	ed at the t	ime, date	and place,	and due	to the ca	use(s) and men	or as stat	led.	
∑														and menner as stated.
BEC	296. SIGNATURE AND TITLE	112	ven	CONSU	1/ 7/ 6/	- 1	(4.A)	29c. LICE	NSE NUI	MBER		29d. DAT	E SIGNED ((Month, Day, Year)
	Mundrell			7			us	D3	011	2				1882/23/1996
٩	30. NAME AND AUDRESS OF	K . S		E OF DEATH (I			2-77	CAL	SCIN	61	OURT			840
	31. DATE FILED (Month, Day, Ye		2 32. REGISTRAL	R'S SIRNATURE	-	200		4-0.		0- 0		126	17763	DA 2081)
	SFP 26 1996		14dse		-									





		0.7	00 11 07 08 0 00	State of Mary		epartme C <i>ertifica</i>			d Mental Hy	(16	28607
	FILM	6/	39 item 27 per DR 9-26 1. Decedent's Name (First, Middle, Last,			Jerunica	ile of L	Calli	2. Date of De			3. Time of Death
	Physici	an	1 0 0	ods					Month Septem	Day	Yaar 1996	
	/Medic		4a. Facility Nama (If not institution, give				41	. City. Town.	or Location of Deal		-	10:10 AW
7	Examir	ier	Johns Hopkins H				"	BAILIM		,	N/A	
-	Funeral	-	Social Security Number 6. S		yrs. last birth	day) If Und	er 1 Year	If Under 24 h			,	lace (Stete or Foreign
	Punerar Director			M 2□F	66 Y	Months	s Days	Hours N	lin. 8. Data of Bi			place (Stete or Foreign htry) TH_CAROLINA
			Usual Residence of Decedent							101 1000	TAOUT	II CONODINA
nylan	thow #		10a. State 10b. County	10	c. City, Town	or Location					10	0d. Inside City Limits
N N	급립	5	MARYLAND N/A		B	ALTIMOF	RE CIT	Y				1 Yes 2 No
it ti	94.2	Director	10e. Street and Number			10f. Z	ip Code			10g. Citizen of \	What Coun	itry?
5-0020 72 hours after death with the Maryland	el', or items 23a or 28a-f show Examiner must be notified at	by Funeral	233 MILLIMAN STRE				21205			U.S		
ep ve	E	nue	117011111111111111111111111111111111111	12. Was Decedent Evan Armed Forces?	In U,S.	13. Was Dec	edant of His ecify Cuban	spanic Origin? I, Maxican, Pu	(Specify Yes or No larto Rican, atc.)	o- 14. Rad Biad	e - America ck, White, a	
20 af	8	Ž F	1 Never Married 2 Married 3 Widowed 4 Divorced	1 Yes 2 No		1 🗆 Yes	2 No	Specify:		Specify	BL	LACK
21215-0020 d within 72 hours af	natural.	D D	15. Decedent's Edu	Year or Dates:	160 [leandent's He	ual Conuna	tion		16h Kind of B	ucinnes fine	ducto
-	F 30	Completed	(Specify only highast grade	e compieted)	10a. L	Decedent's Us Give kind of ผ life. DO NOT	vork done du use retired)	u <i>ring</i> most of i	working	16b. Kind of B	JSINeSS/INC	JUSTRY
d 2121	the the	E O	Elamentary/Secondary (0-12)	College (1-4or 5+)						н	OME	
	ent,	Bec	17. Father'a Nama (First, Middle, Last)	-IV/A		OUSEKE		18. Mother's N	Name (First, Middle			
lan bid be	fenta rked ric ev	ToB	LUKE KNIGHT					LEAH	EBRON			
Maryland	f Health and Mental Hygiene. Item 27 is marked other than other traumatic event, the M		19e. Informant's Neme/Relationship (Ty	pe, Print)	19b. i	Mailing Addres	ss (Street a	nd Number or	Rural Route Numb	er, City or Town,	Stete, Zip	Code)
- 0	Health em 27 i		ELMER L. GOODS-HU	SBAND	201	.7 E, C	LIVER	STREE	T BALTO,	MD. 21:	213	
ore 1	T te t		20a. Mathod of Disposition 1 ☐ Buriai 2 ☐ Cremation 3 ☐ R		Ob. Place of D	Disposition (Na crematory or	ama of othar piace)	Date	20c. Location -	City or To	wn, State
imor Pages	ant: h		4 Donation 5 Other (Specify)	onioval from State	GARRISC	N FORE	ST VE	T. CEM	SEPT.16,	1996 OW	INGSM	ILLS,MD.
Baltimore	Department of Heal Important: If Item 2 any Injury or other once.		21. Signature of Funeral Service License	<i>y</i> /	. []	22 Nama (and Address	of Facility	S FUNERAL	. HOME		
ш %	0 E # 9		Calern C	echuca	D. M.				ST. BALTO		1213	
_			23a. Part1. Enter the disaasa, or compil shock, or haart tailure. List only or	cations that caused the	eth. Do no							Approximate Interval Between
	ysician			,								Onset and Death
	Medical kaminer		Immediate Cause (Final disease or condition resulting in death)	Mrosep	218						į	1 day
2		-	Tooling III ooksij	Due	to (or as a co	nsequence of	f):					
D D	nsit	Examiner),							-	
8760, ate be executed	shystcian and the burial-transit	Exa	Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or injury	Due	to (or as a co	nsequence of):				i	
8760,	slcia e bur	dical	that initiated events	Due	to (or as a co	needlience of	١٠				-	
68 tificat	es th	led	resulting in death) Last	540	10 (01 45 4 00	risaquarios ot,	,					
I Records, P.O. Box 6: The lew requires that the death certific	igned by the attending p be detached for use as	by Physician/Me		1								
Geel	ed fo	sick	Part II. Other significant conditions con	tributing to death but no	ot rasulting in t	ha underlying	cause give	n in Part I.	23b. Did	tobacco use co	ntribute to	the cause of death?
P.O	f by the	Phy	W. nerstansian						10	Yes 2 No	3 Prot	bebly 4 Unknown
S,	be d		Hypertension						-			
Records,	been si should I	Completed	DIABETES						24a. Was	s an autopsy ormed?	ava	ere autopsy findings allable prior to
le we	as b	nple									of c	mpletion of cause death?
H H	pag.	S	Monoclonal gA	Mmopathy					10	Yes 2 No	10	☐Yes 2년No
of Vital	s certificate has b director, page 2 s	Be	25. Was casa rafarred to medical examiner?	lospitel:			Otho		Death (Check only			
P Syl	0 0	2	1 Yes 2 No	1 LI Inpatiant	2 ER/Outp			4 C 14019#1	g Home 5 ☐ Res	how Injury occur		y)
On	h. After fune	tol	1 X Natural 5 ☐ Pending	28a. Date of Injury (Month, Day Yea	ar) Inj		28c. Injury Work	? es 2 □ No	200. 50001150	now injury coods	180	
Division of Vita	after death. Director: After I in by the fune	fica	3 ☐ Suicide 6 ☐ Could not be	28e. Place of Injury -	At home, tem				28t. Location	(Street and Numb	per or Rura	al Route Number,
Distriction	Direct d in b	Certification:	4 Homicide	building, etc. (S)	pecify)				City or To	wn, Stete)		
To the Hospital	within 24 hours after death. To the Funeral Director: After this completely filled in by the funeral	edical	(Check only 2 Medical Examin	sician: To the best of my ner: On the basis of exa	/ knowledge, of mination and/	deeth occurre	d at the time	e, date and pia	ace, and due to the	cause(s) and ma	anner as st	iated.
o the	ithin 2 o the i	Med	29b. Signature and title of certifiar	and manner steted.	reservations.		9c. License			29d. Data signe		
—	s ⊨ ō		m walter	ms			N26	38		Septemb	er 10	1996
		-	30. Name and address of person who co	mpieted cause of death	(Item 23a) (T	vpe, Print)				00/10/10		,
	4		MAHLEW J. WALTE	R MD, -	TohnsH	OPKINS	Hospi	tal, +	OWER 110			
	Sta	te	31. Date filed (Month, Dey, Year)	32. Registrar's S	Signature	70						
	Registr	ar	SEP 26 100	6 2	wavedown.	-Nonpale						

DHMH 16 Rev 6/95

State of Maryland / Department of Health and Mental Hygiene

BALTIMORE MD

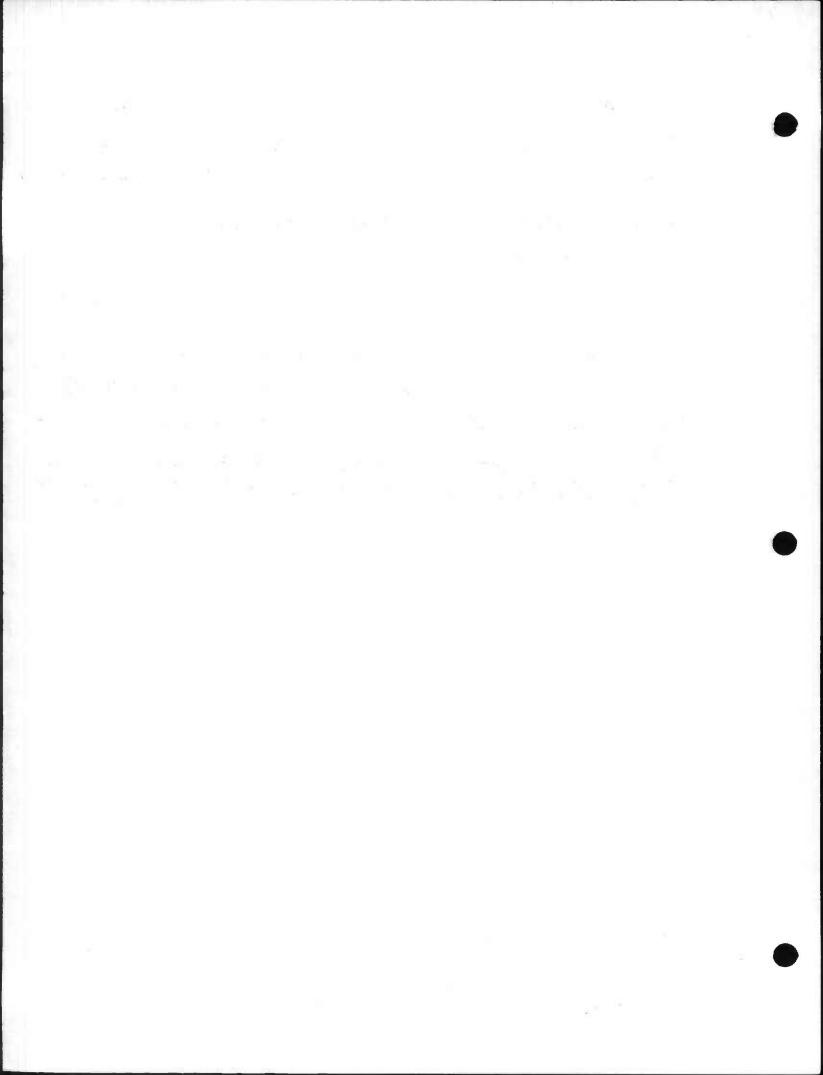
21231

6	2	8	6	0	8

				Otato of Maryle		icate of	Death	nomarri	Rea. No.	96	28608
	Physic /Medi		Decedent's Name (First, Middle, Las MARIE	GOODWIN	130			2. Date of E Month 5 EP	Death Day	Year 1996	3. Time of Death 02:16 A
	Exami		5. Social Security Number 6. S	ME HOSPI	rs. last birthday) If	Under 1 Year		8. Date of E	lirth Day, Year)	9. Birthpia	ace (State or Foreign
Baltlmore, Maryland 21215-0020	permit. Pages 1 and 2 should be filed within 72 hours efter death with the Meryland Department of Health and Mental Hygiene. Important: if item 27 is merked other than "natural", or items 23e or 28=f show one injury or other traumatic event, the Medical Examiner must be notified at one		Usual Residence of Decedent 10a. State 10b. County 10c. City, Town or Location 10d. Inside City Limits								
			3 (Widowed 4 Divorced Year or Dates: 15. Decedent's Education (Specify only highest grade completed) Elementary/Secondary (0-12) College (1-4or 5+) T. Father's Name (First, Middle, Last) 1 Yes, Give Year or Dates: 1 Yes 2 No Specify: Specify:								
11	Attending Physician: The law requires that the death certiser of the articology of the attending extor. After this certificate has been signed by the attending by the funeral director, page 2 should be datached for use a by the funeral director.	Medical Certification: To Be Completed by Physician/Medical Examiner	23a. Part Enter the date se, or companies, or heart feature. List only of immediate Cause (Final disease or condition resulting in death)	a. Muc	eath. Do not enter the	GAN	ing, auch as cardiac	or respiratory	3 ALTI KORE arreat,		Approximate Interval Between Onset and Death
Vital Records, P.O. Box 68760,			Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or injury that initiated eventa resulting in death) Last Due to (or as a consequence of): OVARIAN CARCINOMA C. Due to (or as a consequence of):								
			Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in I					23b. Did tobecco use contribute to the cause of death? 1 Yea 2 No 3 Probably 4 Unknown 24a. Was an autopsy 24b. Were autopsy findings			
			performed? svallable prior to completion of cause of death? 1 □ Yes 2⊠No 1 □ Yea 2⊠No 25. Was case referred to medical examiner? 28. Place of Death (Check only one)								
Division of V			Hospital:				DOA Other: 4 Nursing Home 5 Residence 8 Other (Specify) 28c. Injury at Work? 1 Yes 2 No 28d. Describe how Injury occurred 28d. Location (Street and Number or Rural Route Number, City or Town, State)				
	To the Hospital or within 24 hours after To the Funeral Dir completely filled in		29a. Certifier (Check only one) 20 Medical Examiner: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and manner as stated. 29b. Signature and title of certifier 29c. License number 29d. Date signed (Month, Day, Year) 59pt-23 1996								
0	1 1	- 1	- Chamber	w mo-		0 - 2034			9 Sept-23 1996		

State Registrar 30. Name and eddress of person who completed cause of death (Item 23a) (Type, Print)

R. BOKHARI M.D. 100 N. BROADWAY



	c	Fi	1mG739 item 26 per MD	State of Ma	-	Departme Certifica			nd Mental H	ygiene 9	6 2	8609
	Physic	ian	1. Decedent's Name (First, Middle, Las		1				2. Date of the Month		Year 1001	3. Time of Death
	/Medi Exami		4a. Facility Name (If not institution, give	street and number)				4b. City, Tow	n, or Location of De	ath 4c. Count	y of Death	- Jan
1			Good Samaritan Ho	spital				Baltin	nore	N/A		
	Funeral		Social Security Number 6. Security Number	2000	(In yrs. last bir	Month	der 1 Yeer Is Days	If Under 24			9. Birthpla	ce (State or Foreign
1	Director	п	212-10-2588	⊐м 2 X ΩXF 83	,	Yrs.	Days	riours	April	4,1913	Unit	ed States
	pur *		Usual Residence of Decedent 10a. State 10b. County		10c. City, Town	or Location					100	Lincida Ciba I Imita
	sho	5	15-025								100	I. Inside City Limits
	the N	Directo	Maryland N/A 10e. Street and Number		Balt:	imore C				140 000		
	Kill Mark	급				101.	Zip Code			10g. Citizen of		
	72 hours after death with the Maryland natural, or items 23a or 28a-f show itest Examinat must be notified at	Funeral	3714 Eastwood Dri	Ve 12. Was Decedent Ev	ver in IIS	12 Was Day	21206		n? (Spacify Vac or I		d Stat	
	fler d	F	1 ☐ Never Married 2 ☐ Married	Armed Forces?		if Yes, s	pecify Cube	en, Mexican,	n? (Specify Yes or ! Puerto Rican, etc.)	Bia	ick, White, et	
020	urs al	by	3 □ Widowed 4 □ Divorced	If Yes, Give Yeer or Dates:	,	1 ☐ Yes	2 No	Specify:		Specia	fy:	ite
5-0020	n 72 hours "netural",	Pe	15. Decedent's Ed		16a.	Decedent's U	auai Occup	ation		16b. Kind of B		
2121	32	pie	(Specify only highest grad Elementary/Secondery (0-12)	fe completed) College (1-4or 5+)	(Give kind of the life. DO NOT	work done	during most o	of working			
	should be filed within of Mental Hygiene. marked other than imatic event, the M	Completed	8th Grade			Home M	laker			Own H	ome	
pu	tal Hy	Be	17. Father's Name (First, Middle, Last)					18. Mother	s Name (First, Midd	le, Maiden Sumai	me)	
y a	should be ind Mental marked o umatic eve	2	William Unkn	own	Franz			Anna	н.	Bul1		
Maryland	2 sho		19a. Informant's Name/Relationship (T	ype, Print) (Daugh	iter) 196	. Meiling Addre	ss (Street	and Number	or Rural Route Nun	ber, City or Town	, State, Zip C	ode)
	s 1 and 2 should be filed within f Health and Mental Hygiene. Item 27 is marked other than other traumatic event, the Ma		Diane Tr	euner	4			venue,	Baltimor	7		
Baltimore,			20a. Method of Disposition 1 ☐ Burial 2 ☐ Cremation 3 ☐ I	Removal from State	20b. Place of cemeter	Disposition (A y, cremetory o	lame of r other plac	ce)	Dete	20c. Location	- City or Town	ı, State
tim	Part		4 ☐ Donation 5 ☐ Other (Specify,		Garden	ns of F	aith	Cem.	9-16	Baltim	ore,Ma	ryland
Sal	permit. Pa Department Important: any injury		21. Signature of Funeral Service Licens	1		22. Neme	end Addre	ss of Facility	6415	Belair	Road	
ш	20 E 4 8		Kathleen M	. Mussle	4/	John	C. Mi	ller,	Inc. Balt:			-21206
0			23a. Part*. Enter the disease, or comp shock, or heart failure. List only of	lications that caused to	he deeth. Do r	not enter the m	ode of dyir	ng, auch as ce	erdiac or respiratory	arrest,	A	pproximate iterval Between
d	Physician			c)				(nset end Death
1	/Medical Examiner		Immediate Ceuse (Finel disease or condition	acul	6 CGA	Convery	0	cclu	slow			now19
	LAGITHIE	,	resulting in death)	A	ue to (or as a c	consequence	of):					
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	be executed sician end burial-transit	Examiner	Sequentially list conditions, if any, leading to immediate	AOD	ue to (or as a	onsequence o	f):					ew
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687	icata physi s the	odic	resulting in death) Last	Di	ue to (or as a c	onsequence o	f):				1	
Box	certificanding	2		d					· ·			
ă	death certificata e attending physi d for use es the	Physician/Med	Doe il Other claudieres annulaires	- 1 12 - 12 - 13 - 14 - 14 - 14 - 14 - 14 - 14 - 14		week to the form			1			
P.O.		hysi	Part II. Other significant conditions co	ntributing to death but	not resulting in	the underlying	g cause giv	en in Part I.				ne cause of death?
	signed b	by P	NC							Yes 2 No	3 Proba	bly Unknown
Records,	requires that the		·						24a. W	s an autopsy		sutopsy findings
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ta	ician: The certificata rector, pag	BeC	25. Was case referred to medical	· · · · · · · · · · · · · · · · · · ·				28 Piece o	f Death (Check on)		1	20140
of Vital	Physician: this certificant	To B	exeminer?	Hospital: 1 ☐ Inpatient	2 88/Ou	tpatient 3	DOA Oth	or.	1	sidence 6 Ott	her (Snecify)	
0	er thi		27. Manner of Death	28a. Date of Injury (Month, Day	-	ime of	28c. injur			e how injury occur		
io	Attending r death.	atio	1 Naturel 5 ☐ Pending investigation	(Moter, Day	7 8417) II	njury M		Yes 2 □ No				
Division	Arte er de by th	Certification:	3 ☐ Suicide 6 ☐ Could not be determined	28e. Piace of Injury building, etc.	y - At home, far	rm, street, fact	ory, office		28f. Location	(Street and Numi	ber or Rural F	Route Number,
Ö	a after or all Direction	Ce		bollolly, etc.	(Opecity)				Only or 1	own, orane)		
	To the Hospital or Attanding Ph within 24 hours after death. To the Funeral Director: After th completely filled in by the funeral	edical	29a. Certifier (Check only 2 Medical Exam)	sician: To the best of ner: On the basis of e	my knowledge	death occurre	d at the tin	ne, date end	place, and due to the	e cause(s) and m	anner as stat	ed.
	the hin 2, the public places		une)	and manner state	d.				COOUTION AT THE TIME			
	O T W	Σ	29b. Signature and title of certifier	MID		2	9c. Licens	e number	7	29d. Date algne	od (Month, De	y, Year)
			1 9/an #	7 112			VX	1111	/	71-	20/16	
	5		30. Name and address of person who co	ompleted ceuse of dee	oth (Item 23e) (Type, Print)	10	X	Hants	1 500 Y	2 . H	1-00
			31. Date filed (Month, Day, Year)	10 WASEN		000	uJa	marika	n 1600 HIA	CK /	291/11	MAKE
	Sta Registr		SED 9 6 100	32. Registra	A SIGNATURE	ndalle						

State of Maryland / Department of Health and Mental Hygiene 28610 Certificate of Death 1. Decedant's Name (First, Middle, Last) 2. Date of Death 3. Time of Death Month **Physician** Ruth Estelle Hobbs 25 1996 SEPT 8:30 AM /Medical 4a. Facility Nama (If not institution, giva street and number) 4b. City, Town, or Location of Death **Examiner** 4c. County of Death 107 Forest Drive Catonsville Baltimore Hours Min. JAN 5, 1902 5. Social Sacurity Number 7. Age (In yrs. last birthday) If Under 1 Yaar Birthplaca (Stata or Foreign Country) **Funeral** Months Days 1□M 2XF Yrs. Director 218-36-8594 94 Maryland Usual Residence of Decedent 10a. Stata 10b. County 10c. City. Town or Location 28a-f show 10d. Insida City Limits the Medical Examiner must be notified at Maryland Baltimore Catonsville 1 ☐ Yas 2 XNo Director 10e. Street and Number 10f. Zip Coda 10g. Citizan of What Country? or items 23a or 107 Forest Drive 21228 death USA Funeral 12. Was Decedant Ever in U,S. Armad Forcas? 1 ☐ Yes ② No If Yas, Giva Yaar or Datas: 11. Marital Status Was Decedant of Hispanic Origin? (Specify Yas or No-If Yes, specify Cuban, Mexican, Puerto Rican, etc.) Race - Amarican Indian, Black, White, etc. filed within 72 hours aftar Navar Marriad 2 ☐ Marriad Baltimore, Maryland 21215-0020 1 ☐ Yas X ☐ No Specify: Specify: White þ 3 ☐ Widowed 4 ☐ Divorced "natural", Be Completed 16a. Decedant's Usual Occupation (Give kind of work done during most of working life. DO NOT usa ratired) 15. Decedant's Education 16b. Kind of Businass/Industry (Specify only highast grada complated) Hygiane. State Dept. of Elementary/Secondary (0-12) Collaga (1-4or 5+) 12 Education <u>Administrative Assistant</u> 17. Fathar's Nama (First, Middla, Last) 18. Mothar's Nama (First, Middle, Maldan Sumama) Pagas 1 and 2 should be nant of Haalth and Mental 2 Harry C. Hobbs Georgianna Virginia Douglass 19a. Informant's Name/Relationship (Type, Print) 19b. Mailing Address (Straat and Number or Rural Routa Number, City or Town, State, Zip Code) 69 nt of Haalth a If item 27 is or other tra Douglass T. Hobbs, Jr./nephew 127 Forest Dr. Catonsville, MD 21228 20b. Place of Disposition (Nama of camatary, cramatory or other place) 20a. Method of Disposition 20c. Location - City or Town, State Burlal 2 □ Cramation 3 □ Ramoval from Stata permit. Paga Department of Important: If any Injury or once. 4 ☐ Donation 5 ☐ Othar (Specify) Loudon Park Cemetery 10/01/96 Baltimore, MD 21. Signatura of Funaral Sarvice Liceasee Nama and Address of Facility
MacNabb Funeral Home, P.A. George E. MacNabb 301 Frederick Rd. Baltimore, MD 21228 23a. Part1. Enter the disease, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory errest, shock, or heart failure. List only one cause on each line. Approximata Interval Batween Onset and Death **Physiclan** /Medical Immediata Cause (Final diseasa or condition rasulting in daath) Examiner Examiner that the death certificate be executed Sequantially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or Injury that initiated evants rasulting In death) Last and P.O. Box 68760. physician Physician/Medical tha as usa Part ii. Other aignificant conditions contributing to death but not resulting in the underlying cause given in Part i. be dateched 23b. Did tobacco use contribute to the cause of death? 5 1 ☐ Yee 2 ☐ No 3 ☐ Probebly 4 ☐ Unknown Records, þ The law requires 24b. Wara autopsy findings available prior to completion of cause of death? Completed 24a. Was an autopsy performed? certificate 1 ☐ Yas 2 ☐ No 1 ☐ Yas 2 ☐ No Division of Vital 25. Was casa raferred to medical examinar? Be 26. Placa of Death (Check only one) Hospital: Othar: 4 Nursing Homa 1 Yas 2 No Medical Certification: To 1 Inpatient 2 ER/Outpatient 3 DOA 5 ☐ Rasidanca 6 ☐ Othar (Specify) 報 28a. Data of Injury (Month, Day Year) 27. Manper of Death 28b. Tima of 28c. Injury at Work? 28d. Dascribe how injury occurred 5 Panding investigation Natural 1 Yas 2 No 2 Accident 6 Could not be determined 3 Sulcide 28e. Place of Injury - At homa, farm, streat, factory, office building, atc. (Specify) 28f. Location (Street and Number or Rural Routa Number, City or Town, State) 4 Homicide 29a. Certifier

To the within 2 To the

1 Certifying Physician: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(s) and manner as stated.

| Medical Examiner: On the best of examination and/or invastigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and manner stated. 29b. Signature and titla of certifiar 29d. Date signed (Month, Day, Year)

Sept. 25, 1996

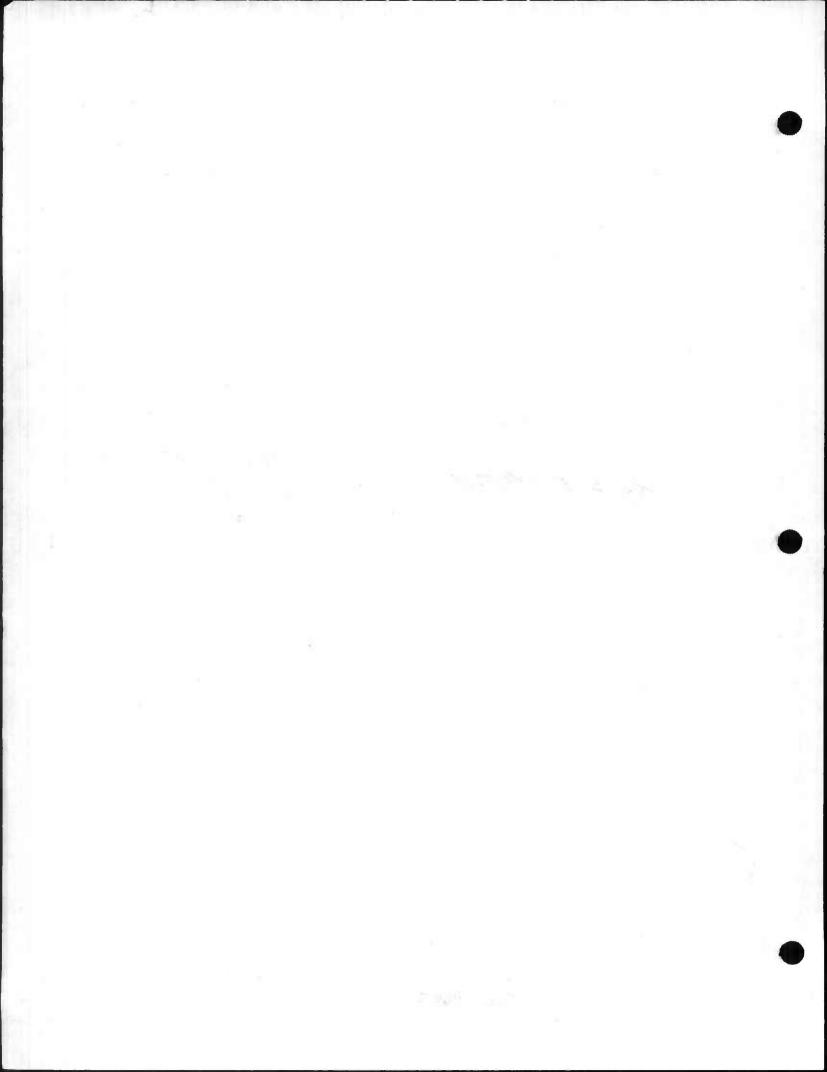
30. Name and address of person who completed causa of death (Itam 23a) (Type, Print) MD

1009, FREDERICK RD. BALTIMORE, MD 21228 URAKHIA 31. Data filad (Month, Day, Year)

State Registrar

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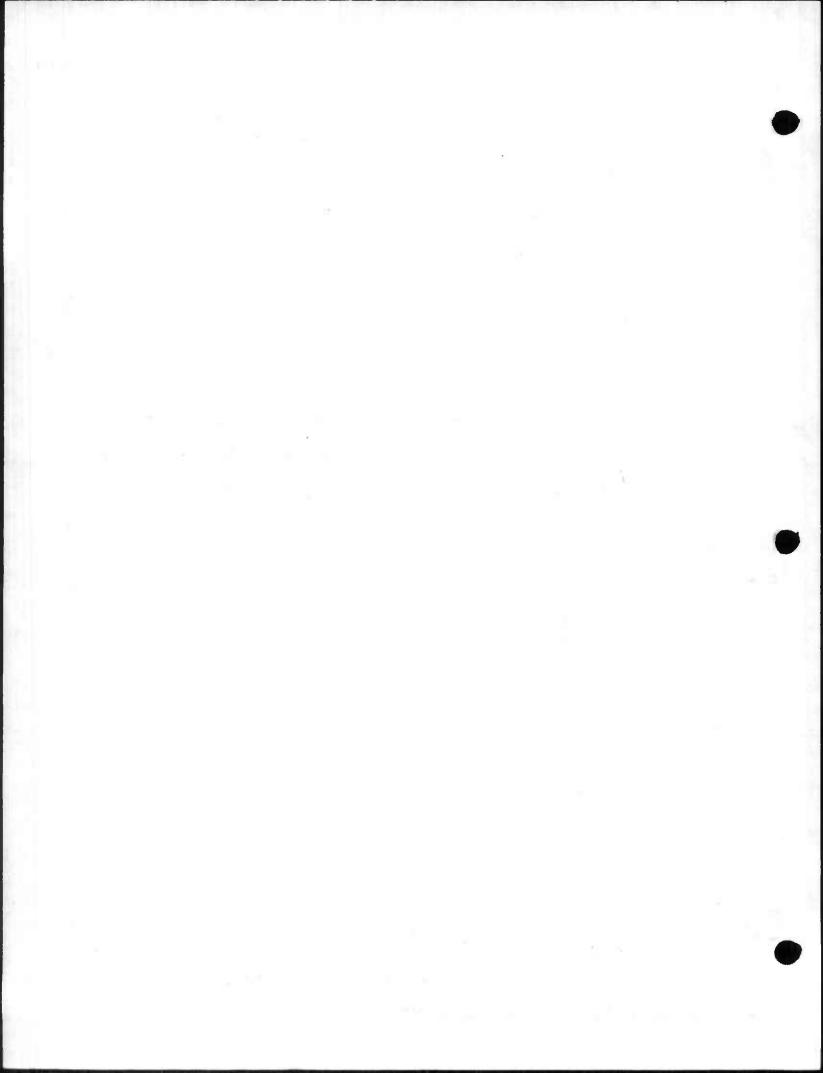




State of Maryland / Department of Health and Mental Hygiene 96 28611

						Cei	rtificate o	of L	Death			Reg. No.	20	20011
2		_	I. Decedent's Name (First, Middla,	Last)							2. Data of De		V	3. Time of Deeth
	/sicia ledica	_	William Jo	seph Hoc	ner						Sept.	Day	996	3:55 PM
	amine		a. Facility Name (If not institution,	give street and num	ber)			4b	c. City, To	wn, or Lo	ocation of Death		unty of De	eath
			214 E. For	t Ave.]	Balt	imo	re		City	
Fune	eral	5	i. Social Sacurity Number 6	Sax 7	. Aga (In yrs. la	st birthdey)	If Under 1 Ya		If Undar		8. Date of Bird (Month, De			
Direc	_		220-07-1855	1 X 0XM 2□ F	75	Yrs.	Months Day	ys	Hours	Min.	Jan. 2	y, Year)	21	Birthplace (State or Foreign Country) Marylan
		1	Jsual Residence of Decedent								Juni		-	0011
ylan	100	1	0a. State 10b. County		10c. City,	Town or Lo								10d. inside City Limits
M N	Diago.	ğ	Md. C	ity		Ba	altimor	će						Yes 2 No
28.		Director	0e. Street and Number				10f. Zip Code	a				10g. Citizer	of What	Country?
21215-0020 d within 72 hours after death with the Maryland piene. r than "natural", or therms 23s or 28s-f show	8		214 E	. Fort A	lve.				212	30			US	SA
leath		Funeral	1. Marital Status	12. Was Decad	ent Ever in U.S	. 13.1	Was Decedent of	of His	panic Orle	oln? (Spi	acify Yes or No	- 14.	Race - Ar	marican Indian,
C and and		2	1 Never Married 2 Married	Armed Ford		1	f Yas, specify C	uban	, Mexicen	, Puarto	Rican, atc.)		Black, WI	
D20		D	3 XWidowed 4 ☐ Divorced	If Yes, Give Year or Dat		I	1□Yes 2¬N	VO	Specify:			Sp	ecify:	white
2 ho			15. Decedent's			16a. Deced	dent's Usual Occ	cupat	tion			16b. Kind	of Busines	ss/Industry
215		Completed	(Specify only highest ((Give	kind of work do	ne di	urina mosi	t of work	ing			,
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d Hilled other		De 1	7. Father's Name (First, Middle, La	st)			ine gae	-		r's Name	(First, Middle,			
ylan ould be Mental arked o		0	Will:	iam I. H	looper				Ne	lli	e T. H	lunt		
larylar 2 should b and Mente a marked	1		19e. Informant's Name/Relationship			19h Maillr	ng Address (Stre	eet er	nd Numbe	er or Run	el Route Numbe	er City or Tr	nwa State	Zin Codel
Maryland 21215-0020 nd 2 should be filed within 72 hours af alth and Mental Hygiene. Z 71s merked other than "natural, or frammeric and then "natural, or frammeric and then "natural".	9		John T. Hoope		ther									d. 21136
1 and 1 and Health		2	Oa. Mathod of Disposition	, 210			sition (Neme of	_			Date	20c cont	ion - City	or Town State
Pages Sent of nt: If its	5		W Burial 2 Cremation 3		COL	metery crer	oss Ce	nlara	ter	v h	Sept.	D - 1	L 2	re, Md.
Baltimore, Maryland parmit. Pages 1 and 2 should be filed Department of Health and Mental Hyg important; If files 27 is marked other and information or other trainment or contract the statement of some particular or contract the statement of some particular or contract the statement of some particular or contract the statement of some particular or contract the statement of some particular or contract the statement of some particular or contract the statement of the statement o			4 Donatlon 5 Other (Spec		/						1,1996	Ball	CIMO	re, Ma.
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0024	d		Llane (U. Ma	dr			_			e, Bal			
			23e. Part1. Enter the disease, or co shock, or heart failure. List on	mplicetions that call	sed the death.	Do not ent	er the mode of o	dying	, such as	cerdiac o	or respiretory er	rrest,		Approximate interval Between
Physici	an	10												Onset and Death
/ /Medic		- (mmediate Cause (Final disease or condition	ALI	LVTI	4M1	1							16
Examin	ner	1	asulting in death)	a. AKI	Due to (or a	as a consec	uence of):							
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ox 68760, certificate be executed ding physician and isse as the burial transit		Examine	Sequentially list conditions	b. 19 9 c. COL	Dua to (or a	as a conseq	uence of):	_	10/	-(-	7001	- 10		1 4
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P.O. nat the dod of the dot the detached			- Julian organization	Softing to doub	in but not result	ing in the di	idenying cease	givei	illir aligi.	•		Yes 2 1		Probably 4 Ohknown
S, F es that igned!		, A									, ,	146 201	40 3	Probably 4 Profiction
I Records, P.O. Bo The law requires that the death the has been signed by the atte- page 2 should be detached for	7										24e. Was	an autopsy	241	b. Were autopsy findings
COrd requir been s should												rmed?		avaliable prior to completion of cause
Per Per Per Per Per Per Per Per Per Per	Potelomo	7											1	of death?
	3										101	res 2 🖹	10	1 Yes 2 10
VISION Of VITAL RECORD Attanding Physician: The law require resean: extern Aher this certificate has been signified to should be the presence of the presence	á		5. Was cesa referred to medicel examinar?	Hear 9-1						of Death	(Check only o	ne)		
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OIVISION Of or Attending Phys after death, Director: After this in by the tuneral di	1	£ 2	7. Manner of Death 1 ☑ Netural 5 ☐ Pending	28a. Date of (Month,	injury 2 Day Year) 2	8b. Time of Injury	28c. in	Vork?	at ?	1	28d. Describe h	now injury o	ccurred	
Signal And	100		2 ☐ Accident investigati						es 2 🗆 l	Vo				
IVI Par de rection toy	Ì		3 Suicida 6 Couid not 4 Homlcide determine	d 28e. Placa of	Injury - At hom, etc. (Specify)	e, farm, str	eat, factory, offic	Э		1	28f. Location (5 City or Tox		lumber or	Rural Routa Number,
D partie	Cottectification	5			, ata. (apaciny)							,,		
and and			9a. Certifier 1 Certifying F	hyaician: To the be	est of my knowl	edge, deeth	occurred at the	tlme	, dete and	d piace, a	and due to the	cause(s) an	d manner	as atated.
	Jedical	3	one)	aminer: On the best and manner	r stated.	n enavor inv	restigetion, in my	у орн	nion, deat	n occurr	ed at the time,	dete end pie	ece, and d	ue to tha ceuae(s)
0 20	2	2	9b. Signature and title of certifier	4			29c. Lice	ense i	number			29d. Date s	igned (Mo	nth, Day, Year)
T .	1) all	-	1		01	9	64	0		9/	20/	96
1.X	1	3	0. Name and address of person who	o completed cause	of death (Item 2	3a) (Type I	2700	(6)	33.0.4	-		1.000		17/2/2012
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	State	3	1. Data filed (Month, Dey, Yeer)	, 32. Reg	istrar's Signatu	ra	** ** OC.	-		1		47700		21630
	istrar	_	SEP 26 1996	Julia Du	idcon-Ran	delle								-, -
			API LA IOUR											

DHMH 16 Rev 6/95



96-5432-510

Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible.

State of Maryland / Department of Health and Mental Hygiene

29d. Date signed (Month, Dey, Year)

SEPTEMBER 25,1996

Certificate of Death 1. Decedent's Neme /First, Middle Last 2. Date of Death 3 Time of Death Dey **Physiclan** JOHN HOLT SEPTEMBER 24,1996 1:55P.M. /Medical 4a. Facility Nama (If not institution, give street end number) 4b. City, Town, or Location of Deeth 4c. County of Death Examiner 4233 NORFOLK AVE BALTIMORE BALTIMORE CITY 5. Social Security Number If Under 1 Yaar If Undar 24 Hrs. 8. Dete of Birth (Month, Day, 4/3/59 Birthplece (State or Foreign Country) 6. Sex 7. Aga (In yrs. lest birthday) **Funeral** Days Hours MD. Yrs. 37 Director 214 72 8714 Usual Residence of Deceden permit. Pages 1 end 2 should be filed within 72 hours after death with the Maryland Department of Heelth and Mental Hygiene. Important: if item 27 is marked other than "natural", or items 23a or 28a-f show any injury or other traumatic event, tra Headral Examiner must be maintained. 10b. County 10a State 10c. City. Town or Location 10d. Inside City Limits Yes 2 No Director MD. BALTO, CITY BALTIMORE 10e. Street and Number 10g. Citizen of What Country? Of. Zip Code 4233 NORFOLK AVE. 21216 USA by Funeral 14. Race - Amarican Indian, Black, White, etc. Was Decadent Ever in U,S. Armed Forces? Was Decedent of Hispanic Origin? (Specify Yas or No-If Yes, specify Cuban, Mexican, Puerto Rican, etc.) 1 Never Married 2 Married 1 ☐ Yas 2 No 1 ☐ Yes 2 ☐ No Specify: Baltimore, Maryland 21215-0020 Specify: BLACK 3 ☐ Widowed 4 ☐ Divorcad Completed 16e. Decedant's Usual Occupation (Give kind of work done during most of working life. DO NOT use retired) 15. Decedant's Education (Specify only highast grade completed) 16h. Kind of Business/Industry Elemantary/Secondary (0-12) College (1-4or 5+) NONE NONE 17. Fathar's Nama (First, Middle, Lest) 18. Mother's Nama (First, Middla, Maiden Surname) Be 0 JOHN W. HOLT JR. PEGGY JOYCE HOLT 19a. Informent's Name/Relationship (Type, Pnint) 19b. Mailing Addrass (Streat and Numbar or Rurel Routa Number, City or Town, State, Zip Code) PEGGY JOYCE HOLT MOTHER 4233 NORFOLK AVE. BALTO. MD. 21216 20b. Plece of Disposition (Name of cemetery, cremetory or other pleca) 20e. Mathod of Disposition 20c. Location - City or Town, Stete 1 Burial 2 Cremation 3 Ramoval from Stata
4 Donation 5 Other (Specify) DRUID RIDGE 9/28/96 PIKEVILLE, MD. 22. Name end Address of Facility
ESTEP BROTHERS F
1300 EUTAW PL. 21. Signature of Euneral Service Licenses FUNERAL HOME P.A. BALTIMORE, MD. 23a. Part1 Enter the disease, or complications that caused the deeth. Do not enter the mode of dying, such as cardled or raspiretory errast, shock, or heart failura. List only one cause on each ling. Approximate Intarval Batween Onsat and Death **Physician** Immediate Causa (Final disease or condition resulting in death) /Medical Examine Dua to (or as a consequence of): Examiner physician end s the buriel-transit The law requires that the death certificate be executed Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Ceuse (Disease or Injury that initiated events resulting in death) Last Due to (or as a consequence of): Division of Vital Records, P.O. Box 68760, Physician/Medicai Due to (or es a consequenca of): 80 esn nse signed by the e Pert II. Other significant conditions contributing to death but not resulting in the underlying cause given in Pert I. 23b. Did tobacco use contribute to the cause of death? 1 □ Yes 2 □ No 3 □ Probably 4 Unknown þ 24b. Were autopsy findings evailable prior to completion of causa of daeth? should I 24a. Was an autopsy performed? Completed page 2 s 2 No certificate or Attending Physician: Be 25. Wes casa rafarrad to medical examiner? 26. Placa of Death (Check only ona) Hospitel: Other: 4 Nursing Home 5 Residence 6 Other (Specify) 2 1X Yes 2 No 1 ☐ Inpatient 2 ☐ ER/Outpetient 3 ☐ DOA this 28e. Data of Injury (Month, Dey Year) Certification: 27. Manner of Death 28b. Time of 28c. Injury at Work? 28d. Describe how Injury occurred 1 Natural 5 Pending Sulject Struck

281. Location (Streat and Number or Rural Route Number,
City or Town, State) 1 Yes 2 No death. 2 Accidant Investigation Famel 9/24/76 Found 1358 HA ofter death Director: 8 Could not be datermined 3 ☐ Sulcide 28a. Place of Injury - At home, farm, street, factory, office building, etc. (Specify) filled in by 4 Homicide Biltimure, Man 24 hours e unknown 1 Certifying Physician: To the bast of my knowledge, death occurred at the time, date and place, and due to the causa(s) and manner as stated.

2 Medical Examiner: On the basis of examination end/or investigation, in my opinion, deeth occurred at the time, date and place, and due to the cause(s) and manner stated. Medical 29a. Cartifian (Check only one)

29c. Licansa number

O.C.M.E.

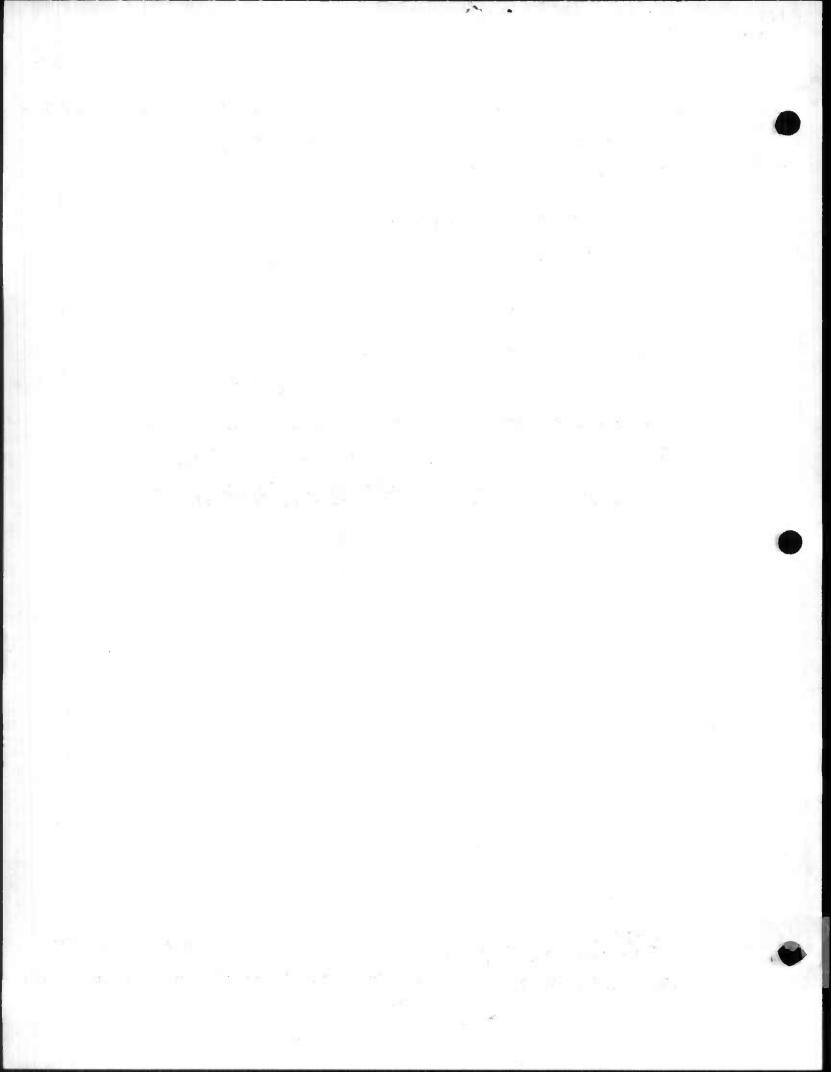
State Registrar 29b. Signature and title of certifier

M. King 111 Penn Street, Baltimore, Maryland 21201 HEUDORE 32 Registrar's Signeture 31. Date filed (Month, Dey, Year) SEP 26 1996

30. Nama and address of person who completed cause of death (Item 23a) (Type, Print)

20

with Tothe



State of Maryland / Department of Health and Mental Hygiene

filed within 7 Hygiene.

Baltimore, Maryland 21215-0020

and P.O. Box 68760, ettending physician for use as the burie The law requires that the death certificate be signed by t Records, peen has page 2 certificate Division of Vital

Certificate of Death 1. Decedent's Name (First, Middle, Last) 2 Date of Death 3. Time of Death **Physician** SEPT. 24. 1922 PM HOLLAND DAVID JOSEPH /Medical 4b. City. Town, or Location of Death 4a. Facility Name (If not institution, give street and number) 4c. County of Death Examiner BALTIMORE 5801 ERDMAN AVENUE IN THE REAR 7. Age (In yrs. last birthday) If Under 1 Year If Under 24 Hrs. 5. Social Security Number Birthplace (State or Foreign Country) 8. Date of Birth (Month, Day, Year) **Funeral** Months Days Hours XIXM 2□ F 44 Yrs. Director 218-58-5206 Feb. 18, 1952 Md. Usual Residence of Decedent the Maryland 10a State 10b County 10c. City, Town or Location 10d. tnside City Limits 28a-f show traumatic event, the Medical Examiner naut be notified at Md. Baltimore Middle River 1 Yes 2 No Director 10e. Street end Number 10f. Zip Code 10g. Citizen of What Country? 6 238 2D Beech Drive 21220 USA Funeral Harms Was Decedent Ever In U,S. Armed Forces? Was Decedent of Hispanic Origin? (Specify Yes or No-If Yes, specify Cuban, Mexican, Puerto Rican, etc.) 14. Raca - American Indian, Black, White, etc. 11. Marital Status 1 ☐ Yes 2 No If Yes, Give Year or Dates: 1 ☐ Never Married 2 X Married "natural", or 1 ☐ Yes 2 ☐ No Specify: White p 3 Widowed 4 Divorced Completed 15. Decedent's Education (Specify only highest grade completed) 16a. Decedent's Usual Occupation (Give kind of work done during most of working life. DO NOT use retired) 16b. Kind of Business/Industry permit. Pages 1 and 2 should be filed within Department of Health and Mental Hygiene. Important: if Item 27 is merked other than any Injury or other traumetin event. Elementery/Secondary (0-12) College (1-4or 5+) Mechanic HVACR 8 yrs. 17. Father's Name (First, Middle, Last) 18. Mother's Name (First, Middle, Malden Surname) Be Roger H. Holland Marie L. Zavadil 2 19a. Informant's Name/Relationship (Type, Pnint) 19b. Malling Address (Street and Number or Rural Route Number, City or Town, State, Zip Code) Debbie Holland wife 2D Beech Drive Balto. Md. 21220 20a. Method of Disposition 20b. Plece of Disposition (Name of cemetery, crematory or other place) 20c. Location - City or Town, State 1 ☐ Burial 2 【Cremation 3 ☐ Removal from State 4 ☐ Donation 5 ☐ Other (Specify) 9-24 Metro Crematory Baltimore 21. Signature of Funeral Sepuice Licen 22. Name and Address of Facility Connelly Funeral Home Of Dundalk 7110 Sollers Point Rd. 21222 23a. Part1. Enter the disease, or complications that ceused the death. Do not enter the mode of dying, such as cerdiac or respiratory arrest, shock, or heart failure. List only one cause on each line. tnterval Between Onset and Death Physician /Medical Immediate Cause (Final disease or condition resulting in death) ALCOHOL, COCAINE AND NARCOTIC INTOXICATION Examiner Due to (or as a consequence of) Sequentially list conditions, if any, leading to Immediate ceuse. Enter Underlying Cause (Disease or Injury that Initieted events resulting In death) Last Due to (or as a consequence of) Physician/Medical Due to (or as a consequence of): Part II. Other significant conditions contributing to death but not resulting in the underlying ceuse given in Part I. 23b. Did tobacco use contributs to the cause of death? 1 Yss 2 No 3 Probably 4 Unknown é 24b. Were autopsy findings available prior to completion of cause of deeth? Completed 24a. Was an autopsy performed? 1⊠ Yes 2 No A to the Hospital or Attanding Physician: I within 24 hours effer death.

To the Funeral Director: After this certifice completely filled in by the funeral director, p Be 25. Was case referred to medical 26. Place of Death (Check only one) Hospital: 1 ☐ Inpatient 2 ☐ ER/Outpatient 3 ☐ DOA Other: 4 Nursing Home 5 Residence When (Specify) 1 Yes 2 No Certification: To LOT 27. Manner of Death 28a. Date of Injury (Month, Day Year) 28b. Time of 28c. tnjury at Work? 28d. Describe how Injury occurred 5 Pending investigation 1 Natural FOUND 9-21-96 FOUND 7:00M 1 Yes 2 No SUBJECT DRUGS AND ALCOHOL 2 Accident 6 🗡 Could not be determined 3 ☐ Sulcide 28e. Place of Injury - At home, farm, street, factory, office building, etc. (Specify) 28f. Location (Street and Number or Rural Route Number, City or Town, State) 4 Homicide FOUND BEHIND BAR 5801 ERDMAN AVE. BALTIMORE, MD. Medical 1 Cartifying Physician: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(s) and manner as stated.

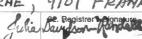
XXMedical Examiner: On the basis of examination and/or investigation, in my opinion, deeth occurred at the time, date and place, and due to the cause(s) and manner stated. 29e. Certifier (Check only one) 29b. Signature and title of certifier 29c. License number 29d. Date signed (Month, Day, Year) SEPT. 22, 1996 O.C.M.E 30. Name and address of person who completed cause of death (Item 13a) (Type, Print) Street, Baltimore, Maryland 21201

Radentz

32. Registre Saprature

State Registrar 31. Date filed

			State of Mary		epartment of Certificate of			iene	96	28614
	Physic	an	Decedent's Neme (First, Middle, Last)				2. Data of Deat Month	Dey	Year	3. Time of Death
3	/Medi Examir	cal	Shirley C. W. 4a. Facility Nama (If not institution, give street and number)		HIPPLER	4b. City, Town, or	Septembe	4c. County Balti	of Deeth	4:25 Am
	Funeral Director		FRANKLIN SQUARE HOSPITAL 5. Sociel Security Number 6. Sax 7. Aga (Inc.) 219320775 Usuel Residence of Decedent	yrs. last birtl	nday) If Under 1 Ye Months Da		8. Dete of Birth		9. Birthp Coun	laca (Stata or Foraign try) VIRGINIA
	ath with the Maryland 23a or 28a-f show	Director		c. City, Town	or Location BALTIMO		1	Og. Citizen of V		0d. Inside City Limits 1 ☐ Yes 2 ②No try?
.0020	72 hours after death with the Maryland "natural", or items 23a or 28s-f show idical Examinet must be nothed at	by Funeral	5 WAYHILL COURT 11. Maritel Status 1 Never Married 2 Married 3 Widowed 4 Divorced 12. Was Decedent Ever Armed Forcas? 1 Yes 20 No If Yes, Give Yeer or Detes:		1 □ Yes 2000	of Hispanic Origin? (Suban, Maxican, Puar No Specify:		Specify	e - Americ ck, White, o	TE
aryland 21215-0020	be filed within tal Hyglene. d other than "	Be Completed	15. Decedent's Education (Specify only highest grade completed) Elementery/Secondery (0-12) College (1-4or 5+) 11. 5 17. Fether's Nema (First, Middle, Last) GEORGE WHITE		Decedent's Usuei Oc Give kind of work do life. DO NOT use re IACHINE OP	one during most of wo tired) ERATOR	me (First, Middle, N		000	lustry
Baltimore, Maryla	permit. Pages 1 and 2 should Department of Health and Men Important: if item 27 is marks any injury or other traumatic once.	To	19e. Informant's Neme/Relationship (Type, Print) HENRY A. HIPPLER / HUSBAND	60b. Piece of cemetery	WAYHILL C' Disposition (Name or , cramatory or other RIDGE 22. Name and Ad CVACH/RO	f plece)	ORE, MD (Dete 1 9/27/96 [JERAL HOME	, City or Town, 21237 20c. Location -	City or To	wn, Stata
68/60,	hypericial personal control co	VMedical Examiner	Sequentially list conditions, if any, leeding to Immediate cause. Enter Undarlying Cause (Disease or injury	to (or as a co		lopath.		est,		Approximate Interval Between Onsat and Death 3 days 3 days 9 years
DIVISION OF VITAL RECORDS, P.O. BOX	despital or Attending Physician: The law requires that the death 4 hoursels after death 24 hoursels after death 4 hoursels after death. After this certificate has been signed by the attertiely filled in by the funeral director, page 2 should be detached for the funeral director.	edical Certification: To Be Completed by Physician/Me	27. Menner of Death Meturei 2 Accident 3 Suicide 4 Homicide 2 Medical Examiner: On the best of examine	Coron 20 ER/Outl ar) 28b. Ti In At homa, farr pecify)	end vace aprent lypa. Datiant 3 DOA me of uny M m, street, factory, offi deeth occurred et the	ypentense cula disc ss Sungery 28. Placa of De Othar: 4 Nursing njury et Work? 1 Yes 2 No ce et time, dete end piece	24a. Wes a perform 24a. Wes a perform 1 Yes 1 Yes 28f. Location (St. City or Town 28f. Location to the column of the column	n eutopsy med? ss 2 No no e) nonce 8 Oth ow injury occur reet end Numb, n, Stata	24b. We cor of (1) 10 ter (Specify red	ora autopsy findings aliable prior to mpletion of cause death? Yes 2 No
7	To the H To the F complete	×	29b. Signatura and title of certifier D. H. Sheubourre 30. Name and eddress of person who completed cause of deeth D. H. SHER BOURNE, 9101 F 31. Dete flied (Month, Day, Year)	M.D , (Item 23e) (1 PANKL	29c. Lic	anse number 17401. DR. B	2	9d. Date signed	d (Month, i	Dey, Year)
	Registr	100	SEP 26 1996 Sure Sure Sure Sure Sure Sure Sure Sure	anpage						



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/Med	lical	Claude Hines			1	4. Ch. T				3.40 A.			
Exam	iner	4a. Facility Neme (If not Institution, give	re-market cuter.			4b. City, Town, or L		4c. County	of Deeth				
		VA Maryland Healt 5. Social Security Number 6.5				BALTIMORE If Under 24 Hrs.			NIM				
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Aeryland F show	5	Md. N/A		10c. City, Town or L					1	0d. Inside City Limi			
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s 23	Fra	2419 Edmondson Av		Turn in 11 C 10	21223		net Veceshe	U.S.A	e - Americ	an Indian			
is 1 and 2 should be filed within 72 hours after death with the Meryland of Health and Merital Hygiene. Item 27 is marked other than "natural", or items 23a or 28a-f show other traumatic event, the Medical Experient must be notified at	by Funeral	11. Meritel Stetus 1 Never Married 2 Merried 3 Widowed 4 Divorced	12. Wes Decedent I Armed Forces? 1 X Yes 2 N If Yes, Give Yeer or Detes:	0/15/43	If Yes, specify Cub 1 ☐ Yes 2 ☒ No	Hispanic Origin? (Spean, Mexican, Puerto Specify:	Rican, etc.)	Bla	ck, White,	etc.			
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2 should be filed with and Mental Hygiene. is marked other ther sumsite event, man	e	17. Father's Neme (First, Middle, Last)			18. Mother's Nem		Meiden Sumer	ne)				
should nd Men	10	Joseph Hines				Dora S							
1 and 2 sh Health and Pm 27 is m ther traum		Brenda Dorsey/dat		2419	Edmonds	on Ave, Ba	altimore	e, Maryl	and 2	21217			
0 0 - 5		20e. Method of Disposition 1 Verifie 2 Cremetion 3 C 4 Donetion 5 Other (Special	Removel from State	20b. Place of Disp cometery, cre Garriso	metory or other ple	Vet.	Dete 9/9/96	Garriso					
permit. Pag Department Important: It any injury o		cemetery, cremetory or other place) 4 Donetton 5 Other (Specify) 21 Signature of Fineral Service Udensee 22. Name and Address of Fecility William C. Brown Community Funeral Hom 1206 W. North Ave, Baltimore, Maryland											
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/Medical		Immediate Cause (Final disease or condition resulting in death)		ory Arrest Due to (or es e conse		ia							
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delan: The	Be	25. Was case referred to medical				26. Plece of Deel	th (Check only o	one)					
5 00	To	examiner?	Hospitel: 1 1 Inpatte	nt 2 ER/Outpatie	ent 3 DOA Ot	her: 4 Nursing Ho	ome 5 Resid	dence 6 🗆 Oti	ner (Specifi	y)			
After fune		27. Menn of of Deeth 1 Neturel 5 Pending 2 Accident investigation		y 28b. Time Injury	Wo	rry et ork?] Yes 2 □ No	28d. Describe	how injury occur	rred				
tal or Attendents after death	Certification:	3 Sulcide 6 Could not be determined		iry - At home, ferm, s :. (Specify)	treet, fectory, office		28f. Location (City or Tox		ber or Rura	l Route Number,			
To the Hospital within 24 hours To the Funeral completely filled	edical	29e. Certifier 1 Certifying Ph (Check only one) 1 Medical Example 1	ysician: To the best on niner: On the besis of and manner sta	ime, dete end piace, opinion, deeth occur	end due to the red et the time,	ceuse(s) end m dete end place,	anner as st and due to	teted. the cause(s)					
withi To the	×	29b. Signeture and title of certifier			29c. Licen	se number		29d. Dete signe	ed (Month,	Day, Year)			
10		30. Neme and address of person who	completed cares of the	ath (Itam 23a) (Tyma	1310	378		(-01-96					
		Thienquang D. Le	, M.D. 10	North Gre		Baltimor	e, MD	21201		•			
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State of Maryland / Department of Health and Mental Hygiene

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Certificate of Death 1. Decedent's Name (First, Middle, Last) 2. Dete of Death 3. Time of Death ²23, 1996 Month **Physician** September 8:15 P.M. MARGARET HERBERT MULLER /Medical 4a. Fecility Name (If not Institution, give street end number) 4b. City, Town, or Location of Deeth 4c. County of Deeth Examiner APT. 6920 DONACHIE ROAD 1102 TOWSON BALTIMORE If Under 1 Yeer Months Days If Under 24 Hrs. Hours Min. 5. Sociel Security Number 7. Age (In yrs. last birthday) Birthplace (State or Foreign Country) **Funeral** 1 ☐ M 2 🕱 F 85 **Director** 215-07-8033 1/27/11 MARYLAND Usuai Residence of Decedent with the Maryland 10a. State 10b. County 10c. City, Town or Location 10d. Inside City Limits ?? Is marked other than "natural", or items 23s or 28s-f show trsumstic event, the Medical Examiner must be notified at 1 Yes 2 No Director MARYLAND BALTIMORE TOWSON 10e. Street end Number 10f. Zip Code 10g. Citizen of What Country? permit. Peges 1 and 2 should be filed within 72 hours after deeth 1 Department of Heelth and Mental Hygiene. Important: If item 27 is marked other than "natural", or items 28s any injury or other traumatic avant 6920 DONACHIE ROAD APT. 1102 21239 USA Funeral 12. Was Decedent Ever in U,S. Armed Forces? 13. Was Decedent of Hispanic Origin? (Specify Yes or No-if Yes, specify Cuban, Mexican, Puerto Rican, etc.) 14. Race - American indian, Bleck, White, etc. 11. Meritei Stetus 1 ☐ Yes 2 🔯 No If Yes, Give Yeer or Detes: 1 ☐ Never Merried 2 ☐ Married Saltimore, Maryland 21215-0020 1 ☐ Yes 2 ☑ No Specify: þ Specify: 3 Nidowed 4 Divorced WHITE Completed 18a. Decedent's Usual Occupation (Give kind of work done during most of working life. DO NOT use retired) 15. Decedent's Education (Specify only highest grade completed) 16b. Kind of Business/Industry Elementery/Secondary (0-12) College (1-4or 5+) SECRETARY **INSURANCE** YEARS 17. Fether's Name (First, Middle, Last) 18. Mother's Name (First, Middle, Melden Sumame) 8 2 MARGARET JACKSON E. LESTER MULLER 19a. informant'a Name/Reletionship (Type, Print) 19b. Malling Address (Street end Number or Rural Route Number, City or Town, Stete, Zip Code) EDGAR L. PURCELL NEPHEW 2710 MERRICK WAY ABINGDON, MD 21009 20b. Placa of Disposition (Name of cametery, cremetory or other place) 20a. Method of Disposition 20c. Location - City or Town, State Date 1 Burial 2 ☐ Cremetion 3 ☐ Removel from Stete 4 ☐ Donetion 5 ☐ Other (Specify) LORRAINE PARK MAUS. 18/26/96 WOODLAWN, MD 21. Signature of Funerel Service Licenses 22. Neme end Address of Facility 23a. Pert1. Enter the disease, or complications that cause on each line.

JOHNSON FUNERAL HOME 8521

TOWSON, MD 21286

23a. Pert1. Enter the disease, or complications that cause on each line.

Do not enter the mode of dying, such as cardiec or respiratory arrest, shock, or heart failure. List only one cause on each line. JOHNSON FUNERAL HOME 8521 LOCH RAVEN BLVD. Approximate Interval Between Onset and Death **Physician** ENDSTAGE CHRONIC LUNG DISEASE /Medical immediate Cause (Final disease or condition resulting in death) Examiner Due to (or as a consequence of) Examiner attending physiclan and for use as the buriel-transit Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or injury that initiated events resulting in death) Last Due to (or as a consequence ot): Box 68760. certificate be Physician/Medical Due to (or as e consequence of) P.O. ed by the a Pert II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 23b. Did tobacco use contributs to the cause of death? signed by t 1 Yes 2 No 3 Probably Unknown Division of Vital Records, þ 24b. Were autopsy findings available prior to completion of cause of death? 24a. Was an autopsy performed? Completed peed has No 1 Yes 1 ☐ Yes 2 No 25. Wes case referred to medical exeminer? Be 28. Place of Death (Check only one) Hospitel: 1 ☐ inpatient 1 Yes 2 No Other: 4 Nursing Home 5X Residence 6 Other (Specify) Certification: To 2 ER/Outpatient 3 DOA 27. Manner of Death 28a. Date of Injury (Month, Dey Year) 28c. Injury et Work? 28d. Describe how injury occurred Affler Attending 5 Pending investigation death. 1 ☐ Yes 2 ☐ No 2 ☐ Accident Director: 6 Could not be 28f. Location (Street and Number or Rural Route Number, City or Town, State) 3 ☐ Sulcide 28e. Placa of Injury - At home, tarm, street, factory, office building, etc. (Specify) 4 Homicide 15 Certifying Physician: To the best of my knowledge, death occurred at the time, date and piece, end due to the cause(s) end manner as stated.
2 Medical Examiner: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and piaca, and due to the cause(s) and manner stated. 24 hou 29e. Certifier Medical (Check only one) 464 29b. Signature and title of certities 29c. License number 29d. Dete signed (Month, Day, Year) 96 ews 30. Name and address of person who completed cause ot death (item 23a) (Type, Print) DR. KENDALL FAULKNER 2300 DULANEY VALLEY RD., TOWSON, MD 21204 31. Date tiled (Month, Dey, Year) 32 Registrar's Sonathe 22 SEP 26 1996

DHMH 16 Rev 6/95

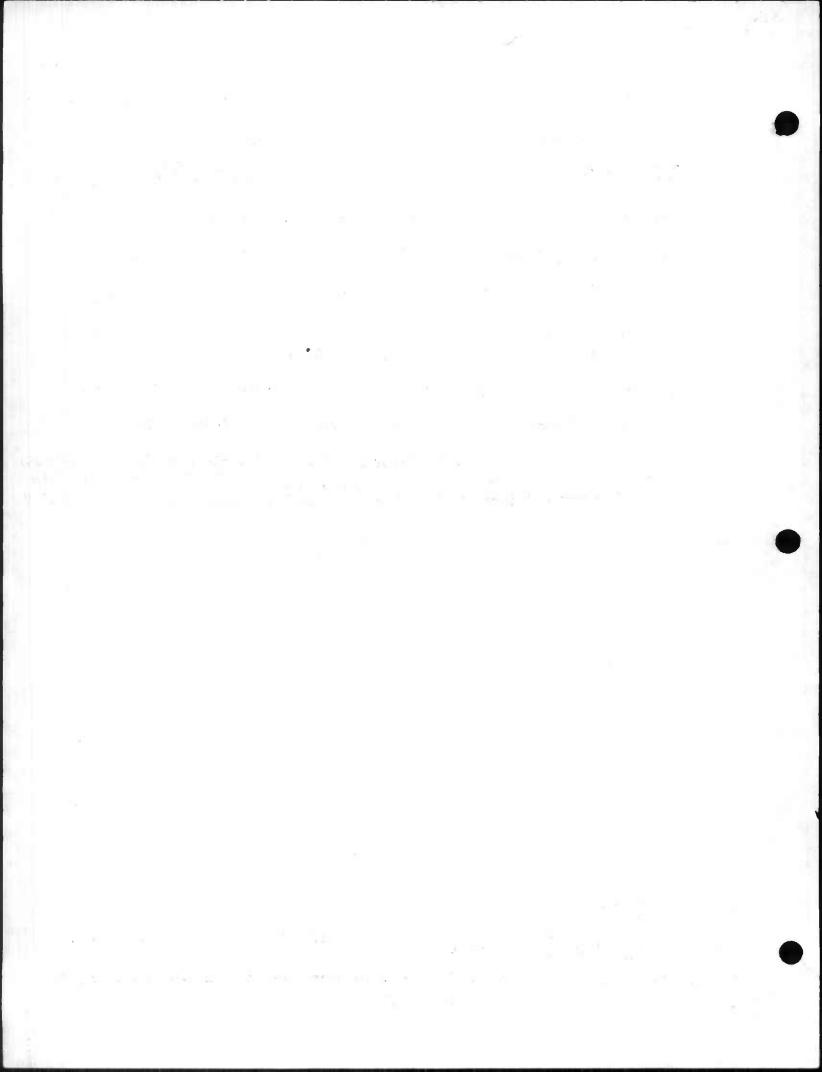
96-5285-510

Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible.

ITEMS: 23 PART I, 27, PER MEO FILM State of Maryland / Department of Health and Mental Hygiene 96 28617

g	-740 10 <i>/</i>	9/9	6 t.t	,,,,	Cer	tificate of	Death	R	eg. No.	20011
	Physic /Medi		Decedent's Name (First, Middla, Last) ERNEST	LOUIS		HUGHES	S	2. Dete of Deet	-	3. Time of Death 6:15 PM
l	Exami		4e. Fecility Neme (If not institution, give s 512 N. CALHOUN				BALTI		4c. County of [Deeth V/A
	_c Funeral Director		5. Social Security Number 6. Sept 2/2 - 4/4 - 1/7/4/4 Usuel Residence of Decedent	7. Age (In yrs	(last birthday) Yrs.	Months Deys			Year)	Birthplace (Stata or Foreign Country) 1 A R Y L A N D
	Maryland a-f show	tor	10a. State 10b. County MARYLAND N	10c. C	ity, Town or Loc		HORE	CITY		10d. Inside City Limits 1) Yes 2 □ No
	th with the 23a or 28	rai Directo	10e. Street end Number	ALHOUN ST	REET	10f. Zip Code	212		0g. Citizen of Whe USL	
020	d within 72 hours after death with the Maryland jiene. r than "natural", or items 23a or 28a-f show the Medical Examinet must be notified at	by Funeral	11. Marital Status 1 Nevar Married 2 Merried 3 Widowed 4 Divorced	2. Was Decedent Ever in U Armed Forcas? 1 ☐ Yas 2 ☐ No If Yes, Give Yaar or Detes:	J,S. 13. V	/es Decedent of l Yes, specify Cub ☐ Yes 2 No	Hispenic Origin? (Seen, Maxican, Puer Specify:	specify Yes or No- to Ricen, etc.)	Bleck, V	Amarican Indian, White, etc. BLACK
21215-0020	within 72 hou ene. than "natura he Medicul E	Completed	15. Decedent's Educ (Spacify only highast grada Elementary/Secondery (0-12)	etion	16e. Deced (Giva I lifa. D	ent's Usual Occu ind of work dona O NOT use retire	pation during most of wo	rking	16b. Kind of Busin	
	I be filed winted Hygien od other the	Be	17. Fether's Name (First, Middla, Last)		1	INTEN		me (First, Middle, A	,	
Maryland	s i and 2 should be filed if Health and Mental Hygitem 27 is marked other other traumatic event,	To	VIRGIL 19e. Informent's Neme/Relationship (Ty) TOANNE HUG	BROU De, Print) SHES	19b. Meilin			ural Routa Number,	City or Town, Sta	
Baltimore,	80 = 5		20a. Method of Disposition 1. Buriel 2 Cramation 3 Ri 4 Donetion 5 Other (Specify)	20b.	cematary, crem	atory or other pie	ice)			21223 y or Town, Stete
Balti	permit. Pe Departmen Important: any injury.		21. Signature of Funeral Sarvice License	5.0	22. JO	Name end Addre	ess of Facility	ON JR. 1	FUNERA	L HOME, P.A. RE, MD. 21219
	Physiclan		23a. Pert1. Entar the diseesa, or complice shock, or heart faiture. List only on	ations that caused the daa cause on each line.	th. Do not ente	r the mode of dyl	ng, such es cerdia	c or respiretory erre	est,	Approximate Intervel Between Onset end Death
	/Medical Examiner	16	Immediete Cause (Finet disease or condition resulting in deeth)	FATTY LIVER Dua to (or es e consequ	rence of):	.,			
,	cete be axecuted physician end s the bunel-transit	Examiner	Sequentially list conditions, if eny, leeding to Immediate	CHRONIC ALCOH	OL ABUSE or es e consequ	ence of):				
x 68760,	E 0 8	Medicai	ceuse. Enter Undarlying Cause (Disease or Injury that initiated events resulting in daath) Last	Due to (d	or as e consequ	ance of):				
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	v requiras that tha dei been signed by the e should be detached f	ρ						24e. Wes ar		4b. Were autopsy findings aveilable prior to
Vital Records,	The ate h	Completed						perform		completion of ceuse of death?
Vita	certificate	Be	25. Was cese referred to medicat examiner?	espitet:		l ou		ath (Check only one	9)	
0	ding Phys h. After this funeral di	tion: To	27. Menner of Deeth 1)CN Naturet 5 Pending 2 Accident investigation	28a. Dete of Injury (Month, Day Year)	28b. Time of Injury	28c. Inju		28d. Describe ho		Specify)
Division	al or Attendii s aftar death. Il Director: A od in by the fu	Certification:	3 Suicide 6 Could not be determined	28e. Plece of Injury - At h building, etc. (Spacia	oma, ferm, stre- by)			28f. Location (Str City or Town		r Rural Route Number,
	To the Hospital or A within 24 hours after To the Funeral Dire completely filled in b	edicai	ana) 2 Medical Examin	clan: To the best of my known: On the basis of examine end manner stated.	wledge, deeth otion end/or inve	stigetion, in my o	ppinion, death occu	rred et the time, de	and place, and	due to the cause(s)
	Veil Con	Σ	29b. Signature and titla of certifier	velem)			C.M.E.		EPT • 19	
			30. Name and eddress of person who con The Low Lock				et, Bal	timore,	Maryla	nd 21201

State Registrar 31. Dete filed (Month, Day, Year) SEP 26 1996 Registrat's Signeture



Items1,27 9-25-96 FilmG739 W.H.Per A pard & Doctor Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene 28618 Certificate of Death 1. Decedent's Name (First Middle Last) 2. Dete of Deeth 3. Time of Deeth **Physician** MARCH 16, Dey 1996 Year HALLER ELMER-7:48 AM Elmer Haller /Medical 4a. Fecility Name (If not institution, give street and number) 4b. City, Town, or Location of Death 4c. County of Deeth Examiner THE JOHNS HOPKINS HOSPITAL BALTIMORE CITY If Under 1 Year if Under 24 Hrs. 8. Dete of Birth (Month, Day, Year) 5. Social Security Number Birthplace (State or Foreign Country)
 UNRNOWN 7. Age (In yrs. last birthdey) 11 M 2□ F Yrs. 219-12-5901 Feb. 14, 1925 Usuai Residence of Decedent 10e. Stete 10b. Count 10c. City, Town or Location 10d. inside City Limits ty□ Yes 2□ No Baltimore Directo Maryland n/a10e. Street end Number 10f. Zip Code 10g. Citizen of What Country? 21231 2023 Bank Street U.S.A. Funeral 12. Wes Decedent Ever in U.S.
Armed Forces UN2 NOWN
1 □ Yes 2 □ No
If Yes, Give
Yeer or Detes: Wes Decedent of Hispanic Origin? (Specify Yes or No-lf Yes, specify Cuban, Mexican, Puerto Rican, etc.) 14. Race - American Indien, Black, White, etc. 11. Meritei Stetus 1 ☑ Never Married 2 ☐ Merried white 1 ☐ Yes 2 ☑ No Specify: ģ 3 ☐ Widowed 4 ☐ Divorced 15. Decedent's Education (Specify only highest grade completed) 16e. Decedent's Usuel Occupetion (Give kind of work done during most of working life. DO NOT use retired) 16b. Kind of Business/Industry Elementery/Secondery (0-12) College (1-4or 5+) unknown unknown unknown unknown 17. Fether's Neme (First, Middle, Last) 18. Mother's Neme (First, Middle, Meiden Sumame) unknown unknown 19a. Informant's Neme/Reletionship (Type, Print) 19b. Meiling Address (Street and Number or Rural Route Number, City or Town, State, Zip Code) Annie Myers /unknown unknown 20e. Method of Disposition 20b. Piece of Disposition (Name of cemetery, cremetory or other piece) 20c. Location - City or Town, State 1 ☐ Buriei 2 ☐ Cremetion 3 ☐ Removel from State 4 □ Donation 5 © Other (Specify) State rem. 21. Signature of Funeral Service License 22 Name and Address of Facility State Anatomy Board-655 W. Baltimore Street Joseph B. Wan Sant Baltimore, Maryland 21201-1559 Part I. Enter the disease, or complications thet caused the deeth. Do not enter the mode of dying, such as cardiac or respiretory arrest, shock, or heart feiture. List only one cause on each line. immediate Cause (Finei disease or condition resulting in deeth) Colonic pseudoobstruction Due to (or es a consequence of): Examiner Abdominal Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or injury that initiated events resulting in deeth) Last Due to (or es e consequence of): Physician/Medical Due to (or es e consequence of): Pert If. Other significant conditions contributing to death but not resulting in the underlying cause given in Pert i. 23b. Did tobacco use contribute to the cause of death? 1 Yes 2 No 3 Probably 4 Unknown þ 24b. Were autopsy findings available prior to completion of cause of death? Completed 24a. Was an autopsy performed? 1 ☐ Yes 2 ☑ No

Physician /Medical Examiner

physiclan end s the burial-transit certificete be executed

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signed by the a

hes

funeral director,

death. i or Attendi efter death. Director: A

Hospital 24 hours 8

To the Hosp within 24 ho To the Fune completely fi

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Certification:

Box 68760.

Division of Vital Records, P.O.

injury or

Funeral

Director

"natural", or items 23a or adical Examiner must be

Baltimore, Maryland 21215-0020

JODE DIE

permit. Pages 1 and 2 should be filed within Department of Health and Mental Hygiene. Important: if item 27 is marked other than "

1 ☐ Yes 202 No

1996

26 Piece of Deeth (Check only one)

examiner?	Ed. 1 add of Death (Orlean only offer							
1 ☐ Yes 2 ☐ No	Hospitel: 1 Inpatient 2 [ER/Outpatient 3□	DOA Other: 4 Nursing	Homa 5 Residence 6 Other (Specify)				
27. Menne of Death 1 DNatural 5 Pending 2 Accident Investigation	LIVE	28b. Time of injury	28c. injury at Work? 1 Yes 2 No	28d. Describe how Injury occurred (i) 1/4-				
3 Sulcide 4 Homicide 6 Could not be determined	28e. Plece of injury - At h building, etc. (Speci	ome, ferm, street, fect	ory, office	28f. Location (Street and Number or Rural Route Number, City or Town, Stele)				

29e. Certifler (Check only one)

25. Wes case referred to medical

1 Certifying Physician: To the best of my knowledge, deeth occurred at the time, dete end piece, and due to the ceuse(s) and manner as stated.

2 Medical Examiner: On the basis of exemination end/or investigation, in my opinion, deeth occurred at the time, date end piece, and dua to the cause(s) end menner stated.

M5171

29b. Signeture end title of certifier

29d. Dete signed (Month, Day, Year) 29c. License number

March 16

30. Name and address of person who completed cause of deeth (Item 23e) (Type, Print)

chownili' Yohns Hopkins Mounity

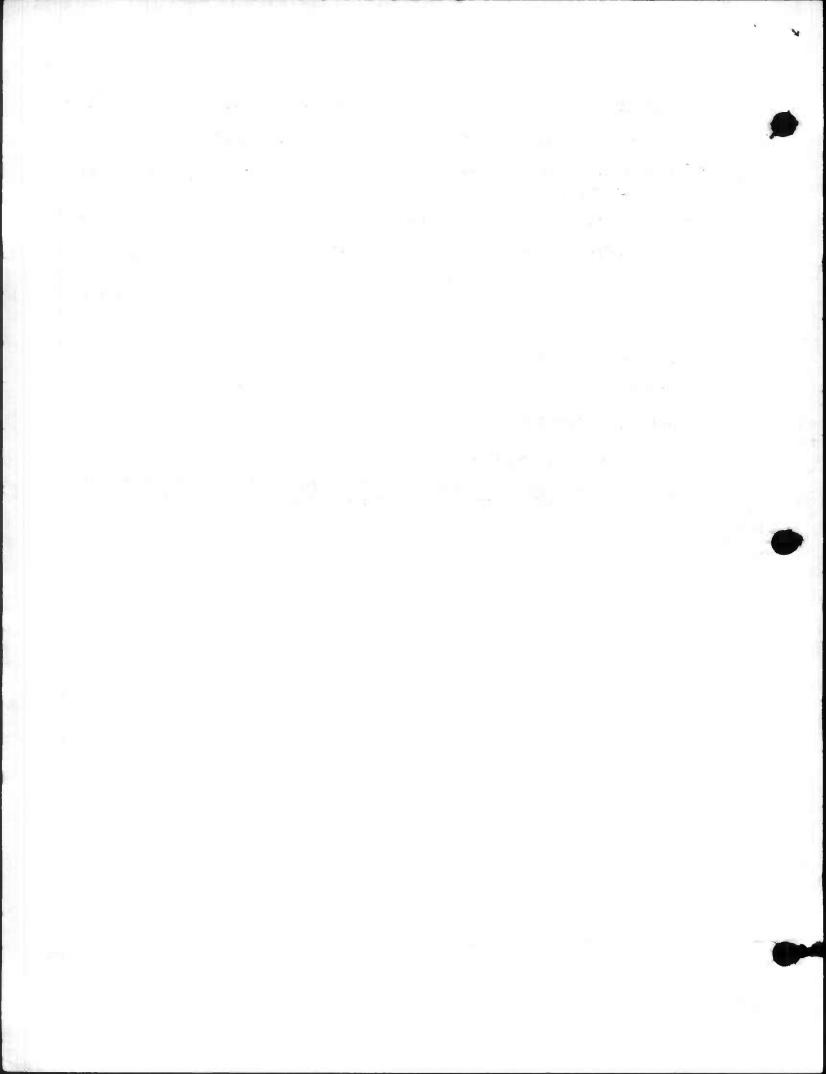
State Registrar

31. Dete filed (Month, Day, Year)

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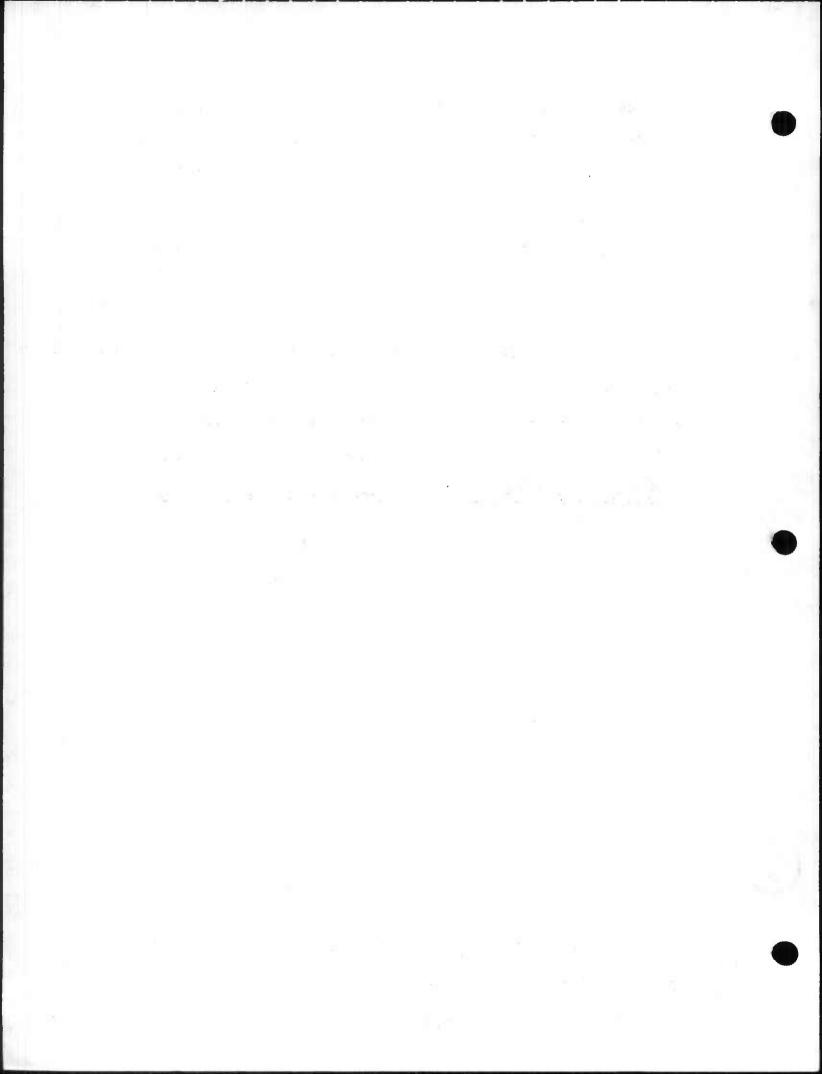
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State of Maryland / Department of Health and Mental Hygiene 0.5

J 3 7	Decedant's Name (First, Middle,	, Last)	Oel	tificate of	Dealli	2. Data of De			Tima of Death
hysician /Medical	BARBARA	D.	JONES			Month SEPT	23 1	Yaar 996	12;30P.
Examiner	An Provide Alexander of the section of the				4b. City, Town, or L BALTO	ocation of Deat	,		
neral ector	217-52-6160		a (In yrs. last birthday) 46 Yrs.	If Undar 1 Year Months Days	if Undar 24 Hrs. Hours Min.	8. Data of Bir Month Da APRII	th 228" 195		(Steta or Foraign
	Usual Rasidence of Decedant 10a. Stata 10b. County		10c. City, Town or Loc	cation				104.1	nsida City Limits
tor	MD N/A		BALTO						Yes 2 No
al Direc	10e. Street and Numbar 4703 DUNKIRK	AVE		10f. Zip Coda 212	229		10g. Cifizen of What Country? U.S.A.		
by Funeral Director	11. Marital Status 1 Navar Marriad 2 Marria 3 Widowed 4 Divorced	12. Was Decedant Armad Forces? Id Yas 2/24 If Yas, Giva Yaar or Datas:	do.	Vas Dacedant of H Yas, specify Cubi	lispanic Origin? (Sp an, Maxican, Puarto Spacity:	ecify Yas or No Ricen, atc.)		e - Amarican Ir ck, Whita, atc.	ndian,
te de	15. Decedant's (Specify only highest	s Education	16a. Deced	ant's Usual Occup	pation during most of work d)	ina	16b. Kind of B	usinass/Industr	у
To Be Completed by Funeral Director	Elamantery/Secondary (0-12)	Collage (1-4or 5)+)	ONOT usa ratired		n ig	JOHNS	HOPKI	NS HOSP
Be		ast)				e (First, Middle,	dla, Maidan Sumema)		
To	ELLIS PUTTY				ANNA G				
	19a. informant's Name/Reletionshi HOWARD L.JONE				and Number or Run				(a)
	20a. Mathod of Disposition	_	20b. Place of Dispos cematery, cram	b. Place of Disposition (Nama of comatery, cramatory or other place) Data 20c. Location - City or comatery, cramatory or other place)					
	4 □ Donation 5 □ Othar (Spe	ecity)	LOUDON			2796	BALTO,	MD	
any injury once.	21. Signatura of Funarei Sarvice Li	SANCE		Nama and Addra ARCH F-	ss of Facility H-WEST	4300 W	ABASH	AVE	
clan/Medical Examiner	immadiate Causa (Final disease or condition rasulting in death) Sequentially list conditions, if any, leading to immadiate ceuse. Enter Underlying Cause (Disease or injury that initiated events resulting in death) Last	b. <u>Ne-</u>	Due to (or as a consequence of ASFATIC Due to	uance of): Discussion of): ANCER		£\$7			
Physician	Pert ii. Other significant condition	s contributing to death bu	it not rasulting in the un	derlying ceuse giv	en in Pert i.				cause of death?
by Physic						10	Yes 2☑No	3 Probably	/ 4 ☐ Unknown
Completed				7			an autopsy rmed?	availabi	utopsy findings le prior to tion of ceuse 1?
Com						10	Yas 2 No	1 □ Ya:	s 2□ No
Be	25. Was cesa raferred to medical axaminar?	Hospital:		2□ DOA Oth	26. Place of Deat	Check only o	one)		
To To	1 Yas 2 No 27. Manner of Death	28a Data of Injur	nt 2 ER/Outpatient y 28b. Time of	3LI DOA	4 LI Nursing Ho	_	dance 6 Oth		
atlor	1. □ Naturai 5 □ Panding 2 □ Accidant invastiga	(Month, Dey	Year) injury	28c. injur Wor M 1 🗆	k? Yas 2 No				
Certification:	3 Suicida 6 Could no 4 Homicide determin	28e. Piece of inju building, etc	iry - At homa, farm, stre . (Specify)	at, factory, office		28f. Location (S City or Tox	Street and Numb vn, Steta)	per or Rural Rou	uta Number,
Medical Ce	29a. Certifiar 1/2 Certifying (Check only one) 2 Madical Ex	Physician: To the best of caminar: On the basis of and mannar ste	axaminetion end/or invi	occurred at the timestigation, in my o	ne, data and piace, pinion, daath occurr	and dua to the ed at the time,	causa(s) and me date end place,	enner es steted and dua to tha	causa(s)
Me	29b. Signatura and title of certifier			29c. Licans	a number 9 3 6 9		29d. Data signer 9 /2 4		Year)
0	30. Nama and address of person with 46000 Workers		eath (item 23a) (Type, P		21229				
State	31. Data filed (Month, Day, Year)		r's Signature						

DHMH 16 Rav 6/95



State of Maryland / Department of Health and Mental Hygiene 96

96 28620

						tificate of			g. No.) ()	0020		
	Physic /Medi		1. Decedent's Name (First, Middle, Last) Helen K Johns	ion				2. Dete of Death Month Septembe	Day	Vacr	Time of Death		
	Exami		4a. Facility Name (If not Institution, give str. North Arundel Ho				4b. City, Town, or Lo Glen Buri	cation of Deeth	4c. County of		el		
	Funeral Director		217-50-8915	7. Age (In yrs.		If Under 1 Yeer Months Deys		8. Date of Birth (Month, Dey, Sept. 9,	Year) 1912		(State or Foreign		
	yland		Usuel Residence of Decedent 10a. State 10b. County	10c. Ci	ity, Town or Loc	cation				10d. l	nside City Limits		
	Ba-fal	Director	Maryland Anne Aru	ndel	Pasa	dena				1	Yes 2 No		
	with th	Dire	10e. Street end Number 8488 Byrd Road			10f. Zip Code	122	10	g. Citizen of Wi	nat Country?			
020	n 72 hours efter death with the Meryland "naturet", or items 23a or 28a-f show edical Examinet must be notified at	by Funeral		. Was Decedent Ever in L Armed Forces? 1 ☐ Yes 2 ☑ No If Yes, Give Year or Dates:			Hispenic Origin? (Spo en, Mexican, Puerto	ecify Yes or No- Rican, etc.)	14. Raca Black	American Ir White, etc.			
Maryland 21215-0020	within ene. then	Completed	15. Decedent's Educat (Specify only highest grade of Elementary/Secondary (0-12)	completed) College (1-4or 5+)		ent's Usual Occup kind of work done O NOT use retire	pation during most of work d)	ing 1	6b. Kind of Bus		у		
and 2	Hygi there	Be	12 17. Father's Name (First, Middle, Last)	N/A	no	Jusewite	18. Mother's Name						
ryla	Me di	2	John Niemi 19a. Informant's Name/Relationship (Type)	Reint)	10h Mellin	n Addrage /Street	Lyd:			toto 7/2 Co.	4-1		
	S E E		Mrs. Mary Beth Gre				d RR14, Pa						
Baltimore,	二五章		20a. Method of Disposition 1 □ Suriel 2 □ Cremation 3 □ Rem	20b.	Plece of Dispos cametery, crem	ition (Neme of letory or other ple	ce)	Dete 2	Oc. Location - C	ity or Town,	Stete		
tim	. Peges Iment of I tant: If its jury or or		4 □ Donation 5 □ Other (Specify)	Mea Mea				25,1996	Baltimo	re, Ma	ryland		
Bal	permit. Pege: Department of Important: If i any Injury or once.		4 Donation 5 Dother (Specify) Meadowridge Mem.Park Sept.25,1996 Baltimore, Marylar 21. Signature of Fuperel Service Licenses Meadowridge Mem.Park Sept.25,1996 Baltimore, Marylar 22. Name end Address of Fecility McCully Funeral Home 3204 Mountain Road Pasadena, Maryland 21122										
	Physician /Medical Examiner		23a Part1. Enter the disease, or complical shock, or heert failure. List only one limmediate Cause (Finel disease or condition resulting in death)	C		iAm		or respiratory erre	st,	Inte	proximate grvsi Between set and Death		
_	ned insit	Examiner	b	57	ROKE	1 0							
ó	an and		Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or injury that initiated events	Due to (or as a consequ	Jence of):				[
Box 68760,	eath certificate be executed attending physician and for use as the buriel-transit	n/Medical	Cause (Disease or injury that initiated events resulting in death) Last	Due to (d	or es e consequ	rence of):			-				
P.O.	that the ded by the	by Physician/M	Part II. Other significant conditions contrib	buting to death but not res	sulting in the un	derlying cause gi	ven in Pert I.	23b. Did tot			cause of death?		
of Vital Records,	aw requires to seen s	Completed b						24a. Was an perform	autopsy ed?	availabi	utopsy findings le prior to tion of cause h?		
al B								1 □ Yes	s 2 0 No	1 ☐ Ye	s 2⊠ No		
Z;	Physician: The this certificate ral director, page	o Be	25. Was case referred to medical examiner? 1 ☐ Yes 2 ☐ № Hos	spital:] ER/Outpatient	all post Oth	28. Place of Death			10			
ion of	After fune	ation: To		1 ☑npatient 2 ☐ 28a. Date of Injury (Month, Dey Year)	28b. Time of Injury	28c. Inju Wo	ry et	me 5 🗆 Resider 28d. Describe hov					
Division	5 th 5	Certification:	3 Suicide 6 Could not be determined	28e. Placa of Injury - At h building, etc. (Special		et, fectory, office		28f. Location (Str. City or Town,	eet end Number Stete)	or Rural Ro	ute Number,		
	Hospital 24 hours Funeral Eleitely filled	edicai (29a. Certifier (Check only one)	fan: To the best of my kno c: On the basis of examina end menner stated.	owledge, death ation and/or Inv	occurred at the ti estigetion, in my o	me, date end piaca, opinion, deeth occurr	and due to the cared at the time, da	use(s) and man te and place, ar	ner as stated id due to the	cause(s)		
	within 2 To the comple	Me	29b. Signature and title of certifier	du in		29c. Licens			d. Date signed		- 0.11		
,	le		30. Name and address of person who comp Non The ARUN 31. Date filed (Month Day Year)	pleted cause of deeth (It	m 23a) (Type, F	Print) Hos F	454 STODAI	ve 161	1/23/	URNU	22/06/		

Registrar

SEP 26 1996

Please Type or Print in Black Indelible ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene 9 6 Certificate of Death 1. Decedent's Name, (First, Middle, Last) 2. Dete of Death 3 Time of Death 22, 1996 8:50 am sarah SENTEMBER 4e. Fecility Neme (If not institution, give street end number) 4b. City, Town, or Location of Daath 4c. County of Death BON OURS HOSPITAL

7. Aga (In yrs. lest birthdey) NIA 5. Sociel Security Number 6. Sex 9. Birthpiece (State or Foreign Country) 1□M 20 F 233-44-563 Usuel Residence of Decedent Months DEC. 18, 1919 WEST VIRGINIA 10b. County 10c. City, Town or Location 10d. Insida City Limits Yes 2 No MARYLAND BALTIMORE 10e. Street and Number 10g. Citizen of What Country? BALTIMORE STREET 21221 1010 USA, 14. Raca - American Indian, Bleck, Whita, atc. 12. Was Decedant Ever in U,S. Armed Forcas? Was Decedent of Hispanic Origin? (Specify Yas or No-If Yas, specify Cuben, Mexican, Puarto Rican, etc.) 11. Merital Status 1 Yes 2 No 1 Never Married 2 Merried 1 Yas 2 No Specify: Specify: BLACK 3 Widowed 4 □ Divorced Year or Dates: 16a. Decedent's Usual Occupation (Give kind of work done during most of working life. DO NOT use retired) 15. Decedent's Education (Specify only highest grada completed) 16b. Kind of Business/Industry Elementery/Secondery (0-12) College (1-4or 5+) HOMEMAKER 12 TH GRADE OWN HOME 17. Fether's Neme (First, Middla, Last) 18. Mother's Name (First, Middle, Meidan Surname) EDWARD RIDEOUT 19a. Intorment's Name/Raletionship (Type, Print) 19b. Maliing Address (Street and Number or Rural Routa Number, City or Town, Steta, Zip Code) 2706 W. FAIRMOUNT AVE. BALTIHORE, HD. 21223
lece of Disposition (Name of Dete 20c. Location - City or Town, State (SON JET WILLIAM 20b. Piece of Disposition (Name of cemetery, cremetory or other place) 20e. Method of Disposition 1 ☐ Burial 2 Cremetion 3 ☐ Removel trom Stet SMITHSBURG CREMATORY 9-28-96 SMITHBURG, MARYLAND Donation 5 Other (Specify) 22. Name and Address of Facility BROWN JR. FUNERAL HOME ULTON AVE, BALTIMORE, MD. 2/21 2140 N. F mier the mode of dying, such as cardiac or respiratory errest, Immediate Causa (Finel diseasa or condition resulting in deeth) 2 WEEKLS SEPACEMIA Dua to (or as a consequance of): Dua to (or es a consequence ot): Due to (or as a consequence of): Pert II. Other significant conditions contributing to death but not resulting in the underlying cause given in Pert I. 23b. Did tobacco use contribute to the cause of death? 1 Yes 2 No 3 Probably 4 Unknown 24b. Were autopsy findings available prior to completion of cause of death? 24a. Wes an autopsy performed? 1 Yes 2 No 1 ☐ Yas 2 ☐ No 25 Was case reterred to medical 26. Placa of Daath (Check only one)

Physician /Medical **Examiner**

attending physician end for use as the buriel-transit

been signed by the a

certificate hes b lirector, page 2 s

the Hospital or Attending Physician: Information of the Course of the Course of the this certificative Funeral Director: After this certificative for the Funeral Director.

To the

Completed

Be

2

Certification:

Medical

The law requires that the death certificate be executed

DivIsion of Vital Records, P.O. Box 68760,

Physician

/Medical

Examiner

10a Stala

Funeral

Director

28a-f show

Director

Funeral

þ

Completed

Be

2

item 27 is marked other than "natural", or items 23s or 28s-f sho other treumsite event, the Modical Examiner must be notified at

Pages 1 and 2 should be filed within 72 hours efter death nent of Health and Mental Hygiene.

permit. Pages 1 and 2 should be filed within Department of Health and Mental Hygiene. Important: if item 27 is marked other than any injury or other treumstic event, the Medice.

Baltimore, Maryland 21215-0020

Physician/Medical Examiner Sequentially list conditions, if eny, leading to immediate cause. Enter Underlying Cause (Diseese or Injury that initiated evants resulting in death) Lest þ

20.	axa	mine	r?	01100	IIIoui	Cal
	1 🗆	Yes	2[No		
				-		

27. Manner of Deeth 5 Pending investigation 2 Accident

28a. Dete of Injury (Month, Day Year) 6 Could not be detarmined

1 1 Inpatiant

Hospitel:

2 ER/Outpatient 3 DOA

Other: 4 Nursing Home 5 Residence 6 Other (Specify) 1 Yes 2 No

28d. Describe how Injury occurred

SECOLIS Hospital 2000 W. BALTO. ST. BALTO, MD. 21723

28f. Location (Street and Number or Rural Route Number, City or Town, State) 28e. Plece of Injury - At home, term, streat, tactory, office building, etc. (Specify) 1 Certifying Physician: To tha best of my knowledga, daath occurred et the tima, data and place, end due to the cause(s) and manner as stated. 2 Medical Examiner: On the basis of examination end/or investigetion, in my opinion, deeth occurred at the time, date and placa, and due to the cause(s) end menner steted.

(Check only one) 29b. Signature and title of certifier

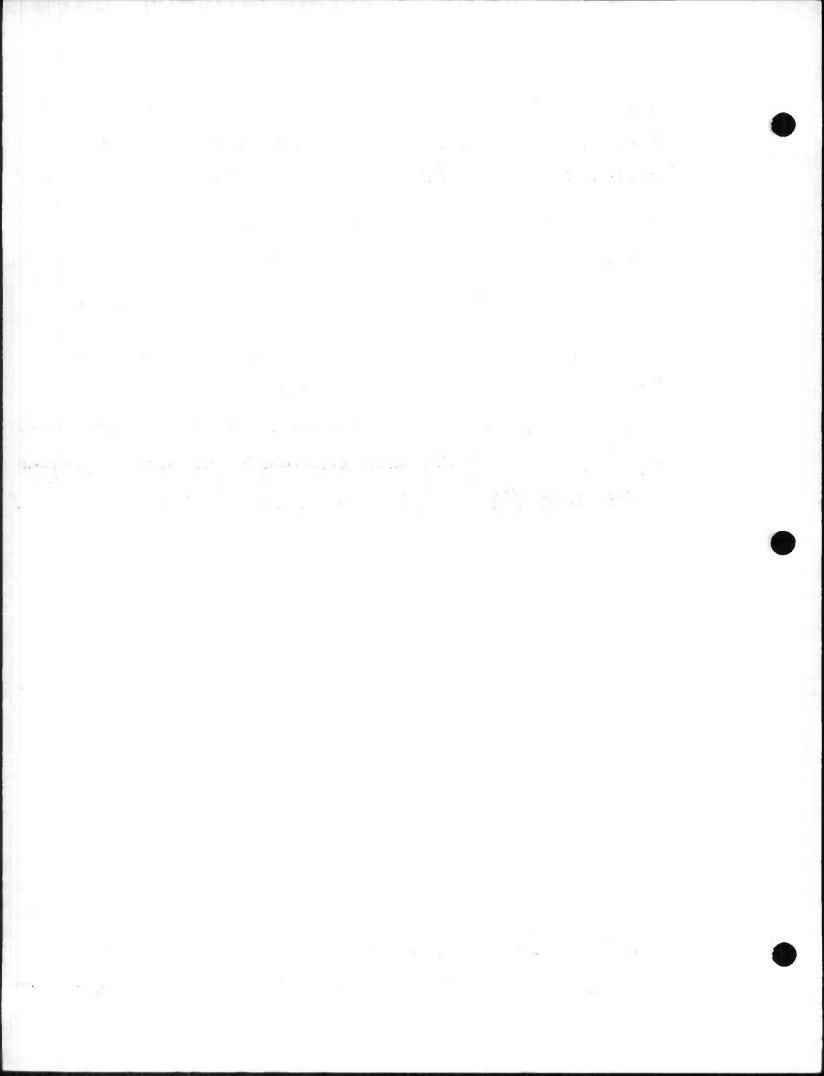
3 ☐ Suicida

29e. Cartifiar

4 Homicide

29c. Licensa number

29d. Data signed (Month, Dev. Year) SEPTEMBEI, 22,1996.



lcian dical	1. Decedent's Name (First, Middle,	Last)	Och i i i cato o	f Death	2. Date of Deeth	J. No.	3. Time of Death
dical	DOROTHY	KAPLAN			Month SEPTEMBE		reer 8:22 PI
niner	An Frankland of Manager	give street and number)		4b. City, Town, or Lo		4c. County of	170
	Northwest 1	HOSPITAD C	encer	Randali	stowns	Bal	Témoro
al or	5. Social Security Number 217–48–8107 Usual Residence of Decedent	5. Sex 7. Age (In y. 1	rs. last birthday) If Under 1 Yes Months Day		8. Date of Birth	7911	9. Birthplace (State or Foreig MARYLAND
	10a. State 10b. County	10c.	City, Town or Location				10d. Inside City Limit
tor	MARYLAND	BALTIMORE	OWING	S MILLS			1 X Yes 2 □ No
Director	10e. Street and Number		10f. Zip Code		10	. Citizen of Wh	at Country?
			211			USA	
Funeral	11. Merital Status	12. Was Decedent Ever in Armed Forces?	U,S. 13. Was Decedent of If Yes, specify Cu	Hispanic Origin? (Spuban, Mexican, Puerto	ecify Yes or No- Rican, etc.)		American Indian, White, etc.
\$ A		d 1 Tyes 2 Tho If Yes, Give Year or Detes:	1□Yes 2MN	o Specify:		Specify:	WHITE
		Education	16a. Decedent's Usuel Occ	upetion	10	Sb. Kind of Busi	ness/Industry
alac	(Specify only highest Elementery/Secondary (0-12)	grede completed) College (1-4or 5+)	(Give kind of work don life. DO NOT use reti	e during most of work red)	ing		
Completed	8	35,7	HOM	EMAKER		OWN HO	ME
Be (est)		18. Mother's Name	e (First, Middle, Ma	iden Sumeme)	- W
2		BLUM		LENA			UNKNOWN
	19a. Informant's Name/Reletionshi		19b. Malling Address (Stre				
	MR. MAURICE KAPL		20 ESTATES				E, MD 21208 Ity or Town, State
	1 □ Burial 2 □ Cremetion	LINGINOVALITOIII State	Placa of Disposition (Name of cemetery, crematory or other p				
	4 □ Donation 5 □ Other (Special Service Li		MOSES MONTEFI		25–1996–		ORE, MD
A COURT	· () 0/	4		ress of Facility EVINSON &			
	23a. Part1 Enter the disease, or o	ompications that caused the de	8900 Reis	terstown R	oad Pike	sville,	
	shock, or heart failure. List o	nly one cause on each line.	Jakii. Do not onto the mode of c	yang, such as caldiac	or respiratory arres	1,	Approximate Interval Between Onset and Death
	fmmediate Cause (Final	CA	PSIS				1 WEEL
г	disease or condition resulting in death)	0.	(or as a consequence of):				
Examiner			(e. a. a concoquence on).				
E	Consumation that the state of the same	Due to	(or as a consequence of):				
1 3	Sequentially list conditions,		(or as a consequence or).				
		6	to as a consequence or).				
Ical	Cause (Disease or injury that initiated events	C. — Due to	(or as a consequence of):				
Ical	Cause (Disease or injury that initiated events	cDue to					
Ical	Cause (Disease or injury that initiated events	d	(or as a consequence of):				
Ical	Cause (Disease or injury that initiated events	d	(or as a consequence of):	given in Pert I.			
Physician/Medical	Cause (Diseese or injury that initiated events resulting in death) Last Part II. Other eignificant condition	d	(or as a consequence of):	given in Pert I.			
by Physician/Medical	Cause (Diseese or injury that initiated events resulting in death) Last Part II. Other eignificant condition	d	(or as a consequence of):	given in Pert I.	1 ☐ Yee	2□ No 3	Probably 4 Unknown
by Physician/Medical	Cause (Diseese or injury that initiated events resulting in death) Last Part II. Other eignificant condition	d	(or as a consequence of):	given in Pert I.	1 🗆 Yee	2□ No 3	
by Physician/Medical	Cause (Diseese or injury that initiated events resulting in death) Last Part II. Other eignificant condition	d	(or as a consequence of):	given in Pert I.	1 ☐ Yee	autopsy sd?	Probably 4 Unknown 24b. Were autopsy findings aveilable prior to completion of cause
Completed by Physician/Medical	Cause (Diseese or injury that initiated events resulting in death) Last Part II. Other eignificant condition 25. Was case referred to medical	d	(or as a consequence of):		1 ☐ Yee	autopsy ed? 2 □ No 3	Probably 4 Unknown 24b. Were autopsy findings aveilable prior to completion of cause of death?
by Physician/Medical	Cause (Disease or injury that initiated events resulting in death) Last Part II. Other eignificant condition 25. Was case referred to medical examiner? 1 Yes 2 D No	ds contributing to death but not re	(or as a consequence of):	28. Placa of Death	1 Ved 24a. Was an performe	autopsy od?	Probably 4 Unknown 24b. Were autopsy findings aveilable prior to completion of cause of death? 1 Yes 2 No
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Registrar

DHMH 16 Rev 6/95

Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene 28623 Certificate of Death 1. Decedent's Name (First, Middle, Last) 2. Date of Death 3. Tima of Death Day **Physician** Etta Kougl September 22:12 /Medicai 4a. Facility Name (If not institution, give street and number) 4b. City, Town, or Location of Death 4c. County of Death Examiner HOSPITAL Baltimore 5. Social Security Number If Undar 1 Yaar If Under 24 Hrs. Birthplece (State or Foreign Country) 6. Sex 7. Age (In yrs. last birthday) 8. Date of Birth (Month, Dey, Year) **Funeral** 1□ M 2□XF Months Days Hours Yrs. Director 218-01-7742 90 July 14,1906 Maryland Usual Residence of Deceden 10a. State 10b. County 10c. City. Town or Location 7 is marked other than "natural", or items 23a or 28a-f show traumatic event, it a Medical Examiner must be not fied all 10d. inside City Limits Md. Director Anne Arundel Brooklyn Park 1 Yes all No 10e. Street and Number 10f. Zip Code 10g. Citizen of What Country? 4313 Cortez Rd. U.S.A. 14. Raca - American Indian, Black, White, etc. 21225 12. Was Dacedent Evar in U,S. Armed Forcas? 1 ☐ Yes X ☑ No if Yes, Give Yaar or Dates: 11. Marital Status Wes Decedant of Hispanic Origin? (Specify Yes or No-if Yas, specify Cuban, Mexican, Puerto Rican, etc.) 1 Never Married 2 Marriad 1 ☐ Yes 2 No Specify: þ Specifiwhite 3 ☑ Widowed 4 ☐ Divorced Completed 15. Decedent's Education (Spacify only highast grade completed) 16a. Decedent's Usual Occupetion (Give kind of work done during most of working life. DO NOT use retired) 16b. Kind of Business/Industry permit. Pages 1 and 2 should be filed within Department of Health and Mental Hygiena. Important if from 27 is marked other than any injury or other trainment. Elementary/Secondary (0-12) College (1-4or 5+) Folder Textile 17. Father's Name (First, Middle, Last) 18. Mother's Name (First, Middle, Maiden Sumama) Be Charles J. Kern Henrietta Kuhlman 19e. informant's Name/Reletionship (Type, Print) 19b. Mailing Address (Street end Number or Rural Route Number, City or Town, Stata, Zip Code) 4313 Cortez Rd., Brooklyn Park, Maryland 21225 Doris Schneider/Daughter 20b. Place of Disposition (Name of cemetery, crematory or other place) 20a. Method of Disposition 20c. Location - City or Town, State Burial 2 Cremation 3 Removal from Stata 4 Donation 5 Other (Specify) Loudon Park Cemetery 9/23/96 Baltimore, Maryland 22. Name and Address of Facility
McCully Funeral Home of Brooklyn 21. Signature of Funeral Service Licensee 237 E. Patapsco Ave./ Baltimore, Md. - shock, or heart failura. List only one cause on each line. Approximate interval Between Onset and Death **Physician** /Medical Immediate Cause (Final Pheumonia ZWKS disease or condition resulting in death) Examiner Due to (or as a consequence of): Examiner the burial-transit Sequentielly list conditions, if any, leading to immediate cause. Enter Underlying Ceuse (Disease or Injury that initieted events resulting in death) Last Due to (or as a consequence of): Physician/Medical Dua to (or as a consequence of): Part ii. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 23b. Did tobacco use contribute to the cause of death? 1 Yes 2 No 3 Probably 4 Unknown Dementia, Myoccadial signed I Completed by 24b. Were autopsy findings available prior to completion of cause of death? 24a. Wes an autopsy performed? Depression 2 2 No 1 Yes 20 No 1 Yes 25. Wes case referred to medical examiner? Be 28. Place of Deeth (Check only one) Hospitai: 1 Yes 2 No Other: 4 Nursing Home 5 Residence 6 Other (Specify) 2 1 Inpatient 2 ER/Outpatient 3 DOA 27. Manner of Death 28d. Describe how injury occurred Medical Certification: 28e. Date of injury (Month, Day Year) 28b. Time of injury 28c. Injury at Work? Neturel 5 Pending investigation s efter death.

I Director: After din by the fun 1 ☐ Yes 2 ☐ No 2 Accident 3 Suicide 6 Could not be 28e. Place of Injury - At home, farm, street, factory, offica building, etc. (Specify) 28f. Location (Street and Number or Rural Route Number, City or Town, State) 4 Homicide the 14 spital of ithin 24 hours of the Funeral Di ompletely filled in Certifying Physician: To the best of my knowledge, death occurred at the time, dete and place, and dua to the cause(s) and manner as stated.

Medical Examiner: On the basis of examination and/or investigation, in my opinion, deeth occurred at tha tima, date and place, and due to the cause(s) and manner stated. 29a. Certifier within 24 ho To the Fune completely fi 29b. Signatura and titla of certifiar 29c. License number 29d. Date signed (Month, Day, Year)

AS 2402321-JW-9035

Beltimore MD

September 19, 1996

State Registrar

wand address of person who completed cause of death (Item 23a) (Type, Print) way Wilkinson MD 2401 W. Belve done Jeffrey Wilkinson MD Handfar Signath

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death

Baltimore, Maryland 21215-0020

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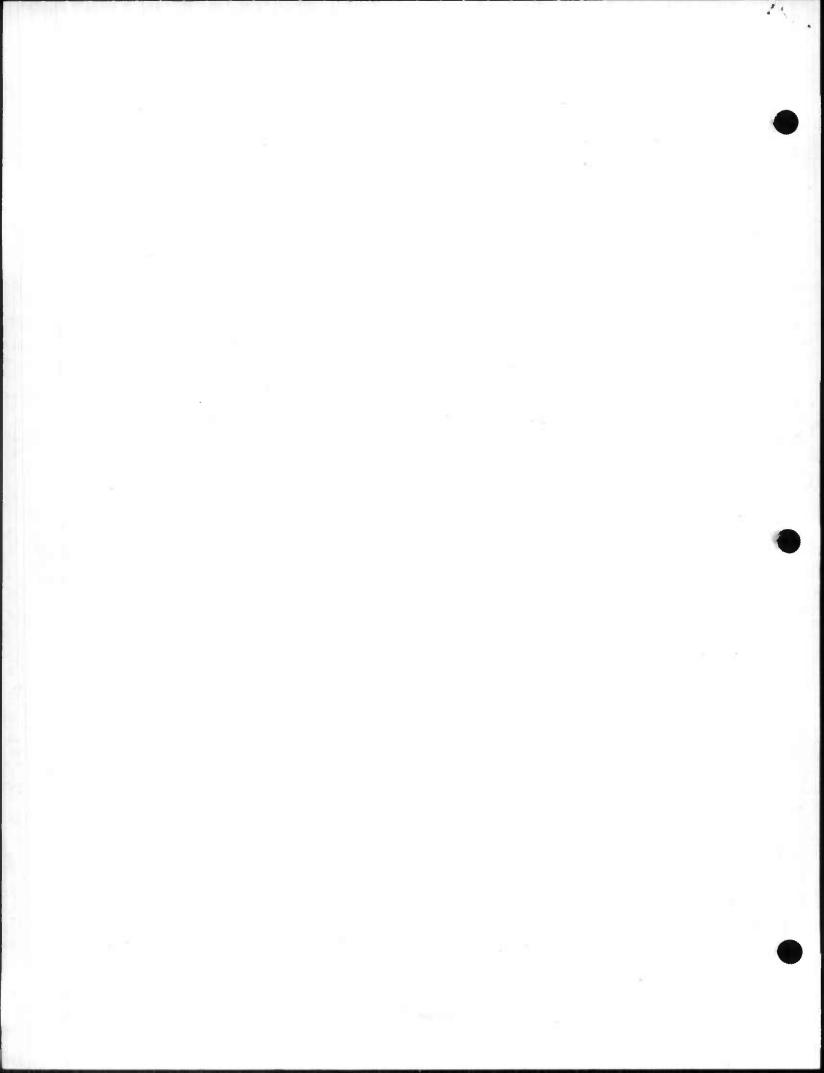
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State of Maryland / Department of Health and Mental Hygiene 28624 Certificate of Death 1. Decedant's Nama (First, Middle, Last) 2. Data of Death 3. Tima ol Death **Physician** Year Eugene S. Kuzniarski Sept.
4b. City, Town, or Location of Death /Medical 23 1996 3:00 am 4a. Facility Nama (If not institution, give street and number) 4c. County of Death Examiner 1914 Holborn Rd. Dundalk Baltimore If Undar 1 Year If Undar 24 Hrs. 8. Data of Birth (Month, Day, Year) 5. Social Sacurity Number 7. Aga (In yrs. last birthday) **Funeral** Birthplaca (Stata or Foreign Country) 1**⊠**M 2□F Months 70 217-20-6321 **Director** July 27,1926 Maryland Usual Rasidanca of Dacadant the Maryland 10a. Stata 10c. City, Town or Location 28a-f show 10d. Insida City Limits Examiner must be notified at Md. Director Baltimore Dundalk 1 Yas 27 No 10e. Straat and Number 10f. Zip Coda 10g. Citizan of What Country? 6 1914 Holborn Rd. 234 21222 USA Pages 1 and 2 should be filed within 72 hours after death inent of Health and Mental Hygiene.
Int: If Item 27 Ie marked other than "natural", or Items 23.
Iry or other traumatic event, the Medical Examiner manal. Funeral 12. Was Decadant Evar in U,S. Armed Forcas? 11. Marital Slatus 13. Was Dacedani of Hispanic Origin? (Specify Yas or No-II Yas, specify Cuban, Maxican, Puarto Rican, atc.) 14. Race - Amarican Indian, Black, Whita, atc. 1 Navar Marriad 2 Married 1 √ Yas 2 No Il Yes, Giva Yaar or Datas: Baltimore, Maryland 21215-0020 1 ☐ Yas 2 No Specify: þ Specify: White 3 ☐ Widowed 4 ☐ Divorced al Hygiene.
d other than "natural avent, the Medical E Completed 15. Decedant's Education (Specify only highast grada complated) 16a. Dacedant's Usual Occupation (Give kind of work done during most of working lifa. DO NOT usa ratired) 16b. Kind of Business/Industry Elamantary/Secondary (0-12) Coliaga (1-4or 5+) 7 Mechanic Auto 17. Fathar's Nama (First, Middla, Last) 18. Mothar's Nama (First, Middla, Maidan Sumama) Be Martin T. Kuzniarski Frances Drankiewicz 19a. Informant's Name/Ralationship (Type, Print) 19b. Malling Addrass (Straat and Number or Rural Routa Number, City or Town, Stata, Zip Coda) Rosalie Kuzniarski wife 1914 Holborn Rd. Dundalk 20b. Place of Disposition (Nama of cematary, cramatory or other place) 20a. Mathod of Disposition 20c. Location - City or Town, Stata 1 TBurial 2 Cramation 3 Ramoval Irom Stata Department of Important: If any Injury or once. 4 ☐ Donation 5 ☐ Other (Specify) Sacred Heart Of Jesus 9-26 Dundalk 21. Signature of Funaral Sarvica Licenses 22. Nama and Addrass of Facility Connelly Funeral Home Of Dundalk 23a. Part. Enter the contact of complications that caused the distribution of the contact of the **Physician** alenses of colon Immediata Causa (Final disaasa or condition rasulting in death) /Medical Carcin omatises 3 421 Examiner Examiner The law requires that the death certificate be executed Sequantially list conditions, if any, laading to immadiata causa. Entar Undarlying Cause (Disaasa or Injury that Infliated avants rasulting in death) Last and Dua to (or as a consequence of): P.O. Box 68760. physician Physician/Medical the Dua to (or as a consequanca of): Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 23b. Did tobacco usa contribute to the cause of death? signed by 1 ☐ Yes 2 ☐ No 3 ☐ Probably 4 ☐ Unknown Division of Vital Records, þ Be Completed 24a. Was an autopsy performed? 24b. Wara autopsy lindings available prior to completion of cause of death? After this certificate has TV Yas 2□ No 1 ☐ Yas 2 ☐ No To the Hospital or Attending Physician: within 24 hours after death.

To the Funeral Director: After this certifica completely filled in by the funeral director, I 25. Was casa rafarred to medical 26. Piaca of Death (Check only ona) Hospital: 1 ☐ Inpatiant 2 ☐ ER/Outpatient 3 ☐ DOA Othar: 4 ☐ Nursing Homa 5 🌠 Rasidance 6 ☐ Othar (Specify) 2 1 Yas 2 No Certification: 27. Manner of Death 28a. Data of Injury (Month, Day Year) 28b. Time of 28c. Injury at Work? 28d. Dascribe how injury occurred 5 Panding Invastigation 1 Natural 1 Yas 2 No 2 Accidant 3 Suicida 6 Could not be 28a. Placa ol Injury - At homa, farm, streat, factory, offica bullding, atc. (Specify) 28f. Location (Straat and Number or Rural Route Number, City or Town, Stata) 4 Homicida 1 Certifying Physician: To the bast of my knowledge, death occurred at the time, date and place, and due to the cause(s) and manner as stated.

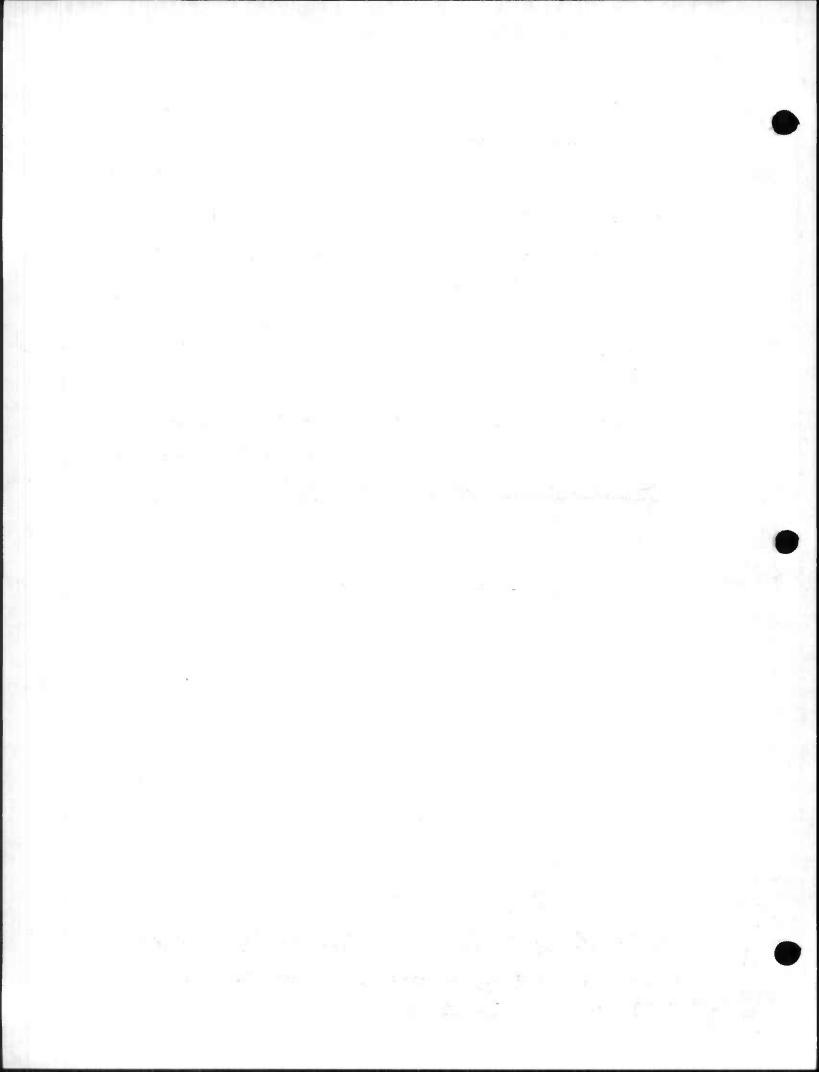
2 Medical Examiner: On the basis of examination and/or invastigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and manner stated. Medicai 29a. Cartifian 29b. Signatura and titia of certiliar 29c. Licansa number 29d. Date signed (Month, Day, Year) Prangro DO 9350 10 30. Nama and addrass of parson who complated causa of death (itam 23a) (Type, Print) mo 2/222 R-S.MAGNI, m.o 7811 31. Data liled (Month, Day, Year) 32. Registrar's Signatura State SEP 26 1996 Registrar Julia Davidson

DHMH 16 Rav 6/95



Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene 9,6, 2,8,6,2,5

						Cer	tificate of	Death		Reg. No.	0 6	20023
	Physic /Med		Decedant's Name (First, Middle CATHERINE MAF						2. Date of D Month Sept	eath Day	Year 1996	3. Time of Death 4:04 PM
,	Exami		4a. Facility Name (If not institution,		•			4b. City, Town, or i	ocation of Dee	th 4c. Count	of Death	70
L		,	Manor Care N.				W11-1-12	Tows			ltimo	
	Funeral Director	_	220-44-6046	- M	Age (In yrs. last I 97	Yrs.	Months Days			11,1899		place (State or Foreign http) yland
	land		Usual Residence of Decedent 10a. Stale 10b. County		10c. City, To	wn or Loc	alion		1		1	Od. Inside City Limits
	Mary	ţò	Maryland Balt	cimore	Ва	ltimo	ore Cour	ity				1 ☐ Yes 2 🖺 No
	h with the	al Director	10e. Street and Number 5045 Whitemarsh	n Rd.			10f. Zip Code	21237		10g. Citizen of USA	What Cour	itry?
5-0020	filed within 72 hours aftar daath with tha Maryland Hygiane. ther than "natural", or ferms 23e or 28e-f show ant, the Medical Examinat must be notified at	by Funeral	11. Maritai Status 1 Never Married 2 Marrie 3 Widowed 4 Divorced	12. Was Deceden Armed Forces od 1 Yes 2 X if Yes, Give Year or Dales	?] No		Vas Decedent of Yas, specify Cul	Hispanic Origin? (Sp ban, Mexicen, Puerto Specify:	pecify Yes or N Rican, etc.)	o- 14. Rad Bla Specif	ce · Americ ck, White,	etc.
2-0	72 ho natur	Completed	15. Decedent' (Specify only highest	Education grade completed)	16	a. Deced	ent's Usual Occu	pation during most of work	kina	16b. Kind of B	usiness/Inc	dustry
21212	within ane. than	Idm	Elamantary/Secondary (0-12)	Coilaga (1-40) N/A	r 5+)		o <i>NOT</i> use retin	during most of world		Housek	eenir	ng-Own Home
0	be filed with ital Hygiane. d other than event, tre	ပိ	8th grade 17. Fathar's Name (First, Middle, L					18. Mothar's Nam	ne (First, Middle			ig own nome
aryland		To Be	Joseph Kraft						rine Ka		,	
ary	d 2 should th and Mar 7 is marke traumatic	-	19a. Informant's Name/Relationsh	ip (Type, Print)	19	9b. Mailin	g Address (Stree	t and Number or Ru	ral Route Numi	er, City or Town	State, Zip	Code)
Σ,	CEN F		Doris Dietz					l Rd. Peri	ry Hall	, Md. 21	128	
altimore,	to to		20a. Melhod of Disposition Surial 2 Cremation 4 Donation 5 Other (Sp.				ition (Neme of atory or other plants) h Churci		Dete 27-96	20c. Location Fuller		own, Stale Maryland
gall	permit. Pag Department Important: I any Injury o		21. Signeture of Funeral Service L	censee	5/	22.	Name and Addr	ess of Facility Uneral Hor	ne		•	1 50 115
	70 E 8 0		23a. Part. Enter the diseese, or c shock, or heart failure. List o	teentral,	HAME	74	Ol Bela:	ir Rd. Bal	ltimore	, Maryla	nd 2	21236
,00,00	Physician /Medicai Examiner a prujetransit a prujetransit	dical Examiner	immediate Causa (Final disease or condition resulting in death) Sequentially list conditions, if any, laading to immediate cause. Enter Underlying Cause (Disease or injury that initiated events resulting in death) Last	a. 100 b. 100 c. Sn	Due to for as a second of the	a consequence of the consequence	uence of): USCU uence of):	Alan I	o pro	lenov se u	ath	104ns
or vital necords, P.O. Box	that the death certificate be led by the attending physicial detached for use as the bur Physician/Medical		Pert ii. Other significant condition	Hospitai: 1 Inpat tion t be 28a. Date of Inj (Month, D) t be 28e. Piece of Ir building, e tamipac; On the basis of modern manners. The completed course of	ient 2 ER/C ury ay Year) 28b. ajury - At home, to c. (Specify) of examination a lated.	Dutpatient. Time of Injury farm, stre	3 DOA Of 28c. Injuny of the testigation, in my	American American House, opinion, death occurs on number	24a. Waa perf	Yes 2 No is an autopsy ormed? Yes 2 No one) idence 6 Oth how injury occur (Street and Numburn, State) cause(s) and mediate and place,	24b. We ave con of the control of th	il Route Number, tated. tha cause(s)
	1		Michael A. Hyle,	M. D. 653	🌶 Walth			ltimore,	Md. 212	206		
	Sta Registr		31. Data filed (Month, Day, Year) SEP 26 1996	32. Regist	rar's Signeture	20						



State of Maryland / Department of Health and Mental Hygiene

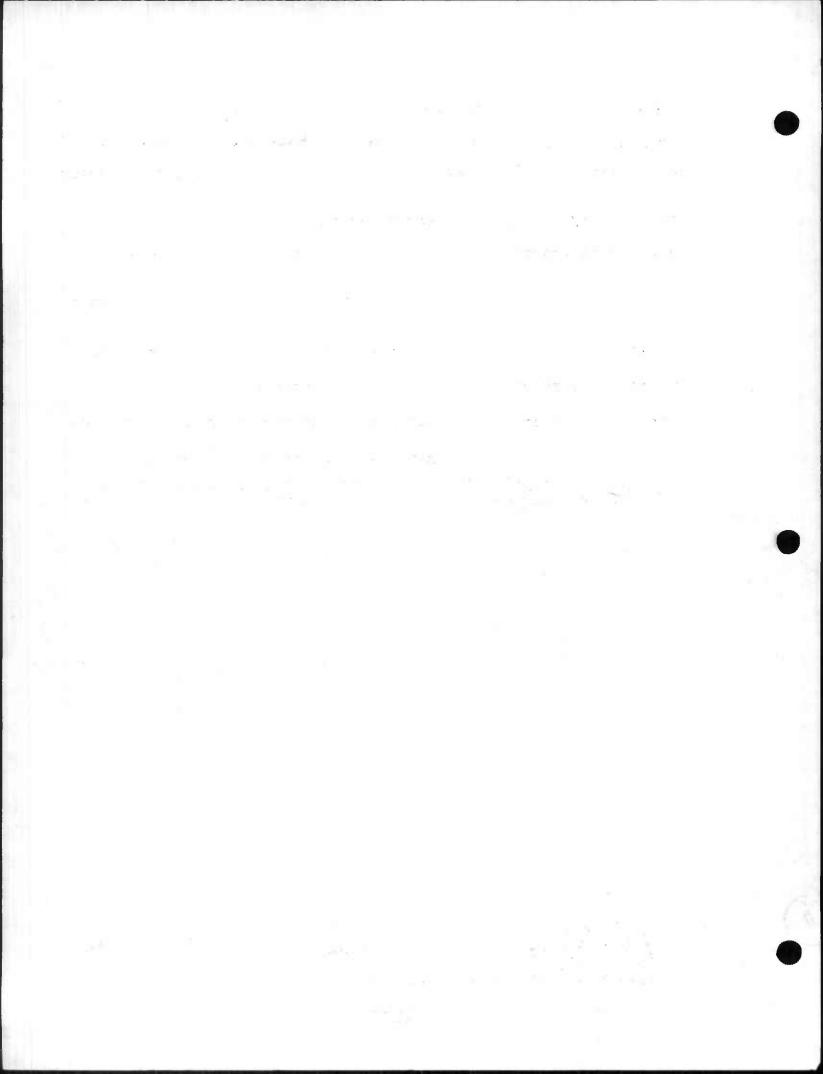
Certificate of Death 1 Decedent's Name (First Middle Last) 2. Data of Death **Physician** Month 246 Helene Sept 1996 /Medical 4a. Facility Neme (If not Institution, give street and number, 4b. City, Town, or Location of Deeth 4c. County of Deeth **Examiner** BALTIMORE BALTIMORE RAYVIEW HOSPITAL HOPKINS If Under 24 Hrs. 8. Dala of Birth
Hours Min. (Month, Day, Year) If Under 1 Year 5. Social Sacurity Number 6. Sax 7. Aga (In yrs. last birthday) Birthpiace (State or Foraign Country) **Funeral** 1□M 20 F Days Months 267-67-1215 52 Vrs Director GREECE Usuei Rasidance of Decedani 10a Stata 10b. County 10c. City, Town or Location 10d, inside City Limits 28a-f show must be notified at Director ₩as 2 No N/A VIRGINIA BEACH 10e. Straat and Numbar 10f. Zip Coda 10g. Citizan of What Country? 6 4503 GENOA CIRCLE items 23a 23462 USA Funeral 12. Was Decedant Evar in U,S. Armad Forcas? Was Decedani of Hispanic Origin? (Spacify Yes or No-if Yes, specify Cuban, Mexican, Puarto Rican, atc.) 14. Rece - Amaricen indian, Biack, Whita, atc. traumatic event, the Medical Examiner should be filed within 72 hours after on Mentel Hygiene.

marked other than "natural", or iter 1 Nevar Married 2 Married 1 ☐ Yes 2 🛣 No If Yas, Giva Yaar or Deles: Baltimore, Maryland 21215-0020 1 ☐ Yes 2 ☑ No Specify: þ Specify: 3 Widowad 4 Divorced WHITE Completed 15. Decedant's Education (Specify only highest grada complated) 16a. Decedant's Usual Occupation (Give kind of work dona during most of working life. DO NOT usa ratired) 18b. Kind of Businass/Industry Elementery/Secondery (0-12) Collega (1-4or 5+) HOMEMAKER OWN HOME permit. Peges 1 and 2 should be file Department of Health and Mentel Hy Important: If Item 27 is marked othe any Injury or other traumatic event, once. 17. Fathar's Nama (First, Middla, Last) 18. Mother's Name (First, Middla, Maiden Sumame) VASILIOS SPINGOU EFROSENE KRANIOU 19b. Mailing Address (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 3 4 6 2 19a. Informant's Neme/Raiationship (Type, Print) KALEZIS D. KALEZIS, HUSB. 4503 GENOA CIRCLE, VIRGINIA BEACH, VA 20a. Mathod of Disposition 20b. Piece of Disposition (Nama of cematary, crematory or othar place) Data 20c. Location - City or Town, Stata 1 Buriai 2 ☐ Cramation 3 ☐ Ramovai from Stata FOREST LAWN CEMETERY 9-26-96 NORFOLK, 4 ☐ Donation 5 ☐ Othar (Spacify) 21. Signature of Foneral Sarvice Licensaa 22. Nama and Address of Facility STERLING ASHTON FUNERAL HOME, INC. 736 EDMONDSON AVE., BALT., 21228 MD 23a. Part I. Entar the disease, or complicel on that ceused the death. Do not enter the mode of dying, such as cerdiac or respiretory errest, shock, or heart failure. List only one cause on each line. **Physician** /Medical Immadiate Ceusa (Final Preumonia 17day5 disaasa or condition rasulting in daath) Examiner Dua to (or as a consequence of). Examiner Aspiration The law requires that the deeth certificate be executed Sequentially fist conditions, if any, laading to immadiata ceuse. Enter Undarfying Ceuse (Disaasa or injury that initiated events resulting in deeth) Lest Due to (or as a consaguance of): P.O. Box 68760. ettending physician for use as the burie Mental Physician/Medical 88 ed by the e Part II. Other significant conditions contributing to death but not resulting in the underlying ceuse given in Part f. 23b. Did tobacco use contribute to the cause of death? 1 ☐ Yes 2 ☐ No 3 ☐ Probably 4 ☐ Unknown ate has been signed I page 2 should be det Records. þ 24b. Wara autopsy findings availabla prior to complation of ceuse of death? Completed 24e. Wes an autopsy performed? certificate 1 ☐ Yas 2 P No 1 Yas 25 No Division of Vital or Attending Physician: filled in by the funeral director, Be 25. Was cese rafarred to medical axaminar? 26. Placa of Death (Check only one) Hospital: 1 inpatiant 2 □ ER/Outpatient 3 □ DOA Othar: 4 Nursing Home 5 Rasidance 6 Other (Specify) Medical Certification: To N⊒ Yas 2□ No this 27. Mennar of Death 28e. Data of Injury (Month, Day Year) 28b. Time of 28c. Injury at Work? 28d. Dascribe how injury occurred After 1 Neturai 5 Panding efter death. 9 A invastigation Sept 1 1996 201 No tell from bed 2 Accidant 1 ☐ Yas 6 Could not be determined 3 Suicida 281. Location (Straat and Number or Rural Route Number, City or Town, State)

Baltimore 28a. Piece of Injury - Ai homa, farm, straet, factory, office building, arcs (Specify) 4 Homicide Hospital within 24 hours e. To the Funeral C 29a. Certifiar TE Certifying Physician: To the best of my knowledge, deeth occurred at the time, date end place, and due to the cause(s) end manner as stated.

2 Medical Examiner: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and manner stated. To the 29b. Signature and title of ophilips 29c. Licansa number 29d. Dala signed (Month, Day, Year) 22, 1496 M5166 addrass of person who complated ceusa of death (Itam 23a) (Type, Prini) DAVID ANTEZANA JOHNS HOPKINS HOSPITAL 31. Deta filed (Month, Day, Year) 32. Registrar's Signetura State lia Davidson Registrar SEP 26 1996

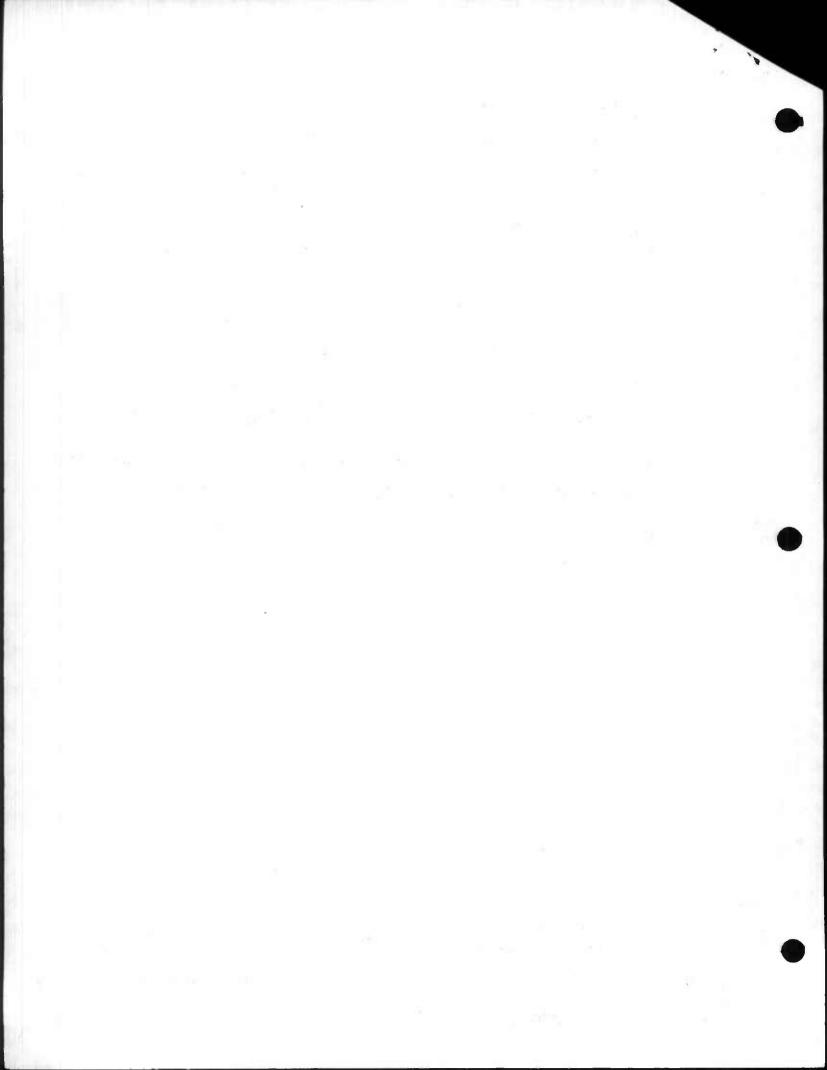
DHMH 16 Rev 6/95



State of Maryland / Department of Health and Mental Hygiene 96 28627

FILM	- tem 3 per ur/G	GS 9-25-96	rja	Certifica	te of	Death		Reg. No.	0	400	0 6 1
Physician	Decedent's Name (First, Middle, L.	.ast)					2. Dete of Do	eeth Dey	Year	3. Tima	of Deeth
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rector	215-05-0368	1⊠M 2□F	81	Yrs. Months	Deys	Hours Min.	Feb. 2	26, 1915		intry) arylar	
	Usuel Residence of Decedent										
Pho Pho	10e. State 10b. County		10c. City, Tow	n or Location						10d. Insida	
is marked other than "natural", or items 23s or 28s-f show reumstic event, the Medical Examiner must be notified at To Be Completed by Funeral Director	Maryland Balt	imore	Mi	lford						1 □ Ye	es 210 M
or 2	10e. Street end Number			10f. Z	p Code			10g. Citizen of V	What Cou	intry?	
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r ttems 23a drest must Funeral	11. Maritel Stetus	12. Wes Decedent E Armed Forces?	var in U,S.	13. Was Deci	edent of H	lispanic Orlgin? (Span, Mexican, Puerto	pecify Yes or No	14. Rac	e - Amerl	can indian,	
夏正		1 ☐ Yas 2 🔯 N If Yes, Give	О	1 ☐ Yes		Specify:	r riouri, oto.y				
d by	3 ☐ Widowed 4 ☐ Divorced	Yaar or Detes:			2 99 110			Specify	Whit	e	
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i de	Elementery/Secondary (0-12)	College (1-4or 5				during most of world)	9				
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à	21. Signature of Funeral Servica Lice	insee				ss of Facility	2/21/24	, by nee		, 115	
	amou p	3 Corre	411_	Loring	Bye	rs Funera	al Direc	ctors, I	nc.		
	23a, art1. Inter the disease, or cor	nolications that caused	the death Dor	8728 L	iber	ty Road	Randa]	Istown,	MD	21133 Approxima	
	23a, art1. Inter the disease, or con shock, or heert feiture. List only	one cause on each in	8.	or or nor mo	oo or oya	g, such as cardiec	or respiretory e	riost,		Intervel Be	etween
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F	Committee of the Commit	b. ————	aun	nosu	un	`			i		
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Completed									of	deeth?	2000
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1	3 Suicida 6 Could not to		y - At home, far	m, street, factor	y, office		28f. Location (Street and Numb	er or Rura	al Route Nu	m <i>ber</i> ,
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edicai	29e. Certifier 1 Certifying Pl	nysician: To the best of	my knowledge,	deeth occurred	et the tim	e, dete end plece,	end due to the	ceuse(s) end ma	nner as s	teted.	
	one)	niners On the basis of a	ad.	vor investigetion	, in my of	omion, deeth occur	ed et the time,	gete and plece, e	end due to	tha causa	(s)
Σ	29b. Signature end title of certifier	n		29	Licanse	number		29d. Data signed	(Monthy	Day, Year)	
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	30. Neme end eddress of person who	completed cause of de	eth (Item 23e) (Type, Print)	,	-		11	1	-	
	Howard J. C		531	001	1	Court	8.1	RANIC	1011	4	n
State	31. Dete filed (Month, Dey, Yeer)	32. Registrat	's Signeture			20011	1-41	, ,,,,,	77113	10 LUIV	1
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DHMH 16 Rev 6/95



Please Type or Print in Black Indelible ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene 28628 Film G739 item 19a,19b per FH 9-26-96 rja Certificate of Death 1. Decedant's Nema (First, Middla, Last) 2. Data of Death 3. Time of Death LASKY **Physician** SEP :50 Pm 2 /Medical 4a. Facility Name (If not institution, giva street and number) 4b. City, Town, or Location of Death 4c. County of Daath **Examiner** LEVINDALE BALTIMORE If Undar 24 Hrs. 8. Data of Birth (Month, Day, Year) 5. Social Security Number If Undar 1 Yaar 6 Sax 7. Aga (In yrs. last birthday) Birthplaca (Stata or Foreign Country) **Funeral** 1☐M 2□F Months Days 215-32-1895 Yrs Director 95 SEPT. 1,1901 RUSSIA Usual Residence of Dacedant death with the Meryland 10a Stata 10h County 10c. City. Town or Location 10d. Insida City Limits r than "natural", or items 23s or 28s-f show the Medical Examiner must be notified at 1 Yas 2 No MARYLAND N/A Director BALTIMORE ice. Street and Number 10f. Zip Coda 10g. Citizen of What Country? 1190 W. NORTHERN PARKWAY, APT. 413 USA 21210 12. Was Decedant Evar in U,S. Armed Forcas? 1 ☐ Yas 2 ☒ No If Yas, Giva Yaar or Datas: Was Decedant of Hispanic Origin? (Specify Yas or No-If Yas, apecify Cuban, Maxican, Puarto Rican, atc.) 11. Marital Status 14. Race - Amarican Indian, Black, Whita, atc. pemit. Pegas 1 and 2 should be filed within 72 hours after c Department of Haeith and Mental Hygiena. Important: If item 27 is marked other than "natural", or item any injury or other traumatic event, the Medical Exempted 1 ☐ Navar Married 2 ☐ Married 1 Yas 2 No Specify: Baltimore, Maryland 21215-0020 Specify P 3 Widowed 4 □ Divorced WHITE Completed 16a. Decedant's Usual Occupation (Giva kind of work dona during most of working lifa. DO NOT usa retired) 16b. Kind of Business/Industry 15. Decedent's Education (Specify only highast grada completed) Elemantary/Secondary (0-12) College (1-4or 5+) OWNER 10 MENS CLOTHING 17. Fathar's Name (First, Middla, Last)
ISRAEL 18. Mother's Neme (First, Middla, Maldan Sumeme) Be LASKY POTLOCK 2 REBECCA 19b. Mailing Address (Street and Number, or Rural Route Number, City or Town, State, Zip Code)
4116 BALMORAL CIRCLE BALTIMORE, MD 21208 19a. Informant's Name/Relationship (Type, Print) Marian MRS. -MARION HAMBURG (NIECE) 20b. Place of Disposition (Nama of cematary, crematory or other place) 20c. Location - City or Town, Stata 20a. Mathod of Disposition Data 1 28 Burial 2 Cramation 3 Ramoval from Stata ANSHE EMUNAH 9-25-1996 BALTIMORE, MD 4 ☐ Donation 5 ☐ Othar (Specify) 21. Signatura of Funaral Sarvice Licensee 22. Nama and Addrass of Facilit SOL LEVINSON & BROS., INC. 8900 Reisterstown Road Pikesville, MD 21208 23a. Part1. Entar tha disaasa, or complications that caused tha daath. Do not antar tha mode of dying, such as cardiac or respiratory arrast, shock, or haart failure. List only one cause on each line. Approximate Interval Between Onsat and Death **Physician** /Medical tmmediate Causa (Final disaasa or condition rasulting in daath) **Examiner** Examiner nes lension physician and the burial-transit Sequentially list conditions, if any, laading to immadiata cause. Entar Undarlying Ceusa (Disease or Injury that Initiated events rasulting in death) Last De exec rgestine. P.O. Box 68760 Physician/Medical ed by the attending detached for usa as Part II. Other eignificant conditions contributing to death but not resulting in the underlying cause given in Part I. 23b. Did tobacco use contribute to the cause of death? signed by t d be detach 1 Yes 2 No 3 Probably 4 Unknown dementia Records, should l 24b. Wara autopsy findings available prior to complation of causa of death? Completed 24a. Was an autopsy performed? 1 ☐ Yas 2 ☐ No Division of Vital To the Hospital or Attending Physician: within 24 hours efter death.

To the Funeral Director: After this certifica completely filled in by the funeral director, 25. Was casa referred to medical examiner? 26. Placa of Death (Check only one) Hospital: 1 Inpatiant 2 ER/Outpatient 3 DOA 1 Yas 2 No Othar: 4 Nursing Homa 5 Rasidance 6 Othar (Specify) 27. Menner of Death 28b. Tima of 28d. Dascribe how injury occurred 28c. Injury at Work? Certification: Neturel 5 Panding invastigation 1 Yas 2 No 2 ☐ Accidant 6 Could not be datarmined 3 Sulcida 281. Location (Street and Number or Rural Routa Number, City or Town, Stata) 28a. Piace of Injury - At homa, farm, street, factory, office building, atc. (Specify) 4 \ Homicide Certifying Physician: To the best of my knowledge, death occurred at the time, date and piece, end due to the cause(s) end mennar as stated.

Medical Examiner: On the basis of examination and/or invastigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and mannar stated. edical 29a. Cartifier 29b. Signatura and titla of certifiar 29d. Data signed (Month, Day, Year) 29c. Licansa number of person who completed cause of death (Item 23e) (Type, Print) WBelwebere are, Balkmore 2434 31. Data filed (Month, Day, Year)

State **Pagistrar**

SEP 26 1996

32. Ragistrar's Signatura Julia Davidson

State of Maryland / Department of Health and Mental Hygiene 96

					Certin	ficate of	Death		Re	g. No.		
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eep .	Funeral	11. Marital Status	12. Was Decedent Armed Forcas?		13. Was	s Decedant of	Hispanic Ori	gin? (Sp	ecify Yes or No- Rican, atc.)		ce - Amaric	
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or Attend after death Director: /	Hice	3 ☐ Sulcida 6 ☐ Could not b	e 28a. Piace of ini	ury - At homa, la	ırm, street,	factory, office			28i. Location (Str	reet and Num t	ber or Rura	l Routa Number,
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State of Maryland / Department of Health and Mental Hygiene

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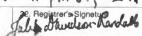
						Cer	tificate of	Death		R	leg. No.		
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	Exami		4a. Fecility Name (If not institution, give 4416 Pen Lucy				ĺ			ocation of Death	4c. County		
c			5. Social Security Number 6. Se		(tn yrs. last bi	irthdayl	If Under 1 Yaa	Balt			N/A		inne (State or Femile
	Funeral Director			M 2□F	66	Yrs.	Months Days		Min.	8. Data of Birth (Month, Day July 6,	1930	Vir	place (Steta or Foraign htry) ginia
	and **		10a. State 10b. County		10c. City, Tov	vn or Loc	ation					1	Od. Inside City Limits
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	th with the 23s or 2 and be n	Funeral Director	10e. Street and Number 4416 Pen Lucy	Road			10f. Zip Code 21	229		1	10g. Citizen of 1 USA	What Cour	itry?
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Hecords,	een si	Completed								24e. Wes a perform		av.	ere autopsy findings ellable prior to impletion of cause death?
ř	9 4 9	mo								1 □ Y	es 2 No		☐ Yes 2☐ No
VIII	ician: The certificate rector, pag	Bec	25. Was case referred to medical					26. Place	e of Deet	h (Check only or	ne)		
>	0 0	ToE	exeminer? 1 ☐ Yes 2 🌠 No	Hospital: 1 Inpatient	2 ER/O	utpatient	3□ DOA O	ther:		me 5 🖫 Resid		er (Specif	y)
Io udi	Attanding Ph or death. ector: After th by the funeral		27. Manner of Deeth 1 X Natural 5 ☐ Pending 2 ☐ Accident Investigation	28e. Date of Injury (Month, Dey	Year) 28b.	Time of Injury	28c. Inju W	ury at ork? ⊒ Yes 2 🗖	No	28d. Describe h	ow injury occur	red	
Hyjsion	for Attanding I after death. Director: After d in by the funer	Certification:	3 Suicida 6 Could not be 4 Homicide determined	28e. Place of Injur- building, etc.	y - At home, fa (Specify)	arm, stre	et, factory, office	•		28f. Location (S City or Town	treet end Numl n, Stete)	ber or Rura	it Route Number,
in the	To the Hospital or Attanding Ph within 24 hours after death. To the Funeral Director: After th completely filled in by the funeral	edical C	29a. Certifier (Check only one) 1 Certifying Phy 2 Medical Exami	sician: To the best of iner: On the basis of e	my knowledg	e, death	occurred at the t	time, date ar opinion, des	nd piece, ath occur	and due to the c	ause(s) and me late and plece,	enner as si and due to	tated.
	ithin o the ompk	We	29b. Signifure and title of certifier	and manner state	1	1	29c. Licer	nse number		2	9d. Data signe	d (Month.	Day, Year)
	FFFÖ		pod and la	.\///	1/	1/1	11	1181	15	7			, 1996
			30. Name end address of person who c	ompleted cause of the	itt (Item 23a)	(Type 5	Print)	710.	17	1 1			
			EDWARD S	C HAF	10 /	Wy L	1100	C1:	7-	LE PA	HILX	PKI	2
	Sta	ite	31. Date filed (Month, Dey, Year)	32. Regumen	Signeture	ما		5 01	11	02	1141.	1 ,00	
	Registi		SEP 26 199	96 Sulie	· Davidso	n-Ma	ndalle						

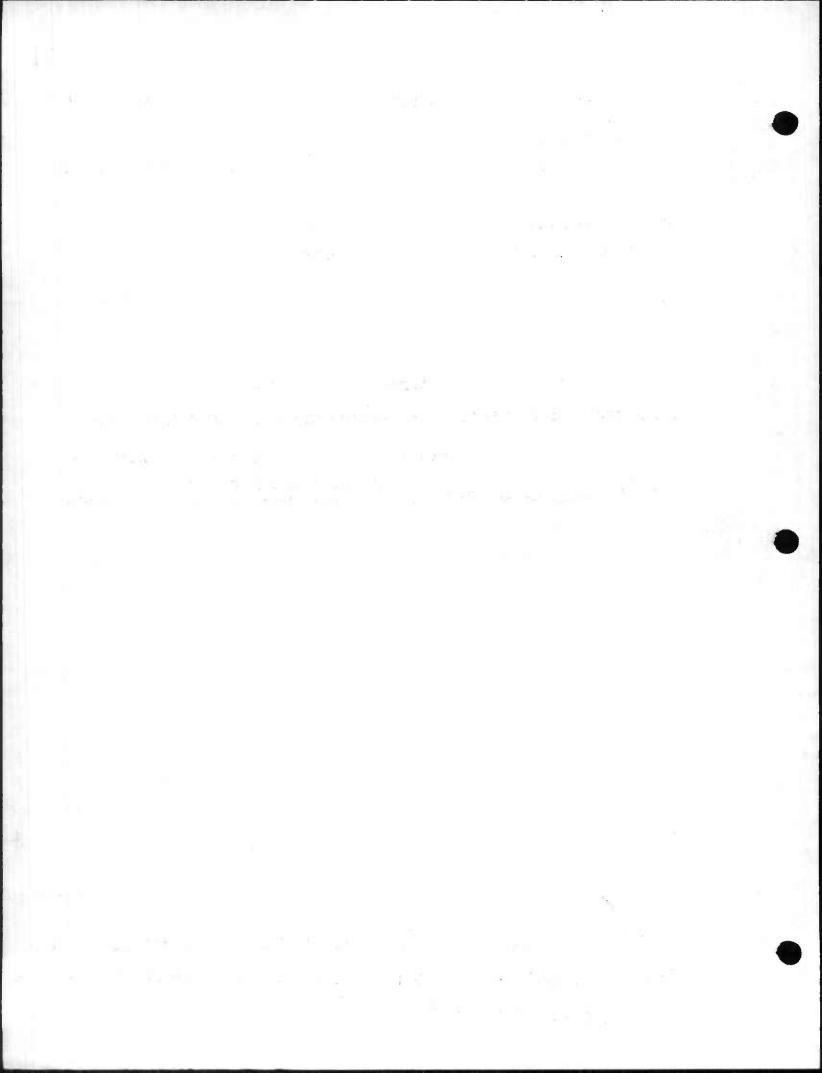
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Physicia /Medic Examina Funeral Director		Decedent'e Nema (First, Middle, Las			Timodio or	Death	-	eg. No.	
Funeral		NATHAN	N.	LAYTON	I		2. Dete of Deet Month SEPT.	19°, 199	3. Time 14 15
Director	er	4e. Fecility Name (If not Institution, give 2112 2112 2112 5. Sociel Security Number 6. Security Number 11	7. Age (In yrs.		Ave &	4b. City, Town, of Baltimor If Under 24 H Hours Mi	rs. 8. Dete of Birth	4c. County of	N/A 9. Birthplece (State or Foreign
		## 17-09-0588 15 Usuel Rasidenca of Decedent 10e. Stete 10b. County	8	9 Yrs.			SEPT. 2	2,1906	MARYLAND
or 28a-f sho	Director	MARYLAND BALTIM 10e. Street end Number	ORE	y, rown or L	BALTIMO	DRE	11	0g. Citizen of W	10d. Inside City Limits 1 □ Yas 2 ☑ No hat Country?
al', or items 23s	by Funeral	11. Maritel Stetus 1 Never Merried 2 Married 3 X Widowed 4 Divorced	T . 508 12. Wes Decedant Evar in U, Armed Forcas? 1 ☐ Yes 2 ②No If Yes, Give Yaar or Dates:	S. 13.		21208 dispenic Origin? en, Maxican, Pue Specify:	(Specify Yas or No- erto Rican, atc.)	Black	U SA - American Indien, , White, etc. WHITE
giene. er than "nature t, I've Medical E	Completed	15. Decedent's Edi (Specify only highest gred Elementery/Secondery (0-12)	cation	16e. Dece (Give life.	dent's Usuel Occup kind of work done DO NOT use retired	petion during most of w d)	rorking	16b. Kind of Bus	siness/Industry
Mental Hy irked oth atic event	To Be	17. Fether's Neme (First, Middle, Last) MORRIS	5	LAYTO	N		ame <i>(First, Middl</i> e, A ARA	Aaiden Sumeme	UNOBTAINABI
alth and 1.27 is me or traum		MR. RICHARD E. Li		19b. Meil 340	ing Address (Street O-A OLD C	end Number or I	Rurel Route Number, AD BALTIM	City or Town, S	Stete, Zlp Code) 21208
Depertment of He Important: If item any injury or oth phos.		20e. Method of Disposition 1 X Burial 2 Cremation 3 4 Donetion 5 Other (Specify) 21. Signature of Funeral Service Licens	Removel from State AIT	zmetery, cre Z CHA]			9/20/96 BROS., IN	BALT	City or Town, State
- 07	an/Medical Examiner	23a. Part1. Entar tha diseesa, or comp shock, or heert feilure. List only o Immediete Ceuse (Finel diseese or condition resulting in death) Sequentielly list conditions, if eny, leading to immediete cause. Enter Underlying Cause (Diseese or Injury thet inflieled events resulting in deeth) Lest	bue to (or		quenca of): Angu in quence of):		incurred		Inferval Between Onset end Deeth
d by th	by Physician/M	Part II. Other significant conditions cor	ntributing to daath but not resu	Iting in the u	inderlying cause giv	en in Pert I.	23b. Did tol	-	ribute to the cause of death
hes been s	Completed b						24a. Was ar perform	ned?	24b. Were eutopsy findings aveilable prior to completion of causa of death?
in 24 hours effer deeth. he Funeral Director: After this certific pletely filled in by the funeral director.	redical Certification: To Be	27. Menner of Deeth 1	28e. Dete of Injury (Month, Day Year) SEPT 19 199 28e. Plece of Injury - At hor building, etc. (Specify slician: To the best of my knowner: On the basis of examination mennar stated.	28b. Time of Injury 1 + 1 me, ferm, str	wor 1 □ reet, factory, office ✓ h occurred et the tim	er: 4 Nursing y et k? Yes 2 No ne, dete end plece pinlon, daath occ	Home 5 Reside 28d. Describe ho 28f. Location (Sir City or Town, REENS PAIN 2e, and due to the ce curred et the time, de	mca 8 Mother winjury occurre m mike reet and Number Stete) 15 + Wood use(s) end men the end pleca, and	M which accide ror Aurel Route Number, DLAND AVES.

State Registrar

31. Dete filed (Month, Dey, Year)





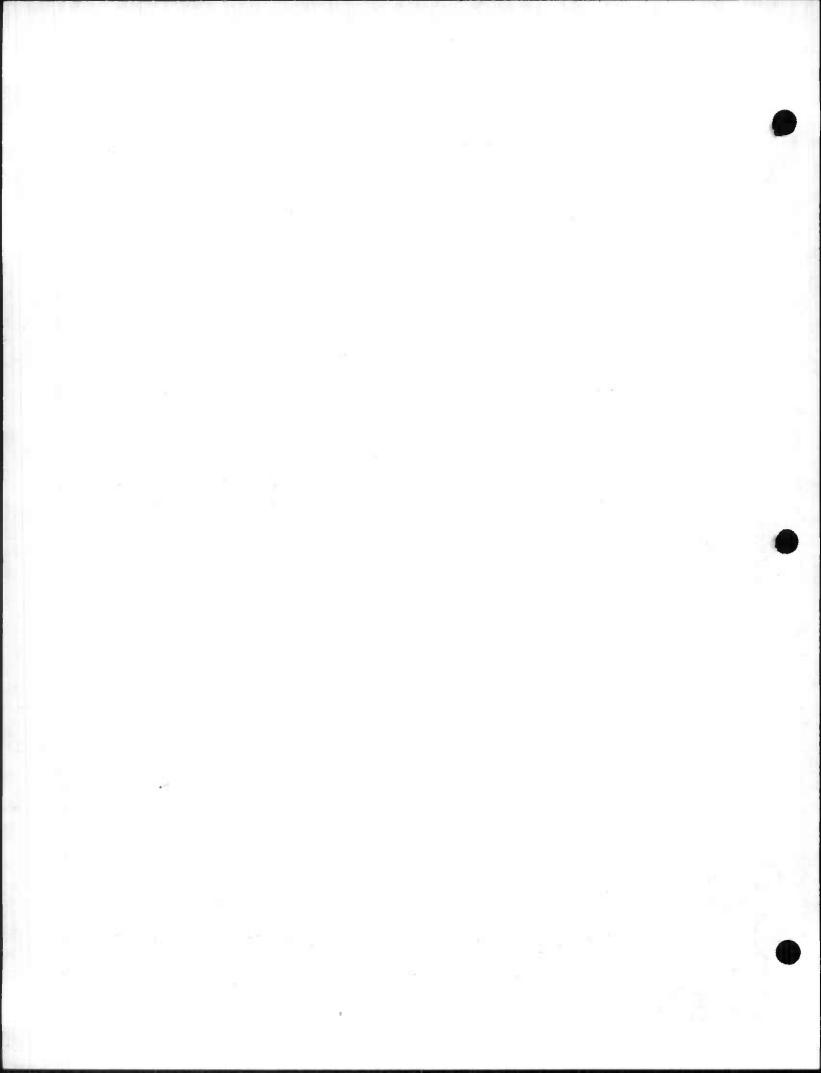
State of Maryland / Department of Health and Mental Hygiene 96

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					Cer	lilloalo	of Death		Reg. No.		
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Physic /Medi		Catherine	E. La	mar				Sept.			9:20 AM
Exami		4e. Fecility Neme (If not institution, give	e street end nu	ım <i>ber)</i>			4b. City, Town, o	r Location of Dee		y of Deeth	
		Genesis Elder	care (Caton	Manor		Balt	imore		City	
uneral irector		5. Social Security Number 214-05-3749 Usuet Residence of Decedent	ex □M 2∏ F	7. Age (In y	rs. lest birthday) 3 Yrs.	If Under 1 Months	Year If Under 24 H Deys Hours M		ley, Year)		ce (Stete or Foreign y) yland
MO W		10a. State 10b. County		10c.	City, Town or Lo	ocation				10d	I. Inside City Limits
프를	to	Md. City		1	Baltimo	ore					1 X Yes 2 □ No
r 28	rec	10e. Street end Number				10f. Zip C	ode		10g. Citizen of	What Country	/?
23a c	a D	1649 Belt Str	eet				2123	0	US	A	
is marked other than "natural", or frems 23s or 28s-f show sumatic event, the Medical Examinet must be notified at	by Funeral Director	11. Maritel Stetus 1 Never Married 2 Married 3 Widowed 4 Divorced	12. Wes Dec Armed Fo 1 Tes tf Yes, Gi Year or D	No ive	1	Wes Deceder If Yes, specification	nf of Hispenic Origin? y Cuben, Mexicen, Pu ☐ No Specify:	(Specify Yes or Nerto Rican, etc.)		ce - American eck, White, etc	
"natural", edical Ex	Completed	15. Decedent's Ed (Specify only highest gra	lucetion		16e. Deced	dent's Usuel	Occupetion	andrin a	16b. Ktnd of E	Business/Indu	stry
r than "natur	nple	Elementery/Secondery (0-12)	Coilege (life. L	DO NOT use	done during most of и retired)	OIKING			
marked other than	Co	unknown	()		Hom	emaker			e Own	er
item 27 is marked other other traumatic event,	Be	17. Fether's Neme (First, Middle, Last)					18. Mother's N	eme (First, Middle	e, Melden Sume	me)	
ark.	2	unknown	Peter	r				nown	Gottl		
		19e. Informent's Name/Retetionship (7					Street end Number or				
em 27 ther tr		Elmer Zeun/ ne	pnew	0.01-			t Street				
		20e. Method of Disposition 1 ☐ Buriai 2 ☐ Cremetion 3 ☐	Removei from	State	. Piece of Disport cemetery, crem	netory or oth	er plece)	ept.23	20c. Location		
fury		4 Donetion 5 Other (Specify		M€			ory, Inc.	1996	Caton	svill	e, Md.
Important: if item 27 any injury or other to once.		21. Signeture of Funerei Service Licen	See / X	1 1	22	Name end	Address of Fecility Cully Fur	neral H	ome of	Sout	h Balto
	9 1	shock, or heart feilure. List only	olicetions thet o	caused the de	eeth. Do not ente	er the mode	O E . For of dying, such es cerd	ac or respiretory	Balto. arrest,	i A	pproximate
siclan ledical aminer		23a. Parf1. Eyler the disease, or comp shock, or heart feilure. List only of Immediate Ceuse (Finel disease or condition resulting in death)		ERIOS	CLERO	TIC (O.E. Fort	ac or respiretory	arrest,	A In	21230 pproximate itervel Between poset end Deeth
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State Registrar 31. Dete filed (Month, Day, Year) SEP 26 1996

32. Registrer's Signature



Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible.

State of Maryland / Department of Health and Mental Hygiene 96 28633

					Cer	tificate of	Death	Re	g. No.		
Dhamining		's Neme (First, Mid	ldle, Last)			10		2. Dete of Death Month	a Day	Year	3. Time of Death
Physiciar /Medica	T.T.T.	LLIAM		LANCE				Septem	ber 22	1446	0410
Examine	4e. Facility I	lame (If not instituti	Hopkins	mber) Hospital			4b. City, Town, or L Baltimor		4c. County		
Funeral Director	219-4	curity Number 13-9351 lence of Decedent	6. Sex 1☐M 2☐ F	7. Age (In yrs. last	Yrs.	If Under 1 Year Months Days		8. Date of Birth Month Day 3/3/199	Year) 5	9. Birthpia MARY	CO (State or Foreig
Mand Mand	10a. State	10b. Count	ty	10c. City, T	own or Loc	eation				10	d. Inside City Limit
or 28a-f sh	MARYLA		N/A			BALTIM	ORE				1 Yes 2 N
ath with a	10e. Street 538	WEST PRE	STON STREE				1201			J.S.A.	
urs of	3 □ Wid	Refus er Married 2☐ Ma owed 4☐ Divorce	Armed Fo	ve		Ves Decedent of I Yes, specify Cub	Hispenic Origin? (Spean, Mexican, Puerto Specify:	ecity Yes or No- Rican, etc.)		e - America ck, White, e /: BL/	tc.
72 h	200	15. Decede (Specify only high	ent's Education lest grade completed)	1	(Give I	ent's Usual Occu	during most of work	ing	16b. Kind of Bu	usiness/Indu	ustry
Hygiene. Hygiene. ther than "naturand, I've Wedical I	Elementa	ry/Secondary (0-12)	College (1-4or 5+)	iife. D	O NOT use retire	od)		N,	/A	
d off	17. Father's	Name (First, Middle IAM H.LA					18. Mother's Nam SHELIA	e (First, Middle, A WILLIAMS	faiden Surnan	10)	
d 2 should the and Mer 7 is marke traumatic		ant's Name/Relation	nship (Type, Print)		19b. Mailin	g Address (Stree	t end Number or Rui	al Route Number,	City or Town,	State, Zip (Code)
her The		AM H. LA	NCE JR.(FA			WEST PRE	STON STRE				
permit. Pages 1 and Department of Health Important: If Item 27 any Injury or other tr once.	1 ဩ Bui 4 ☐ Dor	iai 2 Cremation nation 5 Other (State Cemi	etery, crem	atory or other ple	ERY 9/28/		LANSDO		ARYLAND
Depar Impor any in	21. Signetu	re of Funeral Service	e Licensee / W. L	Solve	_ ES		ess of Facility THERS FUN W PLACE B			AND 21	1217
	23a. Part1. shock,	Enter the chalase, or heart favore. Li	or complications that of	caused the death. I	Do not ente	r the mode of dy	ng, such as cerdiac	or respiretory arre	est,		Approximate Interval Between
Physician /Medical Examiner	1	Ceuse (Final		Liomyop Due to (or as							Onset and Death
		20411)	Tota	Due to (or as	a consequ	vence of):	pulmara	n. (= + 14	c.h	1	8 mouth
be executed lician and buris-transit	Sequentially	list conditions,	6. To.	Due to (or as	a consequ	ence of):	pocc oran	9 4110	314	1	
		list conditions, ng to immediate or Underlying pase or injury	.							1	
the physical	that initiated resulting in	events		Due to (or as	a consequ	ence of):				1	
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the attend had for us	Part fl. Other	significant condit	tions contributing to d	eath but not resultin	g in the un	derlying ceuse gi	ven in Part I.	23b. Did to	bacco usa co	ntributs to	the cause of deat
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been s		ry of ni	ght ventri	icle to p	nlux	owary a	utery	24a. Was ar perform		com	a autopsy findings lable prior to spietion of cause eath?
cate has cate has	valv	ed coud	luit.					Ye	s 2 No	10	Yes 200
eriffic Sctor,		e referred to medic		,			26. Place of Deat	h (Check only on	9)		
this of the direction o	1,5100				/Outpatient	3LI DOA		me 5 Reside			
ath. r: Alter he funer	1 Natu	ral 5 ☐ Pend	ling (Mon	of injury th, Day Year)	b. Time of Injury	28c. Inju	rk?]Yes 2 □ No	28d. Describe ho	w injury occur	red	
after de Directo S in by II	2 Acc 3 Suid 4 Hon	cide 6 □ Could	d not be	of Injury - At home ing, etc. (Specify)	, ferm, stre			28f. Location (Sti City or Town		er or Rural	Route Number,
Mospi Manual Mospi III			Ing Physician: To the I Examiner: On the b and man	best of my knowled asis of examination ner stated.	dge, deeth and/or inve	occurred at the ti estigation, in my	me, date and piece, opinion, deeth occur	and due to the ca red at the time, da	use(s) and ma ite and place,	inner as sta and due to t	ited. the cause(s)
Within To the comple		and title of certifi	ier			29c. Licen			d. Dete signe		
0	•	Kings K.	Harfur)			D	45068	50	eptember	r 22,	1226
15	30. Name ar	d address of person	who completed ceut	se of death (item 23	a) (Type, F	Print)	kins Hospi	tel Ba	Himore	MD	
State	31. Date file	d (Month, Day, Year	r) 32. F	legistrar's Signature		- 115					

Registrar

SEP 26 1996



Film G	739	item 23a per MD 9-26	Type or Print in State of Maryla -96 rja	nd / Departn	nent o		Mental Hygi			634
Physi		1. Decedent's Neme (First, Middle, La Leland	est)	MART	'IN		2. Dete of Deeth Month	Dey	Yeer 7	Tim f th
/Med Exam		4e. Fecility Neme (If not institution, give FRANKLIN	Square	Hosp.		4b. City, Town, or	X	4c. County		nty
Funera Directo	_	5. Sociel Security Number 312-46-546 Usuei Residence of Decedent	7. Age (In yrs		Under 1 Y	eys Hours Min.	U. 0010 01 011111	19945	9. Birthpieca Country)	(State or Foreig
a Maryland	Director	10e. Stete 10b. County MD BALTI	10c. C	ity, Town or Location MiDD		RIVER				side City Limit
5-0020 72 hours after death with the Maryland netural, or items 23s or 28s4 show diest Evaminet must be notified at	by Funeral	10e. Street end Number 11. Maritel Status 1 Never Married 2 Married 3 Widowed 4 Divorced	12. Wes Decedent Ever in U Armed Forces? 1 □ Yes 2 No If Yes, Give Yeer or Detes:	J,S. 13. Was I	Decedent, specify	1220 of Hispenic Origin? (S Cuben, Mexican, Puerl	pecify Yes or No-	<i>U</i> ,	What Country? S, A, ce - American Inc ck, White, etc.	dien,
21215-0020 d within 72 hours af piene. r than "natural", or the Wed Gol Exam	Completed	15. Decedent's E (Specify only highest gra	ade completed)	16e. Decedent's (Give kind life. DO N	of work d	one during most of wor	rking	Sb. Kind of B	usiness/industry	14
7. 0 2 8	Be Com	Elementery/Secondery (0-12) 17. Fether's Neme (First, Middle, Lest	College (1-4or 5+)	AUTO	302	NEPAI 18. Mether's Ner	PMAN me (First, Middle, Ma		MOBI.	LE
Marylo	To	PAUL 199. Informent's Neme/Reletionship (Type, Print)	19b. Mailing Ad	dress (Si	treet end Number or Ru	ETHA I	ASHE City or Town	Stete, Zip Code	1)
more, Pegas 1 an ent of Hael nt: If Itam 2 ry or other		20e. Method of Disposition 1) Buriet 2 Cremetion 3 C 4 Donetion 5 Other (Specif	Removel from Stete	Piece of Disposition cemetery, cremetory			Date 20	DALT Oc. Location	CHESTE	. 2/22 tete
Physician /Medica		23a. Pert1. Enter the disease of comshock, or heart feilure. Let only	Sparder)	4. SK.	AKD	ddress of Fecility A L dying, such es cardiad	2829 H	MD-	Inter	zy coximete vel Between et and Deeth
Examine		disease or condition resulting in deeth)	e. Liver Failur Due to (Alcoh		Liver Disease			+2 d	ays—
ita be axecuted ystcian end na burial-transit	edicai Examiner	Sequentielly list conditions, if eny, leeding to Immediate cause. Enter Underlying Ceuse (Disease or Injury thet initieted events	Due to (Renal Failur		Fail	lure				
. U. BOX 68/61 the daath certificata be y the ettending physicis sched for usa as tha bu	n/Med	resulting in deeth) Last	d. Shock							
	y Physician/M	Pert II. Other significant conditions of	ontributing to death but not res	sulting in the underly	ving caus	e given in Pert I.	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	acco use co	ntribute to the d	
requii	Completed by						24e. Wes an performe		24b. Were au eveileble completi	prior to on of cause
VICAL Medicion: The law certificate has rector, page 2		or W.					1 ☐ Yes	2 No	1 □ Yes	2□ No
	To Be	25. Wes case referred to medical exeminer? 1 ☐ Yes ♣☐ No	Hospitel: 1 inpatient 2	ER/Outpetient 3[DOA	Other:	oth (Check only one) come 5 - Resident	ce 8 □Oth	ner (Specify)	
ttending death. stor: After y the fune	Certification: 1	27. Menner of Deeth 1 Neturel 5 Pending investigation 3 Suicide 6 Could not be determined	28e. Dete of Injury (Month, Dey Year)	28b. Time of Injury M	28c.	Injury et Work? 1 □ Yes 2 □ No	28d. Describe how	Injury occur	red	te Number,
UIVI: o the Hospital or Att ithin 24 hours after d o the Funeral Direct omplataly filled in by	Medical Cert	29a. Certifier X Certifying Ph	building, etc. (Special Special owiedge, deeth occu	etion, in r	ne time, dete end piece my opinion, deeth occu	rred at the time, dete	se(s) end me and plece,	enner es steted. and due to the c		

30. Name and eddress of person who completed cause of deeth (Item 23e) (Type, Print)

Aneela Yaqoob M.D. 9000 Franklin Square Drive Baltimore Maryland 21237

RD2118

29c. License number

29d. Dete signed (Month, Dey, Year) 9-14-96

State Registrar

29b. Signeture end title of certifier

31. Dete filed (Month, Day, Year) SEP 26 1996



 State of Maryland / Department of Health and Mental Hygiene

						01	are e
Film	G739	item	19b,22	per	FH	9-26-96	ria

F	11m G/39	110	em 19b,22 per FH 9-	26-96 rja		Cer	tificate of	Death			Reg. No.	20	20000
	PI.		Decedent's Name (First, Middle			_				2. Date of D			3. Time of Deeth
	Physic /Med		FELIX		noor	ZE				Month Sept	Dey 19#	96	1045 pm
	/Med Exami		4a. Facility Neme (If not institution,					4b. City, Tov	wn, or Lo	ocation of Dea			-
7	LXUIII	1161	BON SEC		HOSPIT	AL	_	BAL-	-1.0	10E		N/	A
н	Funeral		100		ge (in yrs. las		If Under 1 Yea			8. Dete of B	irth	-	
	Director		123-12-0716	1 Ø M 2□F	80	Yrs.	Months Days	Hours	Min.	(Month, L	27,1916	Cour.	clece (State or Foreign otry) Carolina
1	P.		Usual Residence of Decedent										
	how		10a. Stete 10b. County		10c. City, T							1	Od. Inside City Limits
	Ma -	to	MD	N/A		Balt:	imore						1 X Yes 2 No
	# 28	Te	10e. Street and Number				10f. Zip Code				10g. Citizen of	What Cour	ntry?
	72 hours effer death with the Maryland nature!, or items 23s or 28s-f show areal Examine Inust be notified at	Funeral Director	142 S. Koss	ith Stree	t		2	21229				USA	
	dea m	ner	11. Marital Status	12. Was Decedent Armed Forces	Ever In U,S.	13. V	Vas Decedent of Yes, specify Cu	Hispenic Orlg	gin? (Sp	ecify Yes or N	lo- 14. Rad	e - Americ	
0	or its	F	1 ☐ Never Married 2 ☐ Marrie	d 1 Yes 2					, Puerto	Hican, etc.)	Bia	ck, White,	
02	ours raf.	b	3X Widowed 4 □ Divorced	If Yes, Give Year or Detes:	:	'	☐ Yes 2 No	Specify:			Specif	» B1	ack
21215-0020	72 hours "natural",	Completed	15. Decedent's (Specify only highest	Education	1	6a. Deced	ent's Usual Occu	pation	a francis	in -	16b. Kind of B	usiness/inc	dustry
7	within ene.	ple	Elementary/Secondary (0-12)	Coilege (1-4or	5+)		kind of work done OO NOT use retir	ed) ed)	or work	ing	Cons		tion
	offied within I Hygiene.	5	8th			Lab	orer				Cons	JI uçı	CION
pu	e file	Be	17. Father's Name (First, Middle, L	ast)				18. Mother	r's Name	e (First, Middle	e, Maiden Sumen	10)	
/la	should be ind Mentel I	To	Hardy Moore					Ma	ggi	e Moo	re		
Maryland	s 1 and 2 should be filed within 72 hc f Health and Mentel Hygiene. tem 27 la marked other than "natur other traumatic event, the Medical	-	19e. Informant's Name/Relationsh								ber, City or Town		
	1 and 2 Health s em 27 li		Calvin Wilso	n		142	S. Kos t		Sti	reet.	Balto.	, MD	21229
Baltimore,	of Health of Health I Item 27 r other to		20e. Method of Disposition		20b. Plac	e of Dispos	sition (Name of			Date	20c. Location	City or To	wn, Stete
E	Page ent o ry or		Donation 5 ☐ Other (Sp.		Mt.	Zio	n Ceme	tery	9	9/26	Baltim	ore,	Maryland
Ħ	그들루를		21. Signature of Funeral Service L			1 22	Neme end Addr	ress of Fecility	v .				
B	Depariment Important In Incompany In		MANA	(1) 111	of								ME, P.A.
-	-		23a Part Inter the disease or o	U. 14	ju	-\$	¢)) LII	BERTY	HE	IGHTS	AVE.,B	ALTO	21207
J			Part I inter the disea a or o	ily one cause on each	ing death. I	o not ente	or the mode of dy	ing, such as o	cerdiec (or respiretory	errest,	i	Approximate Interval Between
	Physician		U	,	0							1	Onset and Deeth
4	/Medical Examiner		Immediate Cause (Finel disease or condition resulting in death)	, met	esta	tic	Esup uence of):	Lace	al	Ca	u cer	1	
d		Į.	resulting in death)		Due to (or as	a consequ	uence of):	7				-	
*	p ti	Examiner		- Pare	umon	- 1 -						1	
	and tran	саш	Sequentially list conditions,		Due to (or as	a consequ	uence of):						
Ö,	e e e e e e e e e e e e e e e e e e e		Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or Injury that initiated events	RIL	ete a	1 1	leur	1 6	=14	u. (Lon			
68760,	icete be executed physician and s the buriel-transit	ica	that initiated events resulting in death) Last	С.	Due to (or as	e consequ	ience of):	,	11	9-0-			
9 ×	death certificate be executed ettending physician and d for use es the buriel-transit	Medical						-					
Box	0 6 5	and		d									
	law requires that the death es been signed by the etter 2 should be deteched for r	Physician	Part II. Other significant condition	contributing to death t	but not resultin	a in the un	derivina ceuse a	iven in Part f.		23b. Did	tobacco usa co	ntribute to	the causs of death?
P.0	res that the de signed by the e	'n		UTRITI						1	Yss 2 No	3 □ Prot	bably 4 Unknown
	s the	by		TA I KITT	04								
ğ	quire on sig uld b	P6								24e. Was	s an autopsy		ere eutopsy findings
8	w requires	let								реп	ormed?	cor	allable prior to mpletion of cause death?
Be	9 ~ 6	Completed											
a	iclan: The		05 Was assessed as the second second							10	Yes 2 No	1 4	Yes 2□ No
⋚	ysiclar s certif directo	Be	25. Was case referred to medical examiner?	Hospital:			0		of Death	(Check only	one)	1	
of Vital Records,	this aldi	2	1 Yes 22(No	Counpation			3LI DOA				idence 6 □Oth		1)
L		Certification:	27. Manner of Deeth Natural 5 ☐ Pending	28a. Date of Inju (Month, De	ury 281	b. Time of Injury		ork?		28d. Describe	how injury occur	ed	
Sic	Attending or death. octor: After by the fune	cati	2 Accident Investiga 3 Sulcide 6 Could no	0.75			M 1	Yes 2 N	ło				
Division	or Attendest efter death Director:	듣	3 ☐ Sulcide 6 ☐ Could no 4 ☐ Homicide determin	ed 286. Piece of inj	jury - At home tc. (Specify)	, farm, stre	et, factory, office		1		(Street and Numb wn, Stete)	er or Rura	I Route Number,
	rai Del												
	Hospital 24 hours a Funeral D letely filled	edical	29a. Certifier (Check only 2 Medical Fr	Physician: To the best aminer: On the bests of	of my knowled	ige, death	occurred at the ti	ime, dete and	piace, a	and due to the	cause(s) and ma	nner as st	ated.
	To the Hospital or At within 24 hours effer of To the Funeral Direct completely filled in by		one)	and manner st	ated.	onwor mye	sugation, in my	opinion, death	OCCUIT	ed at the time,	dete end piace,	aria aue to	trie cause(s)
	To To	Σ	29b. Signeture and title of certifier					se number			29d. Dete signe		
			Deschore	me phone	alus		14:	1683			09-	22-	96
	0		30. Name and address of person wi	o completed ceuse of c	deeth (Item 23	a) (Type, P	rint)						
	2		RADCLIFFE				so WET	IT NO	กราก	PAN P	lewy, B.	+LTIN	-96 -me ms
	Sta	te	31. Date filed (Month, Dey, Year)	32. Registr	rar's Signature	40							21215
	Registr		SEP 26	1996 > 5	whia Davi	dron- Th	and 02						
				1000			7						

DHMH 16 Rev 6/95

regiment a 45 and 50 m.

State of Maryland / Department of Health and Mental Hygiene 96 28636

			,	Cer	tificate of Death	,	Reg. No.	0 20030
			Decedent's Neme (First, Middle, Last)			2. Date of De	eth	3. Time of Death
	Physic /Medi		John C. Milton	1		Septemb	er 24 19	996 11:00 am
	Exami		4e. Facility Neme (If not institution, give street end number)		4b. City, To	wn, or Location of Deet		
			MANOR CARE NURSING CENTER-RUXTO					IMORE COUNTY
	Funeral Director		5. Sociel Security Number 6. Sex 7. Age (In yrs. le 228-10-4723 7. Usuel Residence of Decedent		ff Under 1 Yeer If Under Months Deys Hours	Min. 8. Dete of Bi	th Year) 1920	9. Birthplece (State or Foreign Country) VIRGINIA
	land w			, Town or Loc	ation	-		10d. inside City Limits
	Mary	ō	MARYLAND N/A	BALTIN	MORE CITY			1)∑Yes 2□No
	the right	2	10e. Street end Number		10f. Zip Code		10g. Citizen of V	What Country?
	Nit o	Funeral Director	3032 ROSALIND AVENUE		21215		U.S.	
	death	ner	11. Meritel Status 12. Wes Decedent Ever in U.S	3. 13. W	les Decedent of Hispanic Orl Yes, specify Cuban, Mexican	Igin? (Specify Yes or No		a - American Indien,
0000	72 hours after death with the Maryland natural', or flems 23s or 28s-f show ficel Examine must be indiffed at		1 Never Merried 2 Married 1 Yes 2 No 1 Yes 2 No 1 Yes 2 No 1 Yes, Give Year or Dates:		Yes, specify Cuban, Mexicar ☐ Yes 2 No Specify:			cBLACK
5-0	"natural",	etec	15. Decedent's Education (Specify only highest grade completed)	16a. Decede	ent's Usuel Occupation ind of work done during mos O NOT use retired)	at of working	16b. Kind of Br	usiness/Industry
121215-0020	bemit. Pages 1 and 2 should be filed within Department of Health and Mental Hyglene. Important: if item 27 is marked other than "I may injury or other traumatic event, the Masance.	Completed by	6 th grade College (1-4or 5+)	Long	JShoreman		Shipy	
and	Hal H	Be	17. Father's Neme (First, Middle, Last)			er's Neme (First, Middle	, Meiden Surnam	10)
3	2 should be fl and Mental H is marked of	9	unknown			a Milton		
Maryland	d2 st h and 7 is n traum		19a. Intorment's Neme/Reletionship (Type, Print)		Address (Street and Number			
	Healt Healt Ther		John C. Milton, Jr./Son 20e. Method of Disposition 20b. Pic		Rosalind Avenu	ue, Baitimo		/ I and 21215 City or Town, State
lo	nt of in If it		XX Buriel 2 □ Cremetion 3 □ Removel from State	metery, crem	etory or other place)			Church, Virgini
Baltimore,	permit. Pages 1 and 2 Department of Health i Important: If Itam 27 Is any Injury or other tra once.	0	4 Donetion 5 Other (Specify) Wd ST					
Ba	Depa Impo		1 1 1 1 1 Dup	22.	Name end Address of Fecili	1206 W. NO		
	_		23e Part 1 Enter the disease or complications that caused the death	Do not ente	s the mode at duing, such as			
	Physician		23e. Part1. Enter the disease, or complications thet caused the death, shock, or heert teilure. List only one ceuse on each line.	DO HOL GIRG	t the mode of dying, such es	cardiac or respiretory e	11051,	Approximete interval Between Onset and Death
	/Medical		Immediate Cause (Finel disease or condition	0	mcer-	books to	for	2.0
	Examiner		resulting in deeth) e.	es e consequ		11001 11211	1110	2 years
ц.	70 #	Je.						
	icate be executed physician and s the burial-transit	Examiner	Sequentially list conditions, Due to (or	es e consequ	ience of):			
60,	clan a		Sequentielly list conditions, if eny, leeding to immediate cause. Enter Underlying Cause (Disease or Injury					
68760,	certificate be executing physician and ase as the burial-tran	Medicai		es e consequ	enca of):			
	Die o		d					
Box	death ce e attendi	Physician/				į.		
P.O.	y the	Jys	Part II. Other significant conditions contributing to death but not resul	ting in the un	derlying cause given in Pert i			ntributa to the cause of death?
	that ned b	by Pi				1⊔	Yes 2 No	3 Probably 4 Unknown
Records,	law requires that the death ce iss been signed by the attendi is 2 should be detached for use	P P				24e. Wes	an autopsy	24b. Were autopsy tindings
00	s bee	ojet				perio	ormed?	available prior to completion of cause of death?
R	0 - 5	Completed				10	Yes 2 No	1 ☐ Yas 2 ☐ No
Vital	delan: The certificate rector, pag	BeC	25. Wes case reterred to medical		26. Place	a of Deeth (Check only		
of V	Physician: this certific ral director,	To	examiner? 1 Yes 2 Hospitel: 1 Inpatient 2 E	R/Outpatient	3□ DOA Other: 4Nt	ursing Home 5 Res	dence 6 □Oth	er (Specify)
D O	aling Ph h. After th funeral		27. Menner of Deeth 1. Naturel 5 □ Pending (Month, Dey Year) 28e. Dete of Injury (Month, Dey Year)	28b. Time ot Injury	28c. injury et Work?		how injury occur	
0	Attanding or death. Sctor: After by the fune	satic	2 Accident investigation NA	,,	M 1 ☐ Yes 2 ☐	No		
Division	phal or Attanding Physician: our after death.	Certification:	3 Sulcide 6 Could not be determined 28e. Piece of injury - At hombuilding, etc. (Specify)	ne, ferm, stre	et, fectory, office	28t. Location (City or To		er or Rural Route Number,
_			29e. Certifier 1 Certifying Physician: To the best of my know	dedne deeth	occurred at the time, date an	d place, and due to the	cousa(s) and me	anner se stated
3	Fun Fun Heby	edical	(Check only 2 Medical Examinar: On the besis of examinetic one)	on and/or inve	estigetion, in my opinion, dee	th occurred et the time,	dete end place,	and due to the ceuse(s)
1	2 6	×	29b. Signature and title of certified		29c. License number		29d. Date signe	d (Month, Day, Year)
1	1)		> GM Anshus 11.1.	- ne	22526	25	9/25/	26
	16		30. Name age addags of perion who completed cause of death (item)	23a) (Type, P	rint)	-0	0 0	0.
_	1		W. H. Kiley GBn	16	6701 N.	Charl.	St. B	Sto mis
	Sta		31. Date filed (Month, Day, Year) 32. Registrar's Signeti,	re				21204
	Registr	ar	SFP 26 1996 June Savidson	Pandel	in.			
DHI	MH 16 Rev 6/9	5	OF 1930					

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State of Maryland / Department of Health and Mental Hygiene 96 28637

									eg. No.			
Physicia		Decedant's Name (First, Middle	e, Last)					2. Data of Dea Month	th Day	Year	3. Time of	f Deat
/Medica		Mary E	Elizabeth		M	larsh		Sept.	22" 1	996	7:55	P.
Examine		4a. Facility Name (If not institution	n, giva streat and nun	nber)			4b. City, Town, or	Location of Death	4c. County	of Death		
		Armacost Nurs	ing Home,	Inc.			Towson		Bal	timor	e	
Funeral		5. Social Security Number	6. Sex 1 ☐ M 2 🖫 F	7. Age (In yrs.		(y) If Under 1 Yes Months Day	ar If Under 24 Hrs	8. Date of Birth (Month, Day			laca (State o	or Fore
Director		213–12–8782	ILIM ZUĘF	79	Yrs.			11/25/			imore	
		Usual Residence of Decedent 10a. State 10b. County		100 0	ty, Town or	Location						
ole D	5					Location				1	0d. Inside C	
98	Director	Maryland Balti	more	To	owson						1 🗆 Yes	X
8 6		10e. Street and Number				10f. Zip Code		1	Og. Citizen of		itry?	
"natural", or Items 23a or 28a-f show edical Examiner must be notified at	Funeral	1210 Overbrook				2123			US			
Te ma	un I	11. Marital Status	12. Was Dece Armed For	ces?	I,S. 13	Was Decedant of If Yes, specify Co	f Hispanic Origin? (S uban, Mexican, Puer	specify Yes or No- to Rican, etc.)		ck, White,		
ŏ	by F	1 Never Marriad 2 Marr	If Yes, Give	Θ		1 ☐ Yes 2 🖾 N	lo Specify:		Specif	v:		
Lead .	D D	3 ₩ Widowed 4 □ Divorced		ites:				1		Whit		
	Completed	15. Decedent (Specify only highes			16a. Dec	ve kind of work dor	cupation na during most of wo ired)	rking	16b. Kind of B	usinass/Inc	dustry	
Hygiene. ther than and, the Me	臣	Elementary/Secondary (0-12)	Cotlege (1-	-4or 5+)		i. boworuse ren iomemaker			O II			
other		12th Grade 17. Father's Name (First, Middle,	(act)			ollellaker		me (First, Middle, I	Own H			
day o	Be						14.55			10)		
marked umatic e	ို	George Dewey E						lle Grime				_
0 8 6		19a. Informant's Name/Retations	hip (Type, Print)		19b. Ma	Illing Address (Stre	et and Number or R	ura i Route Number	r, City or Town,	State, Zip	Code)	
	-	Clarence Marsh		Son	8364	Hillend	ale Road			2123		
or of p		20a. Method of Disposition 1 ☐ Burial 2 ☐ Cramation	3 ☐Removal from S	State Zob. F	emetery, c	position (Name of rematory or other p	lace)	Data	20c. Location	City or To	wn, Stata	
lant:		4 ☐ Donation 5 ☐ Other (Sp	*	Wo	odlaw	m Cemete	ry	9/25/96	Woodla	wn, M	ID	
Department of Heal important: If item 2 any injury or other once.		21. Signature of Funeral Service I	Licensee			22. Name and Add	,					
0 5 6 0		12/2				Johnson I	Funeral H	ome	M	0 010	06	
		Part Enter the disease, or shoot, or heart failure. List	complications that ca	used the deat	h Donale	8521 Loci	n-Raven-B	VO . LOW	Son, M	0_414	Approximate	
nysician		and an inear landre. List		ab line	n. Do not e	enter tha moda of d	ying, such es cardia	or respiratory arm	ast,	1	Abbioximati	
			only one causa on ea	ich lina.	n. Do not e	enter tha moda of d	ying, such es cardia	or respiratory arm	ast,		Interval Bet Onset and I	wee
Medical		Immediate Cause (Final									Interval Bet Onset and I	wee
_				herosi	lewt	'L Caro	ying, such es cardia				Interval Bet Onset and I	wee
caminer	ner	Immediate Cause (Final disease or condition	a. At	hero su Due to (c	lewt or as a cons	L (and	1:0 va su	lan dis	ease		Interval Bet Onset and I	wee
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State of Maryland / Department of Health and Mental Hygiene 96

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				C	ertificate of	Death	В	leg. No.	· ha	. 0 0 0 0		
Physici /Medie			Decedant's Neme (First, Middle, Last) JULIAN IRV	IN P	EYSER		Month	2. Date of Death Month SEPT. 24,1996		3. Tim Death 1:5 m		
	/Medi Exami		4a. Fecility Name (If not institution, give street and number)			4b. City, Town, or L						
1			3041 FALLSTAFF RD., APT. 605	5		BALT	MORE	N,	/A			
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	land m		Usual Residence of Decedent 10a. State 10b. County 10c. City, Town or Location 10d. Inside Clt									
21215-0020	d 2 should be filed within 72 hours after death with the Manyland th and Mental Hygiene. 7 is marked other than "natural", or items 23e or 28e-f ahow traumetic event, the Medical Examiner must be notified at	Funeral Director	MARYLAND N/A		BALT 10f. Zip Code	IMORE		On Ohion of 146		1 XYas 2 No		
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21	within sene.	nple	Elementary/Secondary (0-12) College (1-4or 5+)	life	a. DO NOT use retir	ed)		CITY OF	BALT	FIMORE -		
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Baltimore,	permit. Pages Department of I Important: If ite any injury or of		1X Burial 2 ☐ Cremetion 3 ☐ Removal from State 4 ☐ Donation 5 ☐ Other (Specify)	MORELANI	D MEMORIA	L PARK 9-	25–1996-					
Bal	Depar Impor any In		21. Signature of Funeral Service Licansee 22. Neme end Address of Fecility SOL LEVINSON & BROS., INC.									
			23a. Part1. Enter the disease, or complications that caused the death. Do not enter tha mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line. 8900 Reisterstown Road Pikesville, MD 21208 Approximate Interval Between									
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6	0		Jay Sol My	/h	Do	8029.		9/24	1 96			
(30. Name and address of person who completed cause of death		e, Print)	5 Mill R	IR	Oh.	/Λ	.12117		
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	Registr		SFP 26 1996									

State of Maryland / Department of Health and Mental Hygiene

FilmG739 item 1 pe MD 9-26-96 Certificate of Death 1. Decedent's Name (First, Middle, Last) 2. Dete of Death 3. Time of Death Month Physician BABY GIRL PATTEN Breanna Nicole Patten SEPTEMBER 22,1996 /Medical 4e. Facility Name (ff not Institution, give street and number) 4b. City, Town, or Location of Death 4c. County of Death **Examiner** THE JOHNS HOPKINS HOSPITAL BALTIMORE CITY N/A If Under 24 Hrs. Hours Min. 8. Dete of Birth (Month, Day, Year) SEPT 12,1996 7. Age (In yrs. last birthdey) 5. Social Security Number Birthpiace (State or Foreign Country) **Funeral** 1□ M 21XF Yrs. Director UNK 10 Maryland Usuel Residence of Decedent with the Maryland 10a. State 10b. County 10c. City, Town or Location 10d. Inside City Limits permit. Pages 1 and 2 should be filed within 72 hours after death with the Marylan Department of Health and Mental Hyglene. Important: if item 27 is marked other than "natural", or items 23a or 28a-7 show any Injury or other traumatic avent, the Medical Exprinent may be notified as any injury or other traumatic avent, the Medical Exprinent. 1 Yes 2 No Virginia King George Dahlgren Director 10e. Street and Number 10f. Zip Code 10g. Citizen of What Country? 22448 639A Hall Road Court B USA 12. Was Decedent Ever in U,S. Armed Forces? Wes Decedent of Hispanic Origin? (Specify Yes or No-If Yes, spacify Cuban, Mexican, Puerto Rican, etc.) 14. Race - American Indian, Black, White, etc. 1 ☐ Yes 2 ☑ No If Yes, Give Yeer or Dates: 1 Never Married 2 ■ Married Saltimore, Maryland 21215-0020 1 ☐ Yes 2 ☐ No Specify. White P Specify: 3 ☐ Widowed 4 ☐ Divorced Completed 16a. Decedent's Usuel Occupetion (Give kind of work done during most of working life. DO NOT use retired) 15. Dacedant's Education (Specify only highest grade completed) 16b. Kind of Business/Industry Elementary/Secondery (0-12) Coilege (1-4or 5+) N/A 17. Father's Neme (First, Middle, Last) 18. Mother's Neme (First, Middle, Melden Sumame) Deborah Roberta Hannigan John Michael Patten 19a. Informent's Neme/Raletionship (Type, Print) 19b. Melling Address (Street end Number or Rural Route Number, City or Town, State, Zip Code) John Michael Patten/father 639A Hall Rd. Court B Dahlgren, VA 22448 20a. Method of Disposition
1 ☐ Burial 2 ☐ Cremetion 3 ☐ Removal from Stete 20b. Piece of Disposition (Name of Cametery, crematory or other piece)
Metro Crematory, Inc. 09/25/96 20c. Location - City or Town, State Baltimore, MD 4 ☐ Donetion 5 ☐ Other (Specify) 22. Name and Address of Facility Cremation Society of Maryland, Inc. McDonald mala 299 Frederick Rd. Baltimore, MD 21228 23a. Part 1. Enter the disease, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line. Approximate Intervel Between Onset and Death **Physician** transdiete Ceuse (Final diseese or condition rasulting in death) /Medical Examiner physician and the burial-transit Sequentially list conditions, if any, leeding to immediate cause. Enter Underlying Cause (Disease or Injury that initiated events resulting in death) Last Division of Vital Records, P.O. Box 68760 Physician/Medical Due to (or es a consequence of) Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Pert I. 23b. Did tobacco use contributs to the cause of death? 1 Yes 2 No 3 Probably 4 Unknown þ 24b. Ware sutopsy findings available prior to completion of cause of death? should Completed 1 ☐ Yes 2 ☑ No To the Hospital or Attanding Physician: within 24 hours after death.

To the Funeral Director: After this certifica 25. Was case referred to medical axeminer?
1 Yas 2 No Be 28. Piece of Deeth (Check only one) Hospitel: 1 Inpatient 2 ER/Outpatient 3 DOA Other: 4 Nursing Home 5 Residence 8 Other (Specify) 28a. Dete of Injury (Month, Dey Year) 27. Manner of Deeth 28d. Describe how injury occurred Certification: 28b. Time of 28c. Injury st Work? 1 Neturel 5 Pending 1 ☐ Yes 2 ☐ No investigetion 2 Accidant pietely filled in by the 6 Could not be datarmined 3 ☐ Suicide 28f. Location (Street and Number or Rural Route Number, City or Town, State) Plece of Injury - At home, farm, street, factory, office building, etc. (Specify) 4 Homicide 29e. Certifier (Check only one) 1 Certifying Physician: To the best of my knowledge, deeth occurred et the tima, dete end piece, and due to the cause(s) and mannar as stated. Medical 2 Medical Examiner: On the basis of examination and/or investigation, in my opinion, deeth occurred at the time, date and piece, and due to the cause(s) and mennar steted. 29b. Signature and title of certifier 29c. License number 29d. Date signed (Month, Day, Year) D43577 MD 30. Neme and address of parson who completed causa of death (Item 23a) (Type, Print) 600 N. Wolfe Street Nogee, Lawrence 31. Data filed (Month, Day, Year)

32/Registrars Signetura

DHMH 16 Rev 6/95

State

Registrar

SEP 26 1996

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State of Maryland / Department of Health and Mental Hygiene

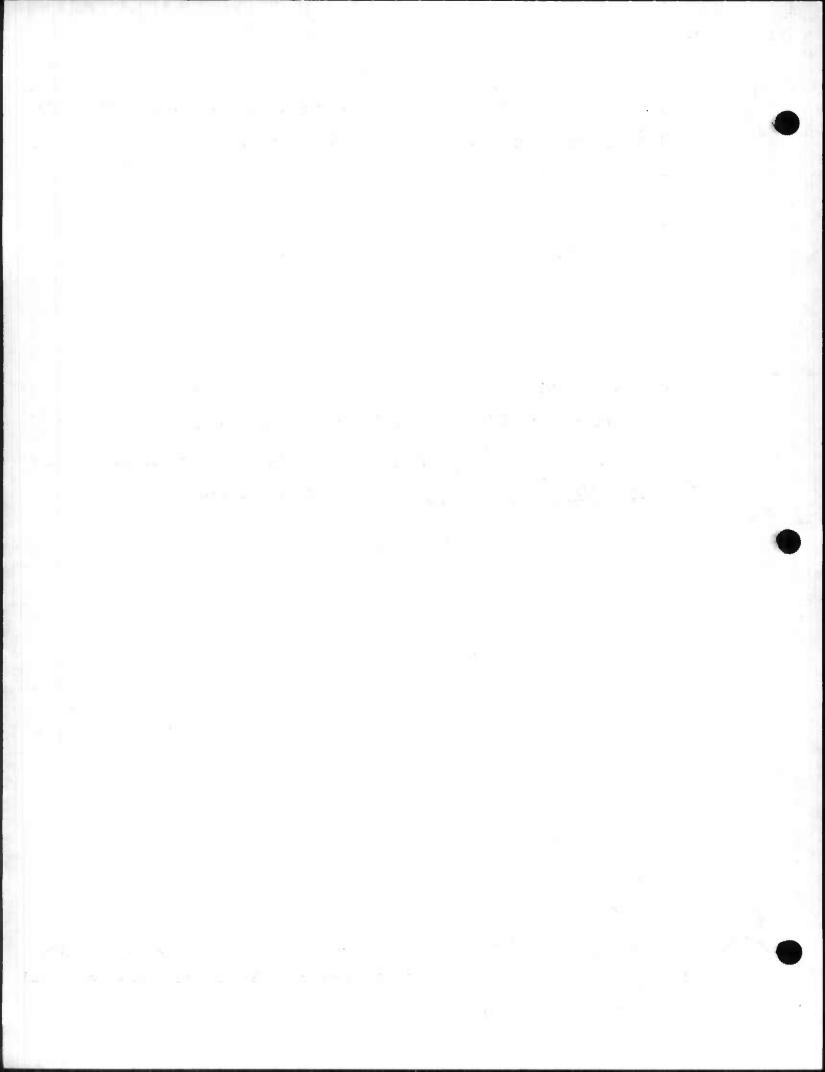
Certificate of Death

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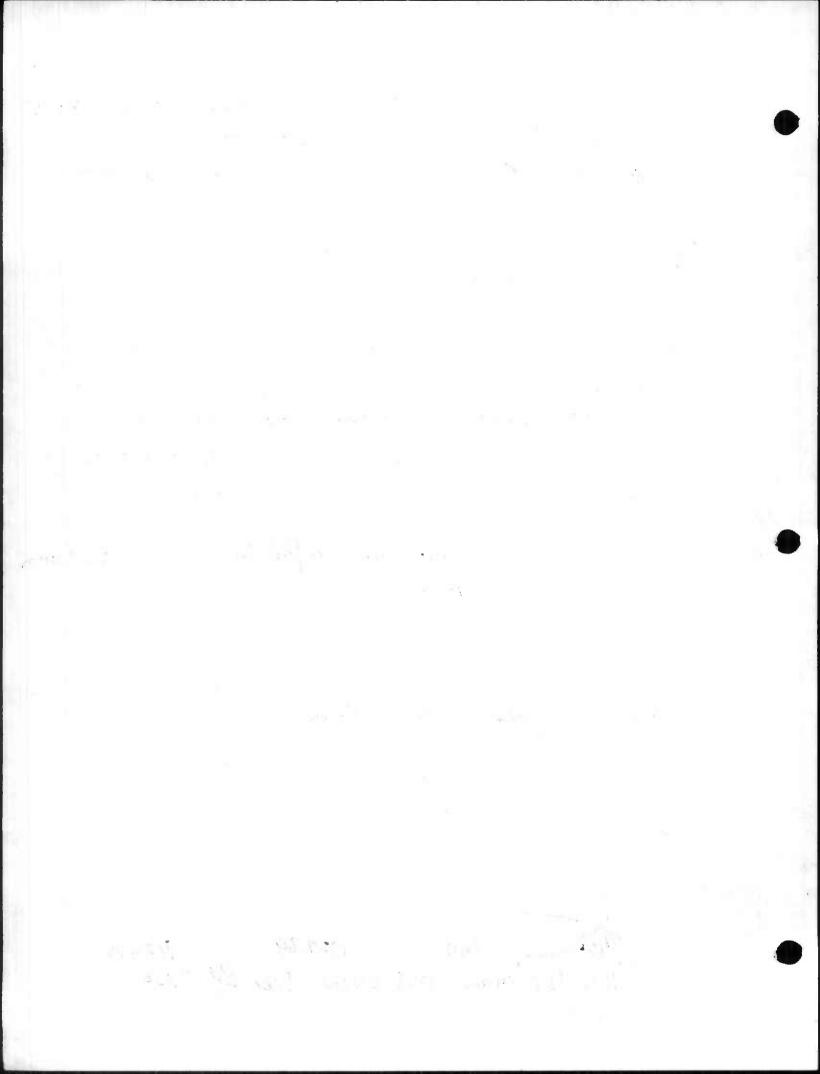
1. Decedent's Name (First, Middle, Last) 2. Date of Death 3. Time of Death Month **Physician** ANDRE JAY ROGERS Sr.SEPTEMBER 21,1996 9:00P.M /Medical 4a. Facility Name (If not institution, give street and number) 4b. City, Town, or Location of Death 4c. County of Death Examiner HOPKINS BAYVIEW MEDICAL CENTER BALTIMORE H Under 24 Hrs. 8. Date of Birth Hours Min. (Month, Day, Year) 5. Social Security Number 9. Birthplace (State or Foreign 7. Age (In yrs. last birthday) **Funeral** XXM 2DF 31 Yrs. 218-88-6493 MARYLAND Director T.5,1965 Usual Residence of Decedent 10a. State 10b. County 10c. City, Town or Location 10d. Inside City Limits show the Maryls must be notified at 1 Nesy 2 No Director MD n/a BALTIMORE 10e. Street and Number 10f. Zip Code 10g. Citizen of What Country? 3943 KENYON AVENUE 21213 UNITED STATES Funeral Harman . Was Decedent Ever in U.S. Armed Forces? Was Decedant of Hispanic Origin? (Specify Yes or No. If Yes, specify Cuban, Maxican, Puerto Rican, etc.) Race - American Indian, Black, White, etc. 11. Marital Status 72 hours after 1 Never Married 2 Married 1 (D)¥es 2 (□ No HAVon, Give 7 – 83 / Year or Dates: 7 – 83 / 8 Baltimore, Maryland 21215-0020 1□Yes 2□No Specify: BLACK ģ 3 ☐ Widowed 4 ☐ Divorced "natural". 7-87 Completed 16a. Decedent's Usual Occupation (Give kind of work done during most of working life. DO NOT use retired) 15. Decedent's Education 16b. Kind of Business/Industry than Elementary/Secondary (0-12) College (1-4or 5+) Hyglane. CORRECTIONAL INST. 12 OFFICER th marked other 17. Father's Name (First, Middle, Last) 18. Mother's Name (First, Middle, Maiden Sumame) 1 and 2 should be fill lealth and Mental H im 27 is marked off SAMUEL ROGERS LUCILLE ALSTON 19a. Informant's Name/Relationship (Type, Print) 19b. Malling Address (Street end Number or Rural Route Number, City or Town, State, Zip Code) Lepartment of Health as Important If them 27 is any injury or ROGERS KENYON AVENUE, BALTIMORE, MD 21213 FELICIA 20b. Place of Disposition (Name of cemetery, crematory or other place) 20a. Method of Disposition 20c. Location - City or Town, State 1XC@urial 2 ☐ Cremation 3 ☐ Removal from State 4 ☐ Donation 5 ☐ ØNer (Specify) GARRISON FOREST VALCEM. 9-27 OWINGS MILLS, MD Signature of Funeral Service Licens 22. Name end Address of Fecility WM. C. MARCH FH.-1101 E. NORTH AVENUE WILL. IMAKUH FH. – 110123a. Part1. Enter the disease, or complications this caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one ceusaron each line. Approximate Interval Between Onset end Deeth **Physician** /Medicai Immediate Cause (Final disease or condition resulting in death) CONTACT GUINSHOT WOUND OF HEAD Examiner Due to (or as a consequence of): Examiner the burial-transit The law requires that the death certificate be executed Sequentially list conditions, if any, leeding to immediate cause. Enter Underlying Ceuse (Disease or Injury that Initiated events resulting in deeth) Last Due to (or as a consequenca of): Box 68760, physician Physician/Medical Due to (or as e consequenca of): attending i P.0. Pert fl. Other significant conditions contributing to death but not resulting in the underlying cause given in Pert f. 23b. Did tobacco use contribute to the cause of death? detached signed by 1 Yee 2 No 3 Probably 4 Unknown Records, by 24a. Was en autopsy performed? Were autopsy findings avellable prior to Completed completion of cause of death? HADD ONLY page 2 1 Yes 2 No 1 Tes 2 No certificate Division of Vital Hospital or Attending Physician: 24 hours aftar death.
Funeral Director: After this certificately filled in by the funeral director, Be 25. Was case referred to medical examiner? 28. Place of Deeth (Check only one) Hospital: MYes 2□ No Other: 4 Nursing Home 5 Residence 6 Other (Specify) Certification: To 1X Inpatient 2 ☐ ER/Outpatient 3 ☐ DOA 27. Manner of Death 28b. Time of 28d. Describe how injury occurred 28c. Injury at Work? 28a. Date of Injury (Month, Day Year) 1 Naturel 5 Pending SUNSJEUS HOT SELE 1 Yes 2 No 2 ☐ Accident 3 ☐ Sulcide investigation 0520AM 96 28f. Location (Street and Number or Rural Route Number, City or Town, State) 6 Could not be determined 28e. Place of Injury - At home, farm, street, factory, office building, etc. (Specify) To the Hospital or A within 24 hours aftar To the Funeral Director Completely filled in b 4 Homicide 3943 KENHON AUT BOLTIMORE MO PESIDENCE t Certifying Physician: To the best of my knowledge, death occurred at the time, dete end place, end due to the cause(s) and manner as stated.

**Medical Examinar: On the basis of examination and/or investigation, in my opinion, death occurred at the time, dete and place, and due to the cause(s) end menner stated. Medical 29a. Certifier 29b. Signeture and title of cartifler 29c. License number 29d. Date signed (Month, Day, Year) O.C.M.E. SEPTEMBER 22,1996 30. Name and eddress of person who completed cause of death (Item 23e) (Type, Print) HARYDOR HA 111 Penn Street, Baltimore, Maryland 21201 A. KOREU MM 31. Date filed (Month, Dey, Year) 32. Registrar's Signature State CEP 26 1996 in Taridson-Randelle Registrar



State of Maryland / Department of Health and Mental Hygiene 06 2061. I

					Cert	tificate of	Death		Reg. No.	00 2	0041	
Physician		1. Decedent'e Name (First, Middle, Las	1)	00		0	1	2. Date of D	eeth Day	Year 3.	. Time of Deeth	
/Medical	1	LIRATE	acc	Pho	IN.	301		SEPT	22	16	1630	
Examiner	r	4e. Facility Name (If not institution, give	street end numbe	r)			4b. City, Town, or			y of Death		
-		5. Sociel Security Number 6. Se	7 I	00 //0	In a t hinth day	if Under 1 Yea	BALTIMO r If Under 24 Hr			N/A		
Funeral Director			□ M 2169	83	lest birthday) Yrs.	Months Days			inn Jey, Year) -/2-/2	9. Birthplace MARYI	(State or Foreig LAND	
the Maryland 28a-f show nosified at	10a. State 10b. County 10c. City, Town or Location								10d. I	Inside City Limit		
the Mar 28a-f st notified	MARYLAND N/A BALTIMORE CITY									Yes 2 N		
ifter death with the Ma r Itame 23a or 28a-f s directional be notified Funeral Director	10e. Street and Number 10f. Zip Code							10g. Citizen of	What Country?			
me 23a	1803 HARLEM AVENUE 21217							U.	S.A.			
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by d	2	Armed Forces? 1 Never Married 2 Married 1 Yes 2 Mo 3 Widowed 4 Divorced Year or Dates:				□Yes 20ÅNo			Specia	ack, White, etc.		
72 hours natural', deal Eu		15. Decedent's Edi (Specify only highest gred	ucetion de completed)		16a. Decedent's Usual Occupetion (Give kind of work done during most of life. DO NOT use retired)			orkina	16b. Kind of E	Business/Industr	У	
ed within 72 ho ygiene. or than "natur rt, the Medical Completed	1	Elementery/Secondery (0-12)	College (1-40r 5+)					9	HOHOEK	EEDINO		
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d Men d Men marks matic	2							CHE MASC				
2 2 2 2		19e. Informant'a Name/Relationship (T. Rev. Mildred Fish		ian			et end Number or F k Avenue					
1 and Health em 27 other tr	-	20a. Method of Disposition	ci / ddai d	-	lace of Disposi		K AVEIIUE	Date	T	- City or Town,		
Department of Health Department of Health Mportant: If Item 27 any Injury or other to		X Burial 2 Cremation 3 DI	Removal from Steto	0	emetery, creme	or other plocation of the or other plocations of the other plants of the other plocations of the other			200			
permit. Pa Departmen Important: any Injury ance.	-	4 Donetion 5 Other (Specify,	_	N.				9-27-96		ORE, MAI		
permit. Page Department of important: if any Injury or once.	21. Signeture of Funeral Service Licenses 22. Name and Address of Facility WILLIAM C. BROWN COMMUN 1206 W. NORTH AVENUE										TY F/H	
requires that the death certificate be executed seen signed by the attending physician end hould be detached for use as the buriel-transit eted by PhysicianVMedical Examiner		resulting in death) Sequentially list conditions, if any, leading to Immediate cause. Enter Underlying Cause (Disease or Injury that initiated events resulting in death) Last	b	Due to (or	r as a consequer	ence of):	mace		33			
at the death cert of by the attending etached for use Physician/M	d									•		
that the ded by the detached	.	Part II. Other eignificant conditions con	ntributing to death I	but not resu	liting in the und	erlying ceuse g	iven in Part t.	23b. Dio	tobacco uea co	intribute to the	cause of deat	
signed by d be detacted by d be detacted by	5	CVA Seus	yures	1	HBP	Diel	ete,	1	Yee 2□ No	3 Probably	4 4 Unkno	
P 2 S P	-	,							s an autopsy ormed?	available	utopsy findings le prior to tion of cause n?	
ysician: The I s cartificate he director, page To Be Com								10	Yes 2□No	1 🗆 Yes	s 2 No	
cartificate rector, pag	2	25. Was cese referred to medical exeminer?					28. Place of De	eth (Check only	one)			
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Attending P or death. octor: After by the funen iffication:	2	27. Manper of Death 1 Netural 5 Pending 2 Accident Investigation 28a. Date of Injury (Month, Dey Year) 28b. Time of injury injury 28c. Injury at Work? 1 Yes 2 No						28d. Describe	28d. Describe how injury occurred			
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the Hospital or in 24 hours efte the Funeral Dir plataly filled in	1	29a. Certifier (Check only one) 1 ✓ Certifying Phydone 2 ☐ Medicat Examin	ner: On the best	of examinati	viedge, death o ion and/or inves	ccurred at the testigation, in my	ime, dete end place opinion, deeth occi	e, and due to the urred at the time	cause(s) and ma dete end place,	anner es atated. and due to the	cause(s)	
E S S		290. Signature and trapposition				29c. Licen	se number		29d. Date algne	d (Month, Day,	Year)	
		> 1/Hear	_	45		D	27569	9/25766				
C	3	io. Name and and eye of person who bo	empleted ceuse of a	death (Item	23a) (Type, Pr	Green	e Tro	, Rd	#300	1		
State	3	B1. Date filed (Month, Dey, Year)	32. Regist	rar's Signat	ure Pande 12	Silla	e (re	, la	# 300			



State of Maryland / Department of Health and Mental Hygiene 9 6

Certificate of Death

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	Physici		1. Decedant's Name (First, Middle, Last) Mavis Stockstill-Moore						2. Dete of D Month Sept	Dey	Year L 996	3. Time of Death 12:34a		
	/Medi Examir		4e. Facility Name (If not institution, give street end number) 4b. City, Town, or						Town, or Lo		-	ty of Death	12.544	
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	Funeral		5. Social Sacurity N	lumber 6	Sev 7	Aga (In yrs. last b	irthday)	If Undar 1 Yas		ar 24 Hrs.		irth		plece (Stete or Foraign
	Director		428-14-3320 1 M ADF 75 Yrs. Months Days Hours Mir						Min.	Nov. O	9. 1920	Miss	sissippi	
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	show		10a. Stete	10b. County		10c. City, Tov	vn or Loc	ation						Od. tnsida City Limits
	the Maryler 28a-f show	to	Florida	Lak	e	Eustis								1 □ Yas 2 No
	72 hours efter deeth with the Maryland natural', or flems 23a or 28a-f show dical Examinet must be notified at	Director	10e. Street and Number 10f. Zip Code						10g. Citizen of	What Cour	ntry?			
		0	444 Briarcliff Road 23726-5608						5608			USA		
	deed deed	Funeral	11. Marital Status		12. Wes Decede	nt Ever in U,S.	13. W	/as Decedant of Yes, specify Cu	Hispanic C	Origin? (Spe	ecity Yas or N	o- 14. Re	ca - Amaric	
0	or he		1 Never Merri	led 2 Married	Armed Force	S No					Hican, atc.)	Ble	eck, White,	etc.
02	alf, o	by	3 🛛 Widowed	4 Divorced	if Yes, Give Year or Dete	s:	1	□Yas 2X0N	o Specii	у:		Speci	W. W.	hite
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Maryland	permit. Peges 1 end 2 should Depertment of Heelth and Mer Important: If Item 27 is marke any injury or other traumatic DRE.		19a. Informant's Ne				,					ber, City or Town	n, State, Zip	Code)
			Gail Irri	is Moore	Tarrico/o					Mill	Rd.	Lisbor	n, MD	21765
ore			20e. Method of Disp		70	20b. Plece o	of Dispos	ition (Neme of etory or other p	/aca)	1	Dete	20c. Location	- City or To	own, Stata
Ĕ				Au Cremation 3 t 5 ☐ Other (Spec	□Removel from Ste ify)			natory,		09	/25/96	Bal	ltimo	re, MD
Baltimore,			21. Signature of Fu	nerel Service Lice	ensee Dawn F	MaDona	22.	Nema and Add	ress of Fed	llity				
B			21. Signature of Funerel Service Licensee Dawn F. McDonald Cremation Society of Maryland, Inc.											
			23a. Pert1. Enter the disease, or complications that caused tha death. Do not antar tha mode of dying, such as cardiac or raspiratory arrast. Approximate											
			shock, or haa	rt feilure. List only	y one ceuse on each	i line.								Intarval Batween Onset and Death
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sion of Vital	fter t	ü	27. Menner of Deett 1 Netural	h 5 ☐ Pending	28e. Dete of Ir (Month, L		Time of Injury	28c. in	jury et fork?		28d. Describe	how injury occu	irred	
Sic	anding part. After he fune	cati	2 Accident	Investigation				M 1	Yes 2	□No				
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_	uner lili yle	edical Certification:	29a. Certifier (Chies only	Certifying P	hysician: To tha bes miner: On tha basis	of exemination of	e, deeth	occurred at the	tima, dete	end pleca,	end due to the	e ceuse(s) end n	nennar es s	tated.
	To the House Literation within 24 hours the County To the Funeral Director: Atter completely filled in by the funer	8	(She)		end menner	statad.					53 of 1/10 tillie			
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	Sta	te	31. Dete filed (Mont	th, Dey, Year)	32. Regis	strar's Signature	-							71794
	Registr	ar		SEP 26 1	996 A	who Davidse	-A-A	ndelles						

DHMH 16 Rev 6/95

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician. TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal. IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once. BALTIMORE, MARYLAND 21215-0020

DIVISION OF VITAL RECORDS, P.O. BOX 68760

FOR

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	REGISTRAR	C	ERTIFICA	ATE OI	DEATH	R	EG. NO.					
	ANDREW STREATER SEPT. 23 1996 12											
BY FUNERAL DIRECTOR	213-00-3727	6. AGE (In yrs I	YRS. MON		HOURS MIN.	7. DATE OF B (Month, Day OCt. /	1962	Country)	CAROLINA			
	9a. FACILITY NAME (If not institution, give street and BAYVIEW -JOHNS HOPKI) RESIDENCE OF DECEMENT			96. CITY, TOWN OR LOCATION OF DEATH BALTIMORE CITY				N/A				
	10a. STATE 10b. COUNTY		10c. CITY, TO				_		d. INSIDE CITY LIMITS? X YES 2 NO			
	MARYLAND N/A 10e. STREET AND NUMBER		BALI	ALTIMORE CITY 10f. ZIP CODE				CITIZEN OF WHA				
	1947 N. COLLINGTON A				21213			U.S.A				
		S DECEDENT EVER IN U.S. / RCES? 1 \(\) YES 2 \(\) YES, GIVE WAR OR DATES	ARMED]NO	If yes,	ECENDENT OF HISPAN specify Cuban, Mexican ES XIX NO Specify		or No— 14. RACE American Indian, Black, White, etc. Specify: BLACK					
TED	15. DECEDENT'S EDUCATION (Specify only highest grade complete	d)	Give kind of work	done durina	TION most of working	16b. KIN	D OF BUSINESS	/INDUSTRY				
PLE	12th grade College	re (1-4 or 5+)	UNSELOR	Do NOT use retired.) UNSELOR				JUDICIAL SYSTEM				
COMPLETED	17. FATHER'S NAME (First, Middle, Last) WILFORD STREATER 18. MOTHER'S NAME (First, Middle, Maiden Surname) EDNA SMITH											
TO BE	190. INFORMANT'S NAME (Type/Print) EDNA STREATER/MOTHER	19a. INFORMANT'S NAME (Type/Print) 19b. MARLING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code)										
	20s. METHOD OF DISPOSITION 1 Surial Parallel Commencer Specify 20s. PLACE AND DATE OF DISPOSITION (Name of Commencer Specify) 20s. PLACE AND DATE OF DATE OF DATE OF DISPOSITION (Name of Commencer Specify) 20s. PLACE OF DATE OF											
	21. SIGNATURE OF FUNERAL SERVICE UCHNSEE 22. NAME AND ADDRESS PF FACULTY C. BROWN COMMUNITY F/H 1206 W. NORTH AVENUE											
	23. PART i. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, interval Between interval Between											
	IMMEDIATE CAUSE (Finel disease or condition resulting in death) DUE TO (OR AS A CONSEQUENCE OF):											
Z	ALGUIRAD IMMUNODEFICIANLY STUDENTE YEARS											
CATIO	Sequentially list conditions, Due to (or as a consequence of): If any, leading to immediate cause. Enter UNDERLYING											
CERTIFICATION	CAUSE (Disease or injury that initiated evanta resulting in death) LAST											
	PART II. Other eignificant conditions contributing to death but not resulting in the underlying cause given in Part I. 24s. WAS AN AUTOPSY PERFORMED? AMAR.											
MEDICAL												
ME	DID TORACCO LISE CONTRIBILIT	DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES NO UNCERTAIN W										
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL	26. PL	ACE OF DEATH (C	Check only or	10)							
SIC	EXAMINER? 1 YES 2 NO THER: 1 Inpetient 2 ER/Outpetient 3 DOA Nursing Home 5 Residence 6 Other (Specify)											
ВУ РН	27. MANNER OF GEATH 2 Netural 5 Pending 2 Accident Investigation	8e. OATE OF INJURY (Month, Day, Year)	286. TIME OF INJURY				CRIBE HOW INJURY OCCURED					
	3 Sulcide 8 Could not be determined 28e. PLACE OF INJURY — At home, farm, street, factory, office building, stc. (Specify) 28t. LOCATION (Street and Number or Rural Route City or Town, State)											
COMPLETED	29a. CERTIFIER (Check only one) 29a. MEDICAL EXAMINER: On the best of my knowledge, death occurred at the time, date and place, end due to the cause(e) and menner ea stated.											
TO BE C	May C 1 20. LICENSE NUMBER 29d. DATE SIGNED (Month.) 29d. DATE SIGNED											
F	YUKARI C. MANAPE, JOHNS HUPKINS HOPITAL, BALTIMORE, MP 21205											
	31. DATE FILED (Month, Day, Year) SEP 26 1996	2. REGISTRARIO SIGNATURI	753 de 00-									



Please Type or Print in Black Indelible Ink. Assure All Coples Are Legible. State of Maryland / Department of Health and Mental Hygiene 96 Certificate of Death 1. Decedent's Neme (First, Middle, Last) 2. Dete of Deeth 3. Time of Deeth Month Vest MELVIN В SCOTT September 23, 1996 5:15 a.m. 4e. Facility Neme (If not institution, give street end number) 4b. City. Town, or Location of Deeth 4c. County of Death THE JOHNS HOPKINS HOSPITAL BALTIMORE CITY If Under 1 Year If Under 24 Hrs. 8. Dete of Birth Months Deys Hours Min. (Month, Deys 7. Age (In yrs. lest birthday) 9 /Birthplece (State or Foreign 216-34-7282 Usuel Residence of Decedent Maryland Yrs 10a. State 10b. County 10c. City, Town or Location 10d. Inside City Limits 1 Yes 2□No Maryland more 10e. Street and Number 10f. Zlp Code 10g. Citizen of What Country? E. 216 12. Wes Decedent Ever in U,S. Armed Forces?

1 Yes 2 No if Yes, Give / Yeer or Deles: Wes Decedent of Hispenic Origin? (Specify Yes or No-If Yes, specify Cuban, Mexican, Puerto Rican, etc.) Rece - American Indian, Bieck, White, etc. 11. Meritel Stetus 14. Rece 1 Never Merried 2 ☐ Merried 1□ Yes 2 No Specify: Specify: 3 Widowed 4 Divorced 2 16e. Decedent's Usuel Occupation (Give kind of work done during most of working life. DO NOT use retired) 15. Decedent's Education (Specify only highest grade completed) 16b. Kind of Business/Industry Elementery/Secondery (0-12) College (1-4or 5+) nesmar 10 17. Father's Neme (First, Middle, Last) 18. Mother's Neme (First, Middle, Meiden Surneme) Sda 19b. Meiling Address (Street and Number or Rural Route Number, City or Town, Stete, Zip Code) E. 22nd Clarence tawkins 216 Ito. d. 20b. Plece of Disposition (Neme of camplety, cremetory or other place) 20e. Method of Disposition

1 ■ Buriel 2 □ Cremelion 3 □ Removel from State Dete 20c. Location - City or Town, Stata 4 □ Donetlon 5 □ Other (Specify) 21. Signature of Funerel Service Licensee 22. Name end Address of Facility 23a. Pentil Enter the dulement, or complications that caused the deeth. Do not enter the mode of dying, such as cardiac or respiratory errest, show, or hear failure. List only one cause on each line. Approximete Interval Between Onset and Deeth Immediate Cause (Fine) Pneumonia disease or condition resulting in death) Due to (or as a consequence of): of the Head and Neck Squamous Cell Carcinoma Sequentielly list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or Injury that initiated events resulting in death) Last Due to (or as a consequence of) Due to (or es e consequence of): Pert II. Other significant conditions contributing to death but not resulting in the underlying cause given in Pert I. 23b. Did tobacco use contribute to the cause of death? 1 Yes 2 No 3 Probably 4 Unknown Alcohol Abuse 24b. Were autopsy findings available prior to completion of cause of deeth? 24a. Was an autopsy performed? Spiral cord Compression 1 ☐ Yes 2 ☐ No 26. Plece of Deeth (Check only one)

29c. License number

N9201

29d. Dete signed (Month, Day, Year)

23, 1996

Physician /Medical Examiner burial-transit

Physician

/Medical

Examiner

Director

Funerai

à

Completed

Funeral

Director

item 27 is marked other than "natural", or itema 23a or 28a-f show other traumatic event, the Medical Examiner must be notified at

permit. Pages 1 and 2 should be filed within 72 hours after death 1 Department of Health and Mental Hygiene. Important: If item 27 is marked other than "natural; or items 28s eny injury or other traumatic event.

Baltimore, Maryland 21215-0020

P.O. Box 68760.

Division of Vital Records,

the Maryland

Examiner physician & Physician/Medicai been signed by the should be detached þ Completed funeral Certification:

certificate

Hospital or Attending Physicien: 24 hours after death. Funeral Director; After this certifice

To the

25. Wes case referred to medical axaminer?

1 Yes 2 No Hospitei: 1 Inpatient Other: 4 Nursing Home 5 Residence 6 Other (Specify) 2 ER/Outpatient 3 DOA 28e. Dete of Injury (Month, Dey Year) 28c. Injury et Work? 27. Menner of Death 28b. Time of 28d. Describe how injury occurred 1.X Netural 5 Pending Investigation 1 Yes 2 No 2 Accident 6 Could not be determined 3 Sulcide 28f. Location (Street end Number or Rural Route Number, City or Town, Stete) 28e. Pieca of Injury - At home, ferm, street, fectory, office building, etc. (Specify) 4 Homlcide 1X Certifying Physician: To the best of my knowledge, deeth occurred et the tima, dete and piece, end due to the cause(s) and manner as stated.

2 Medical Examiner: On the best of examinetion end/or investigetion, in my opinion, deeth occurred et the time, dete end piece, and due to the cause(s) end menner stelled. 29e. Certifier

Registrar

filea

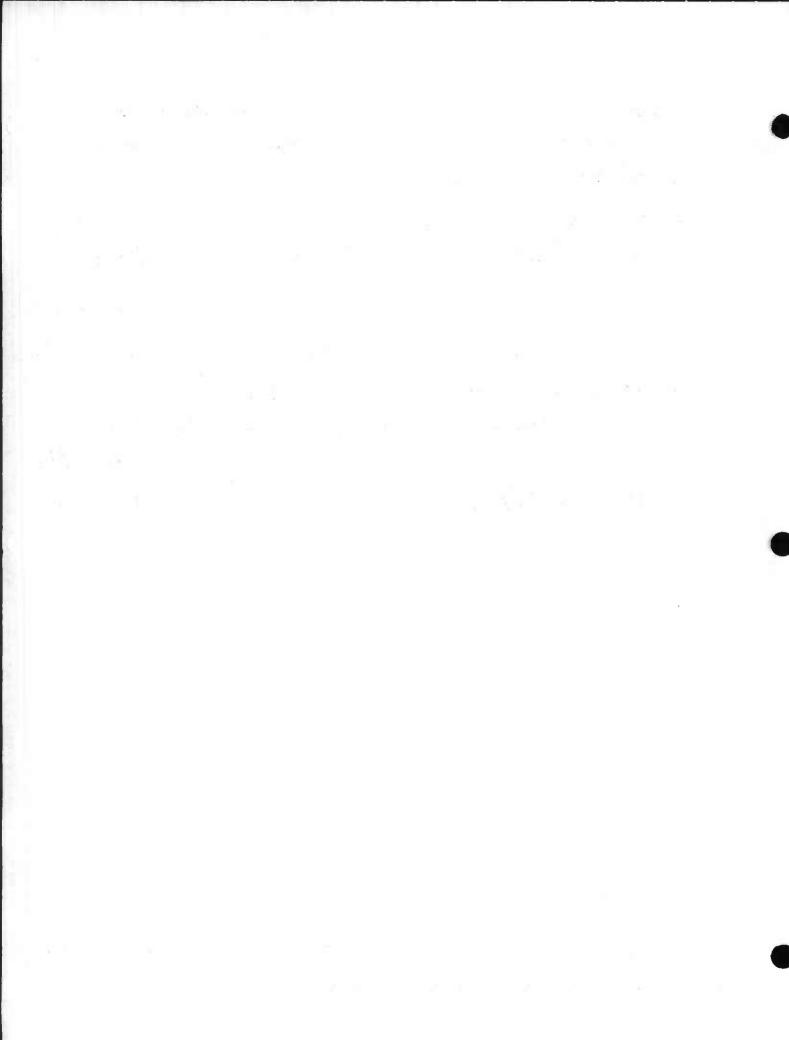
29b. Signeture end title of certifier

31. Dete filed (Month, Day, Year) SEP 26 1996

Kanl

30. Name and eddress of person who completed cause of deeth (Item 23a) (Type, Print)

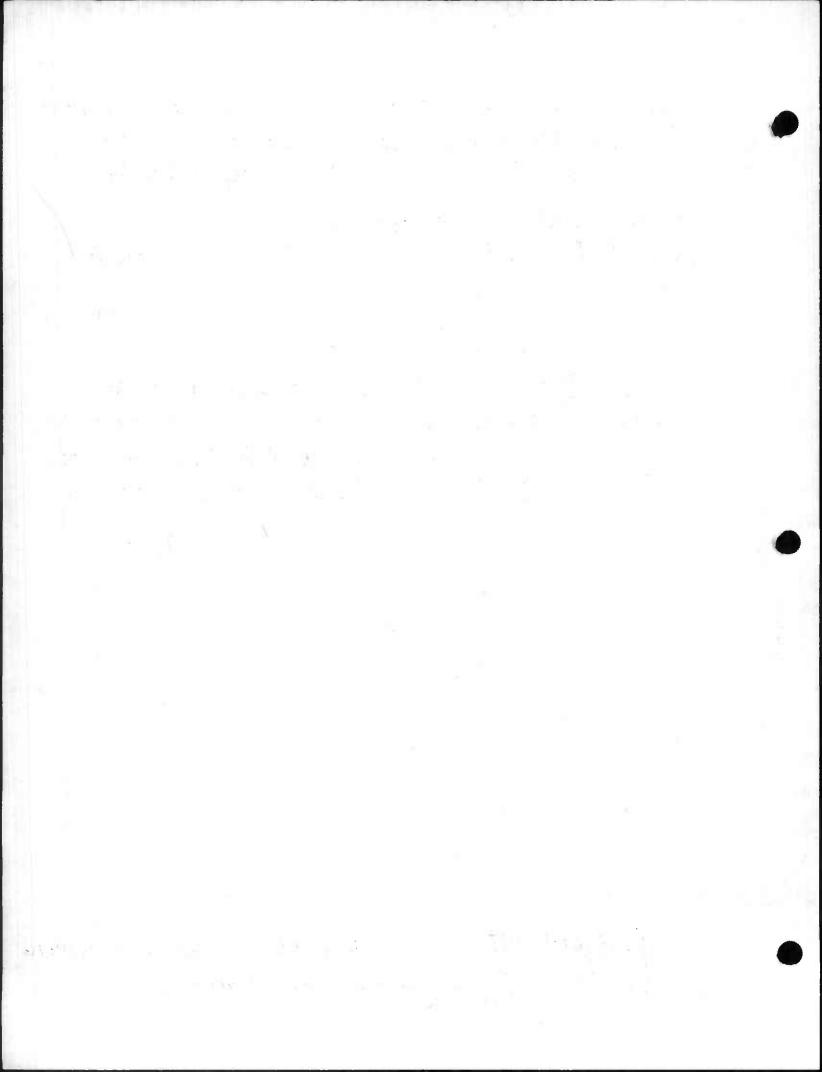
KARL P. KUHN, MD / JOHNS HOPKINS HOSPITAL



State of Maryland / Department of Health and Mental Hygiene 96

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				Centitica	ate of Death		Reg. No.		0040
Physicia	an	1. Decedent's Name (First, Middle, Las		c 4		2. Dete of D Month	Dev	Yeer	Time of Deeth
/Medic		Shalees Sh 4a. Fecility Name (If not institution, give	arrell	Scott	4b. City, Town, o	Sept.		1996	19 ==
Examin	er	Baylieu A	ledical (antor	Bal	Linner	th 4c. County	X//A	
Funeral		5. Sociel Security Number 6. S	ax 7. Age (In yr		dar 1 Yaar If Undar 24 Hr	s. 8. Data of B	irth	9. Birthpiece	Steta or Fore
Director		218-47-3303 1	□M 200 F	Yrs. Month	ns Devs Hours Mir	s. 8. Data of B	4.1996	MOF V	and
		Usual Residence of Decedant				0411	11.1.	1 101	-11101
ms 23a or 28a-f show	7	10e. Stete 10b. County	A 10c. 0	City, Town or Location					slda City Limi
28a-f shon	ectc	10e. Street and Number	4	Daltimo	re				D(189 ZIII
0 0	ā	2002 E Egg	toral C-	<u> </u>	Zip Code		10g. Citizen of	What Country?	
mant t	Funeral Director	11. Meritel Status	12. Wes Decedant Ever in Armed Forces?	U.S. 13. Wes De	cedent of Hispanic Origin?	Specify Yes or N	o- 14. Rec	ce - Amarican Inc	dien.
or items 23a or miner must be		1 Never Merried 2 Married	1 ☐ Yes 21 No		cedent of Hispanic Origin? (pecify Cuban, Mexicen, Pue	rto Rican, etc.)	Ble	ck, White, etc.	
- 2	by	3 ☐ Widowed 4 ☐ Divorced	If Yes, Give Yeer or Detas:	1Ll Yes	2 No Specify:		Specif	Vegri	1
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nd Mental Hygiene. marked other than imatic event, the M	Be	Albert Da	rroll Sc	off	Sha	ICAN	Malden Sumen	Y A 10	
and Me is mark aumati	Z C	19e. Informent's Name/Reletionship (7			ess (Street and Number or F	Curel Boute Num	her City or Town	State Zin Code	1
27 is r trau		Mrs thelma 1	Mr. Doulell	1104 CV	perry Hill	RAM	Pril-	3 MI	2122
to Health and Mental Hygiene. If item 27 is marked other then "nature or other traumatic event, tra Medical		20a. Method of Disposition		Piece of Disposition (A		Dete /	20c. Location	City or Town, S	tata
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Department important: I sny injury o once.		21. Signature of Funeral Service Vicen	500 010	22. Name	and Addrass of Facility		P411341	owne	1114.
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ysician		and any or head transper. List only to	one ceuse on each line.						val Batween et and Death
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	Ļ	resulting in daath)	. Respira	(or es a consaquence d	of):	241441			1 9
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and el-trar	xar	Sequentielly list conditions, if any, leeding to immediata cause. Enter Underlying Cause (Disease or injury	Dua to	(or es e consequance o	f):				- /
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of for	Ca	Part II. Other significant conditions co	ntributing to death but not re	suiting in the underlying	ceuse chen in Part i	23h Dio	tobacco use co	ntribute to the c	even of does
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has be	Completed	INEUMOINDI	A CINUITI	pie)				completi of death	prior to on of cause
page	5					1 🗆	Yes 2 No	1 □ Yes	200 No
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After	Certification:	27. Manner of Deeth 1 Neturei 5 □ Pending	28e. Data of Injury (Month, Day Year)	28b. Time of Injury	28c. Injury at Work?	28d. Describe	how injury occur	red	
Hor:	Cat	2 Accident invastigation 3 Suiclda 6 Could not be	One Place of Injury At I	M	1 ☐ Yes 2 ☐ No	204 Leasting	(Standard Numb	or or Dural Court	an Africa from
200	ert.	4 ☐ Homicide determinad	28e. Plece of Injury - At I building, etc. (Spec	ify)	ory, onice	City or To	(Straet end Numb wn, Stete)	er or Hurer Hous	a /vum <i>ber</i> ,
		29e. Certifiar 1X Certifying Phy	sician: To the best of my kn	owiedce death occurre	d at the time, data and place	a sad due to the	aguag(a) and ma	no or on stated	
	edical	(Check only 2 Madical Exami	iner: On the basis of axamin and menner stated.	etion end/or invastigetion	on, in my opinion, deeth occ	urred et tha tima	data and plece,	and due to the c	ause(s)
世質	QΙ			2	9c. Licansa number		29d. Date signe	d (Month Day Y	(aar)
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020	72 hours after death with the Maryland "naturel", or frems 23a or 28a-f show soldes! Examiner must be notified at	by Funeral	11. Meritel Stetus 1 Never Merried 2 Married 3 Widowed 4 Divorced	12. Wes Decedent Ever in Armed Forces? 1 ☐ Yes 2 ☒ No If Yes, Give Yeer or Detes:	n U,S.		edent of Hispen ecify Cuben, Me 2 No Sp	olc Orlgin? (Speci exican, Puerto Ri ecity:	fy Yes or No- can, etc.)		- American Indi , White, etc.	en,
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	D = L =		FLORENCE SACKS -			91 F HA		DEERFI	ELD BEAC	H, FL	33442	
Baltimore,	Pages ent of nt: If It ry or o		20e. Method of Disposition 1 ☐ Burial 2 ☐ Cremetion 3 ☐ 4 ☐ Donetion 5 ☐ Other (Specify,	Removel from State	cemete	Disposition (Nry, cremetory or		7 9/	Dete 200 24/96 FL		City or Town, Sto	
Balt	permit. Pa Depertmen Important: any injury.		21. Signature of Funeral Service bicens			22. Neme	end Address of	Fecility SOL	LEVINSC	N & BF	ROS., IN	IC.
0× 68760,	Physician Medical personal p	Physician/Medical Examiner	Sequentielly list conditions, if any, leading to immediate cause. Enter Underlying Cause (Diseese or injury that initiated events resulting in deeth) Last	с.	o (or as e	ocard consequence of consequence of):	Infar	ction.			
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ion of	ding Phys h. After this funeral di	atlon: To	27. Manner of Death 1. Netural 5 Pending 2 Accident Investigation	28e. Dete of injury (Month, Day Year		itpetient 3 [OOA Other: 4 28c. Injury at Work? 1 Yes	28	5 Residence d. Describe how			
Division	after d Direct Jin by	Certification:	3 ☐ Suicide 6 ☐ Could not be 4 ☐ Homicide determined	28e. Piece of Injury - A building, etc. (Spe	t home, fe	rm, street, fecto	ory, office	28	f. Location (Stree City or Town, S		er or Rurel Route	Number,
	he Hospital in 24 hours the Funeral t	edical	29a. Certifier (Check only one) Certifying Phy 2 Medical Exami	sician: To the best of my iner: On the basis of examend menner steted.	nowledge inetion en	, deeth occurre d/or investigetion	d et the time, da in, in my opinion	ate end piece, and n, deeth occurred	d due to the caus et the time, dete	e(s) end mer and piece, a	nner as steted. nd due to the ca	use(s)
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<			30. Neme end eddress of person who co	ompleted cause of deeth (i	tem 23e)	(Type, Print)	D4	1.0	sep	Jen D	1 20/	17/6
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State of Maryland / Department of Health and Mental Hygiene

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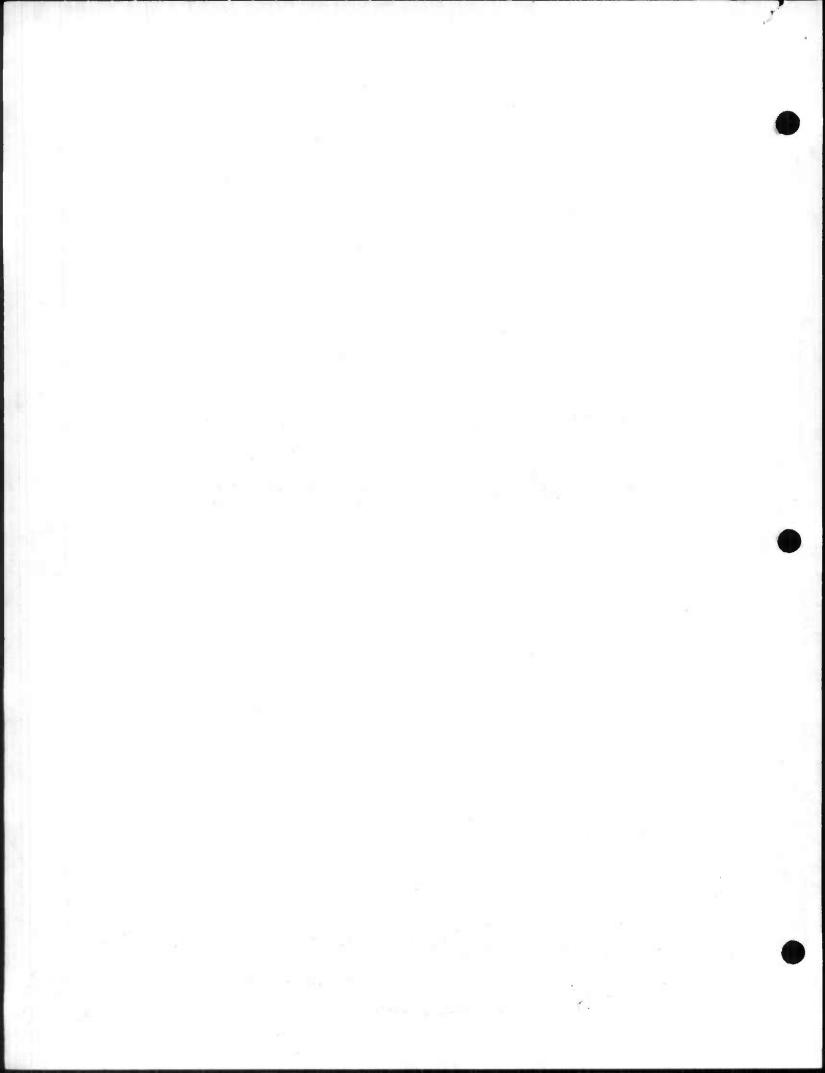
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L	Physic /Medi		MARGARET	CATHER	INE	20	HRAI	nm	SEPTEM	36R 22	dYaar 1996	01.15 AN
	Exami		4a. Facility Nama (If not institution, g	va street and number)				4b. City, Town, or L		4c. County	of Death	
1			HARBOR HOSPIT	AL CENT	ER			BALTIM	ORE	N/	A	
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050	be filed within 72 hours after death with the Meryland tal Hyglene. d other than "natural", or items 23a or 28a-f show event, the Medical Exeminer must be notified at	by Funeral	11. Marital Status 1 ☐ Nevar Married 3 ☐ Widowed 4 ☐ Divorced	12. Was Decedant I Armed Forces? 1 ☐ Yas 2 ☑ N If Yas, Giva Yaar or Datas:			s Dacedant of I as, specify Cub	Hispanic Origin? (Spean, Maxicen, Puarto Specify:	ecify Yas or No- Ricen, atc.)	14. Rad Bla	ck, Whita, at	
5-0	72 h	Completed	15. Decedent's E (Specify only highast gi	ducetion ada complated)	16a	. Decedar	nt's Usual Occup	pation	ina	16b. Kind of B	usinass/Indu	istry
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Baltimore, Maryland 21215-0020	ages ant of nt: If It		20a. Mathod of Disposition 1XXBurlai 2 ☐ Cramation 3 ☐ 4 ☐ Donation 5 ☐ Other (Special Control of Control o		cemata	ry, crema	on (Nama of tory or other pla 1 Cemet		Data / 96	20c. Location Baltim	•	m, Stata Maryland
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State of Maryland / Department of Health and Mental Hygiene 96 28648

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à	Exami		4a. Facility Neme (If not institution 3546 McShane		um <i>ber)</i>					City, Tov		ocation of Death		Death	
H	, Funeral	П	5. Social Security Number	6. Sex	7. Age (In	yrs. lest birth		If Under 1 Ye		If Under 2		8. Date of Birtl (Month, Day	h . 9	Birthpi	ace (State or Foreign
	Director		215-22-5537 Usuel Residence of Decedent	XX ^M 2□ F	7() Y	rs.	Months Da	iys	Hours	Min.	Aug. 1	3,1925	Count	ace (State or Foreign try) 1d.
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Maryland 21215-0020	n 72 hours eftar death with the Maryland "natural", or items 23s or 28s-f show edical Examiner must be notified at	by Funeral	11. Meritei Status 1 Never Married 2 Married 3 Widowed 4 Divorced	12. Was De Armed F ried 17 Yes If Yes, G Year or	orces? 2 □ No ive	in U,S.	If Y	as Decedent of the second of t	Cuben,	panic Orlg Mexican, Specify:	in? (Spi Puerto	ecity Yes or No- Rican, etc.)	14. Race - Black, \ SpecifyW.	White, e	etc.
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۵	To the Hospital or Attending Physicien: The law within 24 bours after death. To the Funerel Director After this certificate has completely filled in by the funeral director, page 2		29e. Certifier 1 Certifyin	g Physician: To the	best of my	knowledge,	death oc	ccurred at the	e time,	dete and	placa, a	and due to the c	euse(s) and manne	er as sta	ated.
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_	8		30. Name and address of person	who completed cau	se of death	(Item 23a) (T	ype, Pri	Int) H	1/0	ABIR	' \	AT	alor To 1	MY	21227
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State of Maryland / Department of Health and Mental Hygiene Q 5

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21. Signature of Funeral Servica Licensee 22. Name and Address of Facility Stein Hebrew Memorial Funeral Home. Inc. 232 Carroll St., NW, Washington, DC 20012 233. Parl. Enter the disease, or complications that caused the shock, or heart failure. List only one cause on each line. Physician IMedical Examiner Physician IMedical Examiner Physician Immediate Cause (Finel disease or condition resulting in death) Due to (or as a consequence of): Due to (or es a consequenca of): Due to (or es a consequenca of): COWN AM AMBUL DISEAS UMCNOWN Due to (or es a consequenca of):
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Pert II. Other eignificant conditions contributing to death but not resulting in the underlying cause given in Part I. 23b. Did tobacco use contribute to the cause of death? NON-TWO VIN DEFENDIENT AASETES 1 Yes 2 No 3 Probably 4 Unknown
TO A POW- DASULA DELENDENT DASSETES 10 Yes 20 No 30 Probably 42 Unknown
24a. Was en eutopsy findings available prior to completion of cause of death? 24b. Were autopsy findings available prior to completion of cause of death?
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28c. Injury at Work? 28d. Describe how Injury occurred Work?
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3 Suicide 6 Could not be determined 28e. Placa of Injury - At home, farm, street, factory, office 28f. Location (Street and Number or Rurel Route Number,
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29a. Certifier (Check only one) 29a. Certifier (Check only one) 29a. Certifier (Check only one) 29a. Certifier (Check only one) 29a. Medical Examiner: On the basis of exemination and/or investigation, in my opinion, death occurred at the time, dete end place, and due to the cause(s) and manner stated. 29b. Signature and title of certifier 29c. License number 29d. Dete signed (Month, Day, Year)
and manner stated. 29c. License number 29d. Dete signed (Month, Day, Year)
1 10 0 1 1/10 12 12 12 12 12 12 12 12 12 12 12 12 12
30. Neme and address of person who completed cause of deeth (Item 23a) (Type, Print) TOJE! It CEADE (F. TA. M.). 2(2) MENCE PARK D. SILVER STRUM, M.D.

State Registrar 31. Date filed (Month, Day, Year) SEP 26 1996 32 Pagistrics Signature Rendage

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State of Maryland / Department of Health and Mental Hygiene

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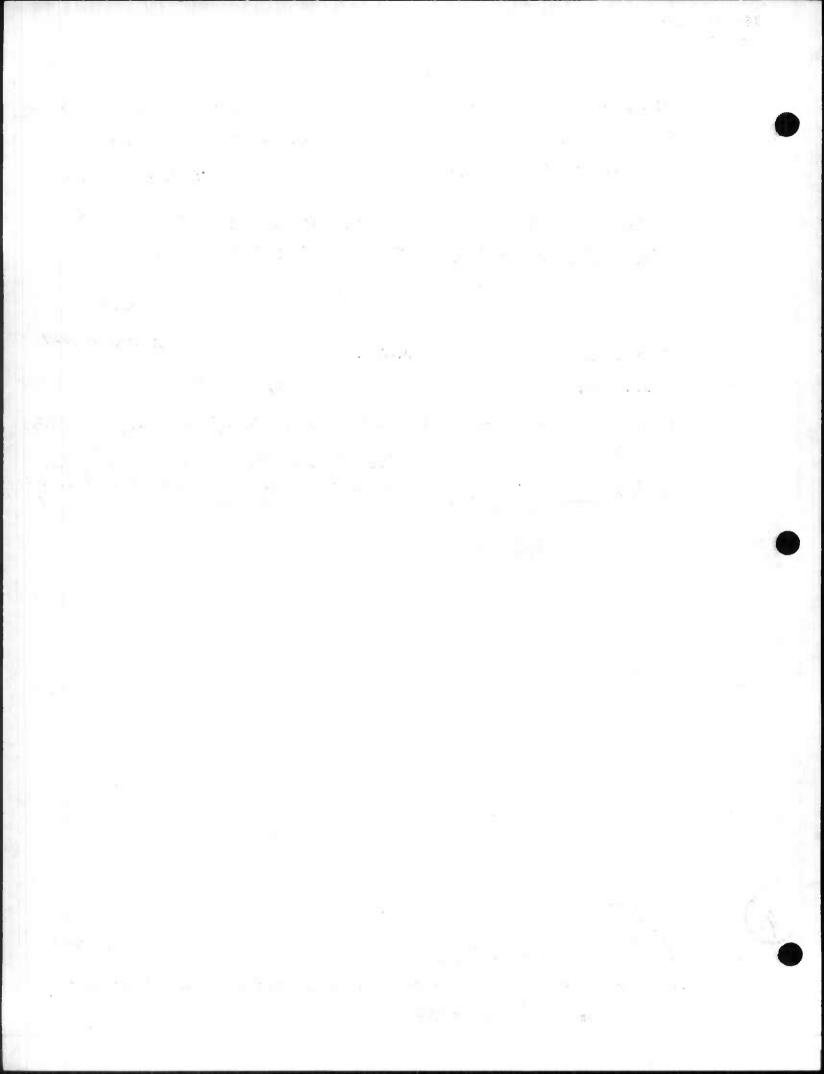
State Registrar

SEP 26 1996

31. Date tiled (Month, Day, Year)

J. Laron Locke M.D.

111 Penn Street, Baltimore, Maryland 21201 32. Registrar's Signatura



State of Maryland / Department of Health and Mental Hygiene 96 28651

						Cert	ificate of	Death		Reg. No.		
	Physic	lan	1. Decedent's Name (First, Middle, Las	t)					2. Date of D Month	eath Day	Year	3. Time of Death
	/Medi		RUFUS	G.	S.	TACKE	R		SEPT.		996	12:30 P.
	Exami	ner	4a. Facility Name (If not institution, give)				, or Location of Dea			
	-		737 NORTH FULTON A				K Hadaad Vasa		TIMORE		N/A	
. 5	Funeral Director		5. Social Security Numbar 6. Social Security Numbar 6. Social Security Numbar 7. Social Security Numbar 8. Social Security Numbar 9. Social Security	9X /.A DM 2□F	ge (In yrs. last b	Yrs.	If Under 1 Yaar Months Days		Min. (Month, D	ey, Year)	9. Birth Cou	piaca (State or Foraign ntry)
1			Usual Residence of Decedent		0-1				JUNE 2	25, 1932	NOR	TH_CAROLINA
Vano	show		10a. State 10b. County		10c. City, To	wn or Loca	tion					10d. Inside City Limits
∑ Z	100 E	ctor	MARYLAND N/A			BAL	TIMORE	CITY				1X Yes 2 □ No
E E	or 28	Director	10e. Street and Number				10f. Zip Code			10g. Citizen of	What Cou	ntry?
ath w	238		737 NORTH FULTON	AVENUE				21217		USA		
ep Je	Hama Set. 75	Funeral	11. Marital Status	12. Was Decedent Armed Forces 1 ☐ Yes 2	t Ever in U,S. ?	13. Wa	s Dacedent of es, specify Cut	Hispanic Origin pan, Mexican, F	? (Specify Yes or No Puerto Ricen, etc.)	0- 14. Rad Bia	e - Ameri ck, Whita	can Indian, atc.
5-0020 72 hours after death with the Maryland	el', or items 23a or 28a-f shov Examiner must be not ited at	by F	1 Navar Married 2 Married 3 Wildowed 4 Divorced	1 ☐ Yes 2. ☐ If Yes, Give Year or Dates:		10	Yes 2☐ X No	Specify:		Specif		ACK
Maryland 21215-0020	"naturel",		15. Decedent's Ed			a Decede	at's Henal Occur	netion		16b. Kind of B		
215 27 nic	惠	Completed	(Specify only highest grad	de com <i>pleted)</i> Coliege (1-4or		(Giva kii	nt's Usual Occu nd of work done NOT use retire	duning most of	f working	TOD. KING OF D	uaii ioaa/ii	dustry
d 2121		E O	8th GRADE	College (1-4or	5+)	LA	BORER			BETHLE	шем	CTEEL
but ile		Be	17. Fathar's Name (First, Middle, Last)				DONLA		Name (First, Middle			SIEEL
aryla:		To	MILLS H.		SMITH			LOWSA		S	LACKE	R
Aar 2 sho	th and Mer 7 is marke traumatic		19a. Informant's Name/Relationship (T		- 1	b. Mailing	Address (Stree	t and Number	or Rural Route Num	er, City or Town,	Stete, Zij	Code)
	f Health item 27 i			BANKS (DA	UGHTER) E	527_0	AKLAND_	AVENUE,	BALTIMORE Data	, MD. 21	212	
Pages 1	5 2 5		20a. Method of Disposition 1 A Burial 2 Cremation 3 1	Removal from State	20b. Piace cemen	of Disposit	ion (Name of tory or other pla [AL PAR]	ica)	Data			
tim.	F & 3		4 Donation 5 Other (Specify		KING P	1EMUK	IAL PAR	K	9-25-96	WOODLAN	NN, M	IARYLAND
Baltimore,	Department Important: If any injury o		2 Signathos of Funeral Service Licent	D /	1	JO:	SEPH H	PROWN	JR FIINER	AL HOME	D A	
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			23a. Parti. Enter the disease, or comp shock, or heart failure. List only o								i	Approximata Interval Between
	nysician Medical		Immediate Cause (Finai	1041	(1 4)		ro	1 FAR	(3'	1		Onsat and Death
	kaminer	-	diseasa or condition rasulting in death)	a AVI TO	CMINO	6 17	C 11.		01100			
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1 68	d graph	/Med	resulting In death) Last		,		,					
	B 7			d							-	
O. B.	by the atte	Physician	Part II. Other significant conditions co	ntributing to death t	out not resulting	in the unde	ertying cause gi	ven in Part I.	23b. Dld	tobacco use co	ntribute t	o the cause of death?
P. P.	d by Setted		AS13 = 510	5,5					10	y 00 2□ No	3 Pro	bably 4 Unknown
ds,	signed d be def	l by									T	
Vital Records,	phone	Completed							24a. Was	an autopsy omad?	av	ere autopsy findings railable prior to empletion of ceuse
Rec		mp								. /	of	death?
a B	certificate has rector, page 2								10	Yes 2 No	11	☐ Yes 2☐ No
	recto	o Be	25. Was case refarred to medicel exeminer?	łospitai:			Ott	hor:	Death (Check only			
P O	1 to 10 to 1	-	1 Yes 2 No 27. Manner of Death	1 ☐ Inpati		Time of	3LI DOA	4 LI NUISII	ng Homa 5 Res	how injury occur		y)
On Ging	Atter	tion	1 □ Naturai 5 □ Pending 2 □ Accident investigation	(Month, De	y Year)	Injury	28c. Inju Wo M 1	rk? Yes 2 □ No	200. 5030100	now injury occur	60	
Division or Attending	after dea Director I in by the	fice	3 ☐ Suicide 6 ☐ Could not ba	28e. Place of In	ury - At homa, f	arm, street		160.00	28f. Location	Street and Numb	er or Run	al Route Number.
ă à		Certification:	4 ☐ Homicide determined	building, et	c. (Specity)					wn, State)	0.0	
ospital	24 hours Funeral tely filled		29a. Certifier (Check 2 Medical Exami	elcian: To the best	of my knowledg	e, death o	curred at the ti	me, date and p	iace, and due to the	cause(s) end me	nner as s	tated.
		ledical	anal 2 Medical Exami	ner: On the basis o and manner st	f examination ar	nd/or inves	tigation, in my o	opinion, death o	occurred at the time,	dete end plece,	and due to) the cause(s)
R	To the comple	M	296 Signature and little of certifler	7 -			20c Licans	sa number	7 (29d. Data signed	Month,	Day, Year)
)	0		conce				10.3	101	6	9	1241	96
/	1		30. Nama and address of person who co	empleted cause of c	leath (Item 23a)	(Type, Pri	pt)	e	.) 1.	- 1	~ 1	md 2123;
	4		UNIN EUA	NON	n. 0-1	60	go no	SMITH	C UNIV	(lay	01	ma 2123
	Sta	_	31. Date filed (Month, Dey, Year)	1 1	ar's Signature	'n.	.00					
L	Registr	ar	SEP 26 1996		nont grow	-Mana	عامل					

Please T	Гуре or Print in Black Indelible ink. Assure A	II Copies Are L	egible.	
ITEMS: 23 PART I, 27, 28a-f, PER	State of Maryland / Department of Health and M	Mental Hygiene	96	28652
0 FILM g-740 10/18/96 t.t	Certificate of Death	Reg. No.		
1. Decedent's Name (First, Middle, Last		2. Date of Deeth		3. Time of Death

FILM g-	.74	0 10/18/96 t.t			Ce	rtificat	e of	Death			Reg. No.		28652
Physician		Decedent's Name (First, Mi ROOSEVELT	STIRES C.C.Y.	т		וזיזי	RNE	R		2. Date of D Month SEPT	Day	Yeer 1996	,
/Medica Examirie	9.11	4e. Fecility Name (If not Institu			•				wn, or L	ocation of Dea		County of De	
Cxamine	١	SINAI HOSPI		,				BAL	TIMO	ים כו		N/A	
-		5. Social Security Number	6. Sex	7. Age (In	yrs. last birthdey	If Under	1 Year			8. Date of B	lirth	-	rthpiace (State or Foreign
Funeral Director		214-94-9279	XXM 2□ F	ge (28 Yrs.	Months	Days	Hours	Min.	NOV.	7 ^y 1967	7 MA	RYLAND
3	-	Usual Residence of Decedent 10a. State 10b. Cour	nhy	100	c. City, Town or L	ocation							10d. Inside City Limits
23a or 28a-f show	5	MARYLAND N/		100		_TIMOR	FC	ΙΤΥ					1/1 Yes 2 No
or 28a-f s	2	10e. Street and Number			D/10	10f. Zip		111			10g. Citiz	en of What C	Country?
23a or		3908 GREENSPR	RING AVENUE				211					S.A.	
	2	11. Marital Status 1 Never Married 2 Nover Married Nover Married Nover Married Nover Married Nover	It Vac G	orces? 20 No ive	In U,S. 13.	Wes Deced If Yes, spec		Hispanic Ori an, Mexicar Specify:		ecify Yes or N Rican, etc.)		4. Reca - An Black, Wh Specify: BL	digital.
Instural Mical Ex	2010	15. Deced (Specify only hig	lent's Education hest grade completed;)	16a. Dece (Giv	edent's Usua e kind of wo DO NOT us	l Occup rk done	oation during mos	t of work	ing	16b. Kin	d of Busines	s/Industry
ygiene. ner than "natur rt, the Medical	0	Elementary/Secondary (0-12 10th grade	2) Coilege (1-4or 5+)		ndry w					Hos	spital	
c even	ממ	17. Father's Name (First, Midda Roosevelt S.								e (First, Middl James	le, Maiden S	Sumame)	
r le m T le m traum		19e. Intormant's Name/Relation								e, Bal			Zip Code) yland 21211
- H		20a. Method of Disposition XX Burlal 2 ☐ Cremetic 4 ☐ Donation 5 ☐ Other	n 3 Removal from	State 20	Db. Placa of Disp cametery, cre WESTERN	osition (Nar	ne of ther pla	ce)	1	Date - 28 - 96	20c. Loc	ation - City o	r Town, State MARYLAND
Departmen Important: any injury once.		21. Signature of Funerel Servi	ce Licensee	Post) 2	2. Name an	d Addre	ess of Facilit	WIL 1206	LIAM C W. NO	. BROW	WN COM	MUNITY F/H
voleien	1	23a. Pert1. Enter the disease shock, or heart tailure. L	or complications that ist only one cause on	caused the c	death. Do not er	ler the mod	e ot dyl	ng, such es	cardiac	or respiratory	arrest,		Approximate Interval Between Onset end Deeth

/Medical Examiner

attending physician and for use as the bunal-trar

been signed by t should be detact

The law requires that the death certificata be axecuted

Hospital or Attending Physician:

To the

within 24 hours after death.

To the Funeral Director: Afte completely filled in by the fun

Medical

(Check only one)

29b. Signeture and title of certifier

Division of Vital Records, P.O. Box 68760,

Physician/Medical Examiner Completed by Be 2 Certification:

Approximate Interval Between Onset end Deeth Immediate Cause (Finel disease or condition resulting in death) CYPROHENPTADINE AND ALCOHOL INTOXICATION Due to (or es a consequence of): Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or Injury Due to (or as e consequence ot): thet initiated events resulting in death) Lest Due to (or as a consequenca of) Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Pert I. 23b. Did tobacco use contribute to the cause of death? 2 2 No 3 Probably 4 Unknown 24b. Were autopey findings available prior to completion of cause of death? 24a. Was an autopsy performed?

2 No 1 Yes 2□ No 1 DYAS 25. Was case referred to medica examiner? 26. Place of Death (Check only one) Hospital: 1 ☐ Inpatient 2 ER/Outpatient 3 ☐ DOA Yes 2□ No 4 ☐ Nursing Home 5 ☐ Residence 8 ☐ Other (Specify) 27. Manner of Death 28a. Date of Injury (Month, Day Year) 28b. Time of 28d. Describe how injury occurred 28c. Injury at Work? 1 Natural 5 ☑ Pending investigation UNKNOWN 1 Yes 2 No 9/22/96 11:15 2 Accident 6XXCould not be determined 3 Suicide 28e. Place of Injury - At home, farm, street, fectory, offica building, etc. (Specify) 28f. Location (Street end Number or Rural Route Number, City or Town, State) 2611 W. BELVEDERE AVE 4 - Homicide

FOUND ON BEDROOM FLOOR 29a. Certifier

1 Certifying Physician: To the best of my knowledge, death occurred at the time, date end place, and due to the cause(s) and menner as steted.

**Medical Examiner: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date end place, and due to the cause(s) end manner stated.

Mll

29c. License number 29d. Date signed (Month, Dev. Year)

BALTIMORE', MD.

O.C.M.E. SEPTEMBER 23,1996

11:50 AM

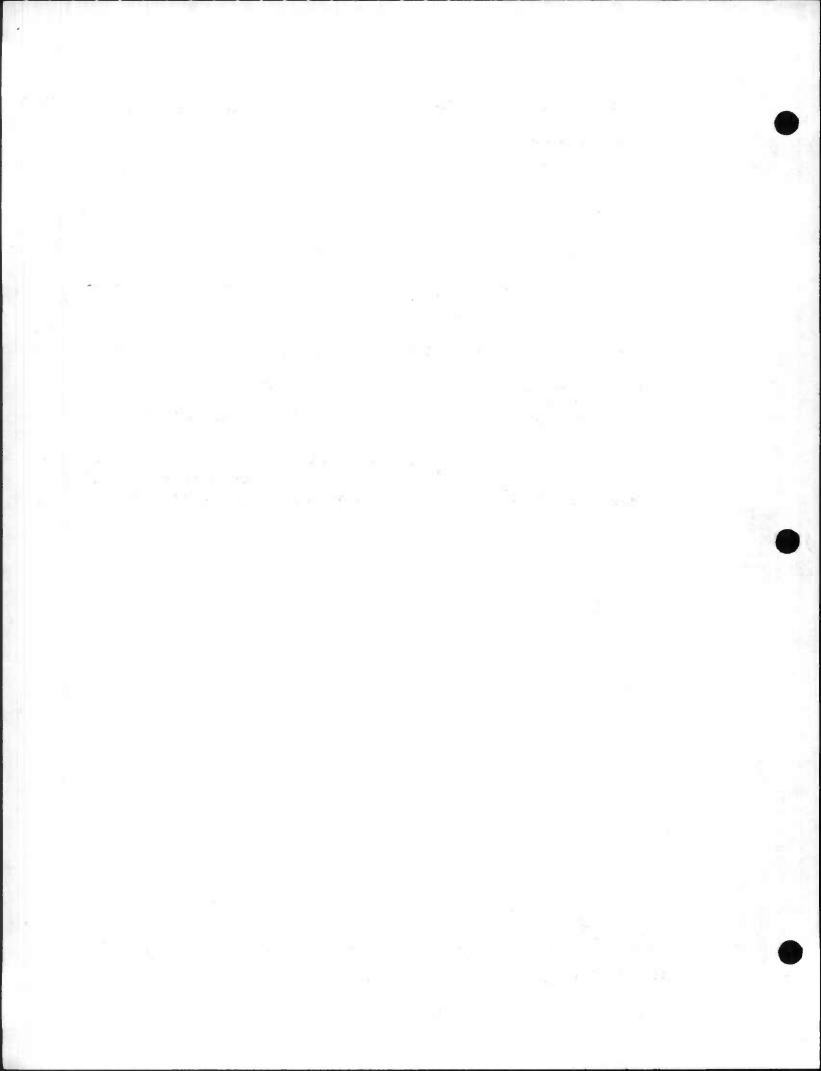
30. Name end address of person who completed cause of death (Item 23a) (Type, Print)

Margarita Korell M.D. 111 Penn Street, Baltimore, Maryland 21201 32. Registrar's Signature

State Registrar ,

Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene 96

-						Ce	rtificate	of Dea	ath		Reg. No	0.	6.	, 0 0 0
	Dhuoie	ion	Decedent's Name (First, Middle,	, Last)						2. Date of D	_			Time of Death
10	Physic /Medi		David	Н.	W	hite	Jr.			09	21	96		9:10
	Exami		4a. Facility Name (If not institution,	, give street and nu	m <i>ber)</i>			4b. Cit		ocation of Dea		. County of D	eath	
			8924 Oakwood	Road						sup, M	D	n/a	a	
	uneral irector		178-32-7586	6. Sex 1 [X] M 2 ☐ F	7. Age (In yr. 5 4	s. last birthday) Yrs.	Months D		nder 24 Hrs. urs Min.	8. Date of Bi	irth Pay Year	1942 P	Birthplace ((State or Foreign
pur	3		Usual Residence of Decedent 10a. State 10b. County		100.0	City, Town or Le	ocation						40d In	oldo City I imito
5-0020 72 hours efter death with the Maryland	al', or items 23s or 28s-1 show Examiner must be notified at	ector	MD	n/a	100.0		ESSUP							nside City Limits
th with th	23a or 2	by Funeral Director	10e. Street and Number 8924 0AKW00	D WAY			10f. Zip Co	207	94			tizen of What ITED	Country?	ΓES
rdea	E E	iner	11. Maritai Status	12. Was Dec Armed Fo	edent Ever in	U,S. 13.	Was Decedent	of Hispani	c Origin? (S	pecify Yes or No Rican, etc.)	0-	14. Race - Ar Black, W		dian,
0Z0		by Fu	1 ☐ Never Married 2 ∑ Marrie 3 ☐ Widowed 4 ☐ Divorced		ve No 11		1□Yes 2□X		ecify:	o riouri, oto.,		Specify:		_ACK
21215-0020 d within 72 hours ef giene.	natu fegical	Completed	15. Decedent's (Specify only highest	t grade completed)	02	(Give	dent's Usuei O kind of work di DO NOT use re	one during	most of wor	king	16b. H	(ind of Busine	ss/Industry	
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	off of	BeC	17. Father's Neme (First, Middle, L.		J (A)					ne (First, Middle	e, Meider	Sumame)		
Vid by Venta	rked tic ev	To B	DAVID H. W	WHITE S	R.				MAI	RY E.	Η.	ARRELI		
 Maryland and 2 should be file ealth and Mental Hy 	tem 27 is marked other than "natur other traumatic event, the Medical		19a. Informant's Neme/Relationshi			19b. Maili 8 9	ng Address (St	reet and N	um <i>ber or R</i> u	ral Route Numb	SUP	or Town, State	e, <i>Zip Cod</i> e 2079	4
s 1 and 3 Health	item 27 other tr		20a. Method of Disposition			Place of Dispo	sition (Name o	f place)		Date	20c. L	ocation - Clty	or Town, S	itate
Peges nent of h	nt: If		1 Burial 2 □ Cremation 3 4 □ Donetion 5 □ Other (Spe	3 ☐Removal from ecify)		ROWNS		,	ETER	Y 9-27		CROWN	SVILI	LE.MD
Dalumore, pemit. Peges 1 a Department of Hee	Important: If any injury or once.		21. Signatule of Funeral Service Li		1) 2	2. Name and A	dress of F	acility	Baltimo	re,	Maryla	nd 21	
			23a. Part1. Enter the disease, or shock, or heert failure. List or	Toolings that	augad the dec					1101 E.		tn Ave		oximate
of be executed	edical mineral fransit physician end set the brilet-fransit	edical Examiner	Immediate Cause (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or injury that initiated events resulting in death) Last	e.		(or as a consector as		zigur zias	e					
g # 0	e attending pl d for use es t	Physician/M	Part II. Other eignificent condition	d.	eath but not re	sulting in the u	aderiving course	civen in E	Part I	23h Did	tohacer	uee contribu	i i	cause of death
T bet the	ed by the a		3		Jakir Dal Hot ro	Summy in the G	idenying cease	giveri in r	art i.		LYee 2	_		4 Unknow
ecords law requires	s been sign 2 should be	Completed by								24a. Was	an auto ormed?	psy 241	avallable	on of cause
	pag	Con								10	Yes 2	ANo	1 🗆 Yes	212 No
OI VITAL	s certificate director, pag	Be	25. Was case referred to medical exeminer?					26. F	iece of Dea	th (Check only	one)			
OI VILO	this car	2	1 ☐ Yes 2 ☐ No		-	ER/Outpatier			Nursing H	ome 5 Res	idence	8 Other (Sp	pecify)	
	tor: After t	Certification:	27. Menner of Deeth 1. Netural 5 □ Pending 2 □ Accident investiga	ition	of Injury th, Day Year)	28b. Time of Injury		njury at Work? I □ Yes	2 🗆 No	28d. Describe	how Inju	ry occurred		
5 6 5	Direct in by	ertific	3 ☐ Suicide 6 ☐ Could no 4 ☐ Homicide determin	ed 28e. Piece	of Injury - At Ing, etc. (Speci	nome, farm, str ify)	eet, factory, off	се		28f. Location (City or To	Street as wn, State	nd Number or e)	Rural Rout	e Number,
Hospita 24 hours	Funeral	edical C	29a. Certifier (Check only one) 1 Certifying 2 Medical Ex	Physician: To the xaminer: On the ba	best of my knows of examination	owledge, death atlon and/or inv	occurred at th	e time, dat ny opinion,	e and place, death occur	and due to the	ceuse(s) end manner d place, and d	as stated.	ause(s)
of the	mple	Me	29b. Signature and title of conflier		TOT GIGITOG.		29c. Lic	ense numi	per		29d. Da	te signed (Mo	onth, Day, Y	(ear)
6	0		> michael A.	France	- mi	2	Pen	04	905%					
X			30. Name end eddress of person wh			m 23a) (Type,	Print)	2 /	100	-L	20 >	7	, , , , (P
J	Sta	te	31. Date filed (Month, Dey, Yeer)	32. R	egistrar's Sign	ature .	yer K	C Cel	4MC	DC.	CO 3	07		
F	Registra		SEP 26 1996	ia Day	dson-Ran	delle								

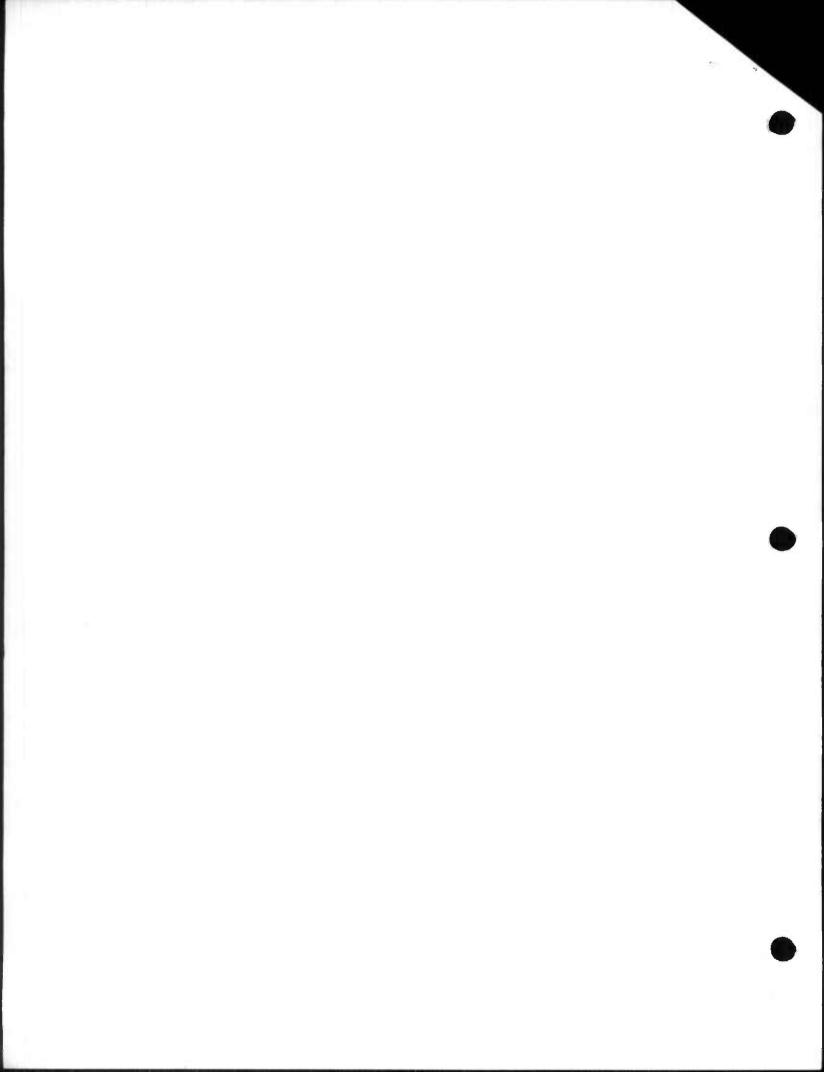


THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24-mours after death. Page 6 may be retained by the hospital or attending physician.

THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the bunda-transit permit. Pages 1, 2, 3 should after the State Dept. of Health and Mental Hygiene prior to bunda, cremation, or removal.

INPORTANT: It item 28 is marked, or litem 23 shows eny Injury, or other traumatic event, the medical examiner must be notified at once.

	FOR STATE REGISTRAR	STATE OF MARYL	AND / DEPAR CERTIF				MENTAL	HYGIEN REG. NO.	E			
	1. DECEDENT'S NAME (First, Middle, Lest)	11101010					2. DATE OF	DA		3. T	TIME OF DEA	ATH P.
	4. SOCIAL SECURITY NUMBER		(In yrs. last birthday)	IF UNDER 1	YEAR	IF UNDER 24 HRS.	7. DATE OF	T Z		BIRTHPLA	CE (State or)	Foreign
	215-28-4313	1 🖄 🕷 2 🗆 F	64 YRS.			IOURS MIN,	JUN.	Day, Yang ,			CARO	
E I	9a. FACILITY NAME (If not institution, give str DEATON MEDI					LOCATION OF DE			9c. COUNTY		н	
2	RESIDENCE OF DECEDENT								l			
DIRECTOR	MD 106. STATE 106. COUNTY	n/a	10c. CITY	, TOWN OR	ALT I	MORE				10c	I. INSIDE CIT LIMITS? YES 2	NO NO
	10e. STREET AND NUMBER	nd STREET	г		10f. Z	CIP CODE	218		10g. CITIZEN UNITE	OF WHAT		
FUNERAL	1822 E. 22	nd SIREE		13. W	AS DECEN	IDENT OF HISPAN		(Specify Yes		RACE -	American Inc	
B	1 Never Married 2 Married 3 Widowed 4 Mily Nivorced	FORCES? 1 TYPES IF YES, GIVE WAR OR D	2 □NO PATES UN	lf y		ify Cuban, Maxica	n, Puerto Ric			Specify:	BLA	
	15. DECEDENT'S EDUC (Specify only highest grade of	ATION completed)	16e. DECEDENT'S (Give kind at v life. Do NOT us	vork done du	CUPATION uring most	of working	16b. K	IND OF BU	SINESS/INDUST	TRY		
COMPLETED	Elementary/Secondery (0-12) 9 th	College (1-4 or 5+)	DRIV					TF	RC.	TR	UCK	CO.
E CON	17. FATHER'S NAME (First, Middle, Last) JOHN WRIGH	IT			1	16. MOTHER'S NA MINI	ME (First, Mic	G I B	Surname)			
20	192. INFORMANT'S NAME (Type/Print) THANT L. WRI	GHT		ADDRESS (Number or Rural	Houte Number		n, State, Zip Co.	, BAL	T0.M	D#07
	20a. METHOD OF DISPOSITION 1 Burial 2 Cremation 3 Remo	val from State	b. PLACE OF DISPOS GARRISO	NI E		ST VA	CEM		CATION — City			15.
	4 Donation 5 Other (Specify) 21. SIGNATURE OF FUNERAL SERVICE LIG		GARRISO			ADDRESS OF FA	CILITY					
	- Canenal	LOW			WM.						IORTH	AVE
	23. PART I. Enter the diseeses, et c ahock, or heert fellure. L	omplicetions that ceuse list only one cause on e	d the deeth. Do r	ot enter ti	he mode	of dying, auc	h aa cardii	c or resp	ratory screst		Approxim	Between
	IMMEDIATE CAUSE (Finel disease or condition	CORONA	my A	ואינה ל	ч	DISFAC	6				-11000	nd Death
	resulting in death)	DUE TO (OR AS	A CONSEQUENCE OF	F):		212-13						
S	Sequentielly list conditions, if any, leading to immediate	DUE TO (OR AS	A CONSEQUENCE OF	F):								
RTIFICATION	ceuse. Enter UNDERLYING CAUSE (Disease or injury											
	that initiated events resulting in death) LAST	DUE TO (OR AS A	A CONSEQUENCE OF	F):								
8	PART II. Other significant conditions	contributing to deeth i	but not resulting	In the und	terivina (cause given in	Part I	4a. WAS AN	AUTOPSV	245 WE	RE AUTOPSY	FINDINGS
CAL	CONGESTIVE HE						15	PERFO	RMED?	AM	MPLETION OF	OT P
PHYSICIAN: MEDI									-XX		DEATH?	NO
ž												
	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO	HOSPITAL:	metters 2 1 204	OTHER:	:	CE OF OEATH (Ch						
Ě	27. MANNER OF DEATH	26a. DATE OF INJURY	26b. TIM	E OF 2	28c. INJUI				NJURY OCCUP	RED		
ВУР	1 Natural 5 Pending 2 Accident Investigation	(Month, Day, Year)	IN.	M	1 YE	K? IS 2 NO						
	3 Suicide 6 Could not be 4 Homicide determined	28e. PLACE OF INJUR building, etc. (Spe		atreet, factor	ry, office			ION (Street Town, State	and Number or	Rurel Rout	e Number,	
COMPLETED	Constant only	CIAN: To the bast of my known. R: On the basis of examination									nd manner as	stated.
	296. SIONATURE AND TITLE OF CERTIFIER	0.0				29c. LICENSE NU					onth, Day, Yea	
O BE	Join (w)	ellan m				D3113	6		> Se	PT :	23,19	79L
	BRIAN C. WAL		611 S. C	HARL	ies s	ST. BA	LTIMO	Res, 1	ns z	123	0	
- 1	31. DATE FILED (Month, Day, Year)	32. REGISTRAR'S SIG	Prenda 00_									



Disease Time or Driet in Disease Indelihio Into Account All Comics And I military

		Decedant's Nama (First, Middla, La		laryland				Health and I	Mental Hy	Reg. N	-	6 2	3. Time of Di	_
Physic		1							Month		ay 10	Year	20.20	434
/Medic		MARGARET W. 4a. Facility Name (If not institution, gir	ILLIAMS)				4b. City. Town, or	September 19, 1996 20:30 Location of Death 4c. County of Death					AM
Exami	ner	St. Agnes Hosp		,				Baltin			N/			
Funeral		5. Social Sacurity Number 6. 3		ga (In yrs. la	ast birth	day) If Und	dar 1 Yaa	if Undar 24 Hrs	8. Data of B	lirth		9. Birthol	aca (Stata or F	oreign
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pu *		10a. Stata 10b. County		10c. City,	, Town	or Location						10	d. inside City I	Limits
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72 hours after death with the Maryland natural; or items 23s or 28s-f show dical Examiner must be notified at	by F	1 Never Married 2 Married 3 Widowed 4 Divorced	1 Yas 2 1 Yas, Giva Yaar or Datas:	'No	1□ Yas 2월			o Specify:	Specify: Wh			ite		
2 ho	Completed	15. Decedent's E	ducation		16a. D	ecedant'a U	edant'a Usual Occupation		16b		6b. Kind of Business/Indust		ustry	
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filed within Hygiene. ther than ent, the Mex	E	Elementary/Secondary (0-12)	Coilega (1-4or 5+) + 4		Teacher				Εċ		ducation			
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D 2 0 9	ToB	Patrick Duffy						Unobta	ainabl	e				
SPEE	-	19a. Informant'a Name/Relationship (Type, Print) 19b. Mailing Addrass						et and Number or Ru	ral Routa Num	ber, City	or Town,	State, Zip	Code)	
alth ar 27 le		Newton Williams/ Son 13 Trelawny Ct.						y Ct., 1	Luther	vil	le,	MD.	21093	
- SEE		20a. Method of Disposition 20b. Piaca of Disposition (Nama of cematary, cramatory or other place)						to and	Data	20c. L	ocation -	City or Tox	vn, Stata	
Peges 1 and ment of Healt ant: if Item 27 ury or other		1 🖺 Burial 2 ☐ Cramation 3 ☐ 4 ☐ Donation 5 ☐ Othar (Special		Dulaney Valley Mem. 9/23/96 Cockeysvill							110.1	MD		
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permit. Pages 'Department of Himportant: If Ne any Injury or of once.		Shund A.	Gregore	hik		736 I	Edmo	ndson A	ve. Ba	lto.				
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/Medical	ш	Immediata Causa (Finai disaasa or condition	ARR	ARRHYTHMIA								H	ours	
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or:	cat	2 Accident invastigatio	OD Diese of in	drama Acti	M 1 Yas 2 No				20f Location	/Cirant	nd At -	her or D.	Pouts Mark	
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1 5 2 5 6	ŭ								<u> </u>					

1 Certifying Physician: To the best of my knowledge, death occurred at the time, date and piece, and due to the cause(s) and manner as stated.

| Medical Examiner: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and piece, and due to the cause(s) and manner stated. 29a. Certifier (Check only one) 29b. Signature and 186 of certifier 29d. Data aigned (Month, Day, Year)

29c. Licensa number

D30802

September 20, 1996

30. Nama and addrass of person who complated causa of death (Itam 23a) (Type, Print)

Dr. Jean M. Colandrea St. Agnes Hospital 900 Caton Avenue Baltimore, MD 21229

State Registrar 31. Data filed (Month, Day, Year) SEP 26 1996



Ten v I i age Grand III and the State

State of Maryland / Department of Health and Mental Hygiene 28656 Certificate of Death 1. Decedent's Name (First, Middle, Last) 2. Date of Death 3. Time of Death Physician Month Day Rov Williams 2150 A 18,1996 Sept. /Medical 4e. Facility Name (If not institution, give street and number) 4b. City, Town, or Location of Death 4c. County of Death Examiner 9018 Lennings Lane Rossville Baltimore 5. Social Security Number 6. Sex 7. Age (In vrs. last birthdev) If Under 1 Yeer 8. Dete of Birth (Month, Day, Year) 3-24-65 Birthpiace (State or Foreign Country) **Funeral** XXM 2□ F Months Davs Hours Min 212-94-9034 31 Yrs. Director МΠ Usual Residence of Decedent the Maryland 10e State 10b. County 10c, City, Town or Location r than "natural", or items 23a or 28a-f show The Medical Examiner must be notified at 10d. Inside City Limits МП Baltimore Rossville Director 1 Yes 2 No 10e, Street and Number 10f. Zip Code 10g. Citizen of Whet Country? with 9018 Lennings Lane 21237 USA death Funeral 12. Was Decedent Ever in U,S. Armed Forces? 11. Maritel Status Wes Decedent of Hispenic Origin? (Specify Yes or No-if Yes, specify Cuban, Mexican, Puerto Rican, etc.) 14. Rece - American Indian, Black, White, etc. filed within 72 hours after 1 Yes 2 No
If Yes, Give
Year or Dates: 1 Never Married 2 Married Baltimore, Maryland 21215-0020 1 ☐ Yes 2 X No Specify: white by Specify 3 ☐ Widowed 4 ☐ Divorced Completed 15. Decedent's Education (Specify only highest grade completed) 16a. Decedent's Usual Occupation 16b. Kind of Business/Industry (Give kind of work done during most of working life. DO NOT use retired) Pages 1 and 2 should be filed within nent of Health and Mental Hygiene. Int: If item 27 Is marked other than Iry or other traumatic svent, the Mental or Men Eiementary/Secondary (0-12) Coilege (1-4or 5+) 12 Π United Refrig. & Air. Counter Clerk 17. Father's Neme (First, Middle, Last) 18. Mother's Name (First, Middle, Maiden Sumame) Be Paul H. Williams Barbara Heaton 2 19e. informant's Name/Relationship (Type, Print) 19b. Mailing Address (Street and Number or Rural Route Number, City or Town, State, Zip Code) Paul Williams / father 8405 Rocky Mt. Ad. Baltimore, MD 21237 20b. Place of Disposition (Name of cemetery, crematory or other place) 20a. Method of Disposition 20c. Location - City or Town, State 1 ☐ Burial 2 ☐ Cremetion 3 ☐ Removal from State 4 ☐ Denation 5 ☐ Other (Specify) Department of Important: If any injury or Metro Crematory 9-20-96 Catonsville, MD 21. Signature of Puneral Service Licens 22. Name and Address of Facility Cvach/Rosedale Funeral Home 1211 Chesaco Ave. Baltimore, MD 21237 23a. Part1. Enter the disease, or complications that caused the death. Do not enter the mode of dying, such es cerdiec or respiratory arrest, shock, or heart failure. List only one ceuse on each line. Approximete interval Between Onset and Death **Physician** /Medical fmmediate Cause (Finei uniformer near disease or condition resulting in death) Examiner burial-transit Sequentielly list conditions, if any, leading to immediate ceuse. Enter Underlying Cause (Disease or injury that initiated events resulting in deeth) Last Due to (or es a consequence of): Box 68760. physician 8 Physician/Medical the Due to (or as e consequence of) attending ò P.O. Part ii. Other algnificant conditions contributing to deeth but not resulting in the underlying ceuse given in Part I. 23b. Did tobacco use contribute to the cause of death? á 1 Yas 2 No 3 Probably 4 Unknown signed t Records, by 24b. Were autopsy findings aveilable prior to completion of cause of death? 24a. Was an autopsy performed? Completed peen page 2 s certificata 1 ☐ Yes 2 ☐ No Division of Vital after death. 25. Was case referred to medical Be 26. Piace of Death (Check only one) Hospital: 1 Yes 2 No Other: 4 Nursing Home 5 Residence 6 Other (Specify) 10 1 ☐ Inpetient 2 ☐ ER/Outpatient 3 ☐ DOA this 28a. Date of Injury (Month, Day Year) 28d. Describe how injury occurred 27. Manner of Death 28b. Time of Medical Certification: 28c. Injury at Work? After 2 150 1 Natural 5 Pending Sell 1 19, 1996 1 Yes 2 No investigation 2 Accident 281. Location (Street and Number or Rurel Route Number, City or Town, Stata) 6 Could not be determined 3 Suicide 28e. Plece of Injury - At home, farm, street, factory, office building, etc. (Specify) 4 Homicide HOME LENNINGS LANE, BALTO 9018 Cartifying Physician: To the best of my knowledge, deeth occurred at the time, dete and place, and due to the cause(s) and manner as steted.

M Description: To the basis of examination and/or investigation, in my opinion, death occurred at the time, dete and place, and due to the cause(s) and menner stated. 29a. Certifier (Check only one) 29b. Signature and title of certifier 29c. License number 29d. Date signed (Month, Day, Year) 0 m.D J. Crossen DO7632 L'insvonce, 30. Name and address of person with completed cause of death (item 23e) (Type, Print)

T. C. ROSSIAN O'DONOVAN, MD, 2112 DUNDALK AVE. BALTO MD 31. Date filed (Month, Day, Year)

32. Registrar's Signature

ia Davidson-Randalle

DHMH 16 Rav 6/95

State

Registrar

SEP 26 1996

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State of Maryland / Department of Health and Mental Hygiene 96 28657

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А	Exami		4e. Fecility Neme (If not institution, g	ive street end numbe	er)			4b. City, To	own, or L	ocation of Deeth	4c. Count	y of Deeth	100			
			550 LANNY COURT							ERSVILLE	SVILLE ANNE ARUNDEL					
	_c Funeral			Sex 7.7	Age (In yrs. last b		If Under 1 Year Months Dey:		24 Hrs. Min.	8. Date of Birth (Month, Dey 12-07-	Year)	9. Birthp	lece (State)	ete or Foreign		
	Director		235-58-5184							12-07-	1939			GINIA		
	72 hours after death with the Maryland naturel; or items 23s or 28s-f show		10a. State 10b. County		10c. City, Tox	wn or Loc	ation					1	Od. Insid	de City Limits		
		5	MARYLAND ANNE	ARUNDEL		MTT	LEDCUTT	TE						Yes 2 No		
		Director	MARYLAND ANNE ARUNDEL MILLERSVILLE 10e. Street end Number 10f. Zip Code								log. Citizen of	What Coun	dn/2			
	23a or	0	550 LANNY COURT					108			U.S.A.		iliy i			
	Jesth Tra 2	Funeral	11. Maritel Stetus	12. Wes Deceder	nt Ever in U.S.	13. W	es Decedent of	Hispenic Or	igin? (Sr	ecify Yes or No-	14. Re	ca - Americ	an India	n.		
	r items ?	FU	1 Never Married 2 Married	Armed Forces	s?	lf.	Yes, specify Cu	ben, Mexica	n, Puerto	Rican, etc.)		ck, White,				
	urs aff	þ	3 ☐ Widowed 4 ☐ Divorcad	1 ☑ Yes 2 ☐ If Yes, Give Yeer or Detes	1960	1	☐ Yes 2 No	Specify:			Specia	fy:	TATE TO	m re		
)	72 hours "naturel",	Completed	15. Decedent's 8	Education		e. Decede	ent's Usuel Occi	upetion			16b. Kind of 8	Business/Inc	WHI	LE		
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	should be filed nd Mental Hygi marked other imatic event, I	To E	PAUL		WHITE			DEL	MA		SI	PENCER	3			
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	1 and 2 Health am 27 I		LOIS JEAN WHITE	(WIFE)	5	50 L	ANNY CO	URT, M	ILLE	RSVILLE	, MD. 2	21108				
	of Head		20e. Method of Disposition			of Dispos	ition (Neme of etary or other pl	laca)		Dete	20c. Location	- City or To	wn, Stet	е		
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	Dhlai		23a. Pert1. Enter the disease, or for shock, or heart failure. List only	one ceuse on each	line.	TIOL BILL	i the mode or dy	ring, such as	Cardiec	or respiretory err	est,	1		l Between and Deeth		
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	Examiner		disease or condition resulting in deeth) e. Chronic Myel were cryfic lenkema. 6 marths. Due to (or es e consequence of):													
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	that the death ned by the atter datached for u	Physician	Pert II. Other signiffcant conditions	contributing to death	but not regulting	In the une	dochring eaves a	ition in Bod I		nah Did te			Abo en	and death 0		
	that tha ed by the datache	hys	Total Conditional	. 4	1.	N N	aenying cause g	I Pert	•	230. Di0 t0	bacco use co					
	that ned t	by P	Chrane	Obstruc	tru	lula	manay	cus ee	ne	101	2 No	3 Prob	ably 4	4 🗆 Unknown		
	requiras t een sign hould be		Δ., Δ		4.1					24e. Wes a	n eutopsy	24b. We	ere autop	osy findings		
	- 40 (0	Completed	Drahet	is mel	lites.					perform	med?	ava	nilable pr	rior to of cause		
	Tha law ata has b paga 2 s	mc									~		deeth?	40		
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		o Be	25. Wes case referred to medical exeminer?	Hospitel:	~NF			thor:		h (Check only on						
		. To	1 Inpatient 2 DOA 1 DOA 4 Nursing Home 5 X Resid								denca 6 ☐Other (Specify)					
	leading Ph leath. lor: Aftar th tha funaral	tion	27. Menner of Deeth 28e. Dete of Injury / (Month, Dey Year) 28b. Time of Injury et Work? 28d. Describe how Injury occidence of Injury work?								ow injury occur	100				
		Certification:	2 Accident Investigation M 1 Yes 2 No 3 Suicide 6 Could not be							28f. Location (St	reat and Mumi	har or Pumi	I Doute I	Mimbas		
	크를	erti	determined determined determined determined determined determined determined determined determined							City or Town		oer or nurar	House A	vum <i>oer</i> ,		
	2 P P	1 - 1	29a. Certifier 1 Cartifying Pi	woislen: To the book	of my knowledge	a dooth a	and the state of	tara disa sa	-1-1							
	H F F F F	edical	(Check only one) 2 Medical Example one)	nyeiclan: To the best mfnar: On the basis of end menner s	or examinetion er	nd/or inve	stigetion, in my	opinion, dee	th occurr	end due to the co	euse(s) end me ete and pleca,	and due to	the ceus	se(s)		
	1010	Me	29b. Signeture and title of cartifier	eno mermer s	iteled.		29c Licen	se number		T 2	9d. Dete signe	d (Month f	Jay Van	er)		
•	1 1 1 1) H O	()				u > 17)	-	O.	C-O	/ 108	*/		
	do		July 1	nun	Zw)		U	111)	1		70	-7	6			
	0		30. Name and address of person who	completed cause pf	death (hern 23e)	(Type, Pr	rint)	01	D		1 .	100	1			
				MADE WAS	an Paindell	6)	01 () rem	BUN	rul, M	el t	106	/_			
	Sta	te	31. Dete filed (Month, Day Yeer)	-32. Plegith	nut s Signature											

State of Maryland / Department of Health and Mental Hygiene Certificate of Death 1 Decedent's Name (First, Middle, Last) 2. Date of Death **Physician** SEPT. 19ª, RODNEY REGINALD WAGNER 1996 2:25 PM /Medical 4a. Facility Name (If not institution, give street end number) 4b. City, Town, or Location of Death 4c. County of Death **Examiner** MARYLAND HOUSE OF CORRECTION **JESSUP** HOWARD 5. Social Security Number If Under 1 Year If Under 24 Hrs. 7. Age (In yrs. last birthday) 8. Date of Birth (Month, Dey, Year) Birthplace (State or Foreign Country) **Funeral** 1**X**M 2□ F Days 28 Yrs. Director UNKNOWN JAN, 12, 1968 MARYLAND Usual Residence of Decedent 10a. State 10b. County show 10c. City, Town or Location 10d. Inside City Limits "natural", or itams 23s or 28s-f shore sales Examines must be notified at 1 X Yes 2 □ No Funeral Director MARYLAND the 10e. Street and Number 10g. Citizen of What Country? Ν. POPPLETON STREE 7 21201 USA, 12. Was Decedent Ever In U,S. Armed Forces? 11. Marital Status Was Decedent of Hispanic Origin? (Specify Yes or No-If Yes, specify Cuban, Mexicen, Puerto Rican, etc.) Reca - American Indian, Black, White, etc. filed within 72 hours efter . 1 Never Married 2 Married Yes 2 No f Yes, Give 21215-0020 1 Yes 2 No . Specify: þ Specify: BLACK 3 ☐ Widowed 4 ☐ Divorcad Year or Dates: Be Completed 15. Decedent's Education (Specify only highest grede completed) 16a. Decedent's Usual Occupetion (Give kind of work done during most of working life. DO NOT use retired) 16b. Kind of Business/Industry Elementary/Secondary (0-12) than College (1-4or 5+) 4BC ROOFING CO. ROOFER permit. Pages 1 and 2 should be file.
Department of Health and Mental Hy,
Important If item 27 is marked. Baltimore, Maryland 17. Father's Name (First, Middle, Last) 18. Mother's Name (First, Middle, Maiden Sumeme) WAGNER 2 MILES ANITA JENNINGS 19a. Informent's Name/Reletionship (Type, Print) 19b. Mailing Address (Street end Number or Rural Route Number, City or Town, Stete, Zip Code) HUDNELL 2403 LOYOLA NORTH WAY BALTO, MD, 21215

Date /20c. Location - City or Town, State ANITA 20b. Place of Disposition (Neme of cometery, cremetory or other place) 20a. Method of Disposition 12 Buriai 2 Cremation 3 Removal from State MT. ZION CEMETERY 9-25-96 BALTIMORE, MARYLAND 4 ☐ Donation 5 ☐ Other (Specify) 22. Name end Address of Fadility

JOSEPH H. BROWN JR. FUNERAL HOME, P.A.,
2140 N. FULTON AVE. BALTIHORE, MD. 21217

The disease, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest,

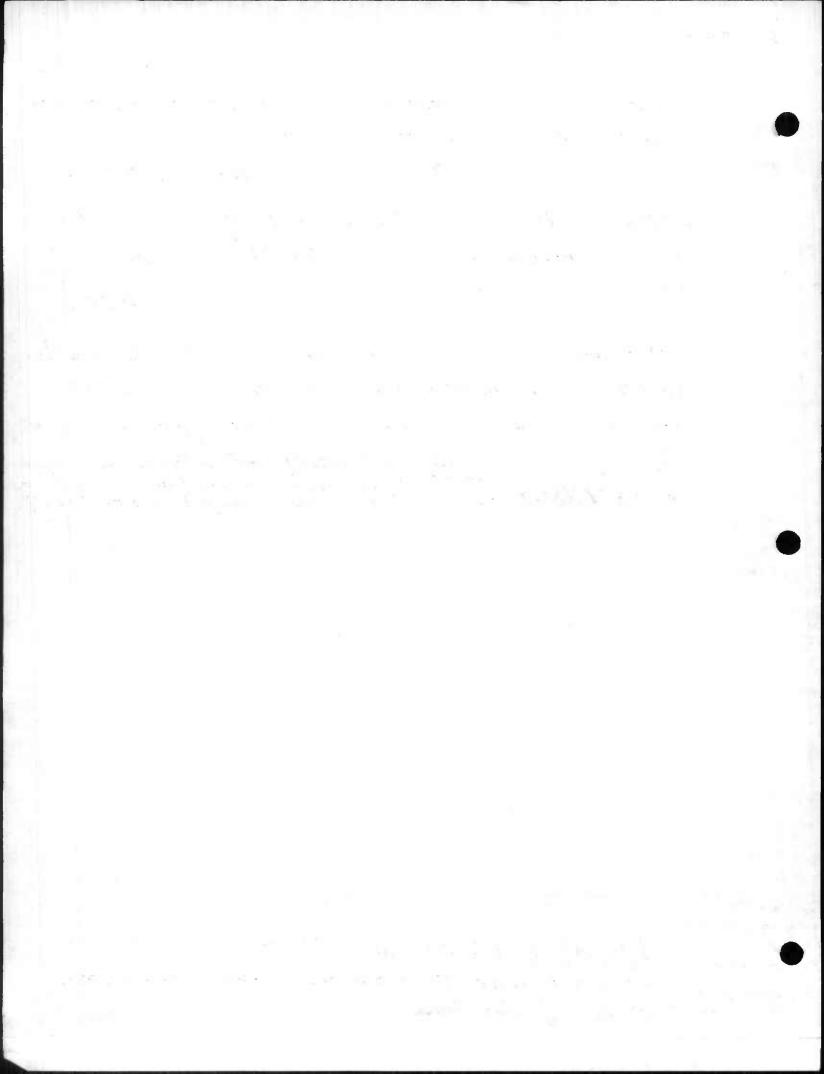
Approximate 21. Signiture **Physician** Immediate Cause (Final disease or condition resulting in death) /Medical a Multiple Stab and Culting Wounds Examiner Due to (or as a consequence of): Physician/Medical Examiner or Attending Physician: The law requires that the death certificate be executed Sequentially list conditions, if any, leeding to Immediate cause. Enter Underlying Cause (Disease or Injury that initiated events resulting in death) Last Due to (or es a consequence of): Division of Vital Records, P.O. Box 68760, Due to (or es a consequence of) Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part i. 23b. Did tobacco use contribute to the cause of death? 1 ☐ Yes 2 No 3 ☐ Probably 4 ☐ Unknown þ 8 24b. Were autopsy findings available prior to completion of cause of death? Completed 24a. Was an autopsy 1 Yes 2 □ No 1. Yes 2□ No 25. Was cese referred to medical examiner? Be 26. Place of Death (Check only one) Hospital: 1 ☐ Inpatient 2 ☐ ER/Outpatient 3 ☐ DOA 2 1X Yes 2□ No Other: 4 Nursing Home 5 Residence 6 Nother (Specify) SCENE this 27. Manner of Death 28c. fnjury et Work? Certification: 28a. Date of Injury (Month, Dey Year) 28b. Time of 28d. Describe how injury occurred 1 Natural 5 Pending investigation Injury death. 1315M 1 Yes 2 No 9-19-96 2 Accident after deatl Director: Decedent was Stabbed and Cut 6 Could not be determined 3 Suicide n 24 hours after de re Funeral Directo pletely filled in by ti 281. Location (Street and Number or Rural Route Number, City or Town, Stete) | touse of Corrections 28e. Placa of Injury - At home, farm, street, factory, office building, etc. (Specify) 4 Homicide of Corrections Itouse Jessup, Maryland, 20794 1 Certifying Physicfan: To the best of my knowledge, deeth occurred at the time, date and place, and due to the cause(s) and manner as stated.
2 Medical Examiner: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and placa, and due to the cause(s) and manner stated. Medical 29a. Certifier within 24 hor To the Fune completely fi (Check only one) 29b. Signature and title of certifier 29c. License number 29d. Date signed (Month, Dey, Year) SEPT. 20, 1996 O.C.M.E.

State Registrar Stephen

SEP 26 1996

111 Penn Street, Baltimore, Maryland 21201 5. Radentz 31. Dete filed (Month, Dey, Year)

30. Name and address of person who completed cause of death (Item 239) (Type, Print)



State of Maryland / Department of Health and Mental Hygiene

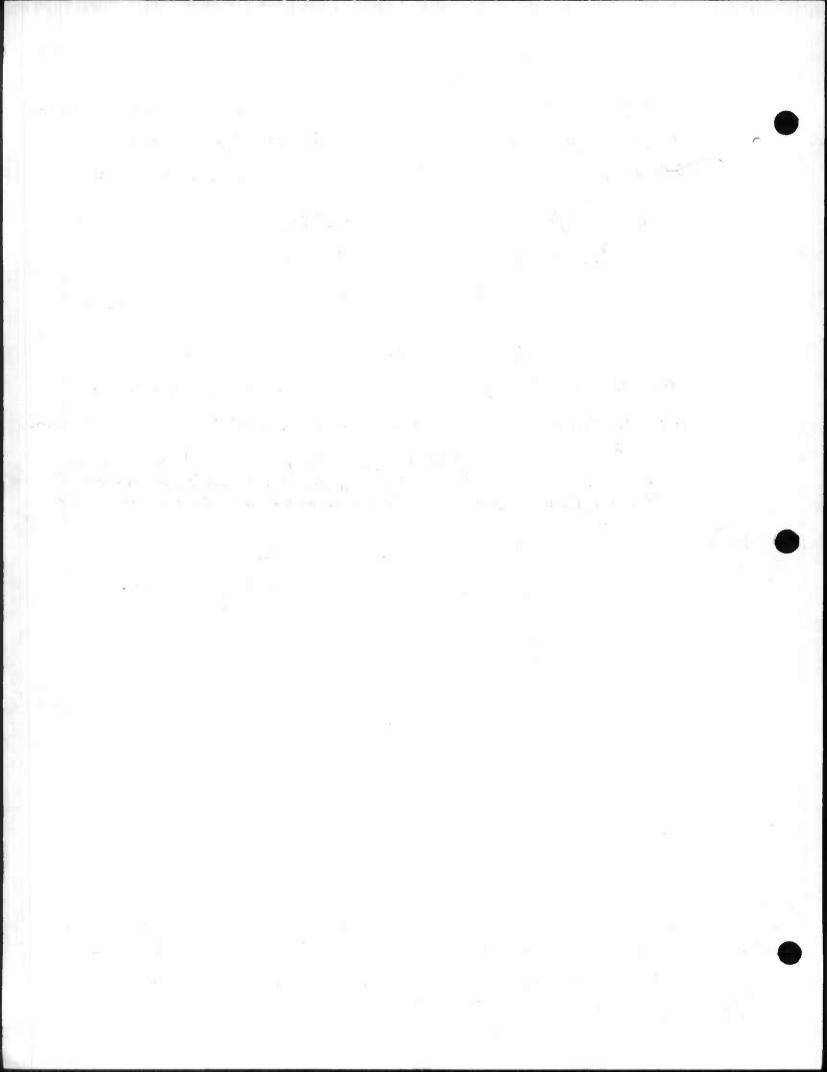
Certificate of Death 2. Date of Death 3. Time of Death

1. Decedent's Name (First, Middle, Last) Month **Physician** MARGARET VEAGER Sept 25 4:20PM /Medical 4b. City, Town, or Location of Death 4e. Facility Name (If not institution, give street en number) 4c. County of Death Examiner 6. Sex TARGE (In yrs. lest birthdey) If Under 1 BALTO CITY
If Under 24 Hrs. 8. Date of Birth
Hours Min. Month, Day, MERIDIAN 5. Social Security Number 9. Birthplece (State or Foreign Country) **Funerai** 1□ M 2□ F Months Days 212-26-1683 Director Usual Residence of Decedent with the Maryland 10a. State 10b. County show 10c. City. Town or Location 10d. Inside City Limits r than "natural", or items 23s or 28s-f show The Medical Examiner must be notified at Funeral Director 1☐Yes 2☐No BALTIMORE CIT MD. 10e. Street and Number 10g. Citizen of What Country? 1827 Romwood RD. 21234 USA death 1. Marital Status 12. Wes Decedent Ever In U.S. Armed Forces? 1 Yes 2 No If Yes, Give Year or Dates: Was Decedent of Hispanic Origin? (Specify Yes or No-If Yes, specify Cuban, Mexican, Puerto Rican, etc.) 14. Raca - American Indian, Black, White, etc. pernit. Pages 1 end 2 should be filed within 72 hours efter. Department of Heelth and Mental Hygiene. Important: if Item 27 is marked other than "natural", or ther any injury or other traumatic event, trained. 1 ☐ Never Married 2 ☐ Married Baltimore, Maryland 21215-0020 1 ☐ Yes 2 No Specify: þ 2 Widowed 4 Divorced WHITE Completed 15. Decedent's Education (Specify only highest grade completed) 16a, Decedent's Usual Occupation (Give kind of work done during most of working life. DQ NOT use retired) 16b, Kind of Business/Industry Elementary/Secondery (0-12) College (1-4or 5+) 12 URSE MEDICAL 17. Father's Name (First, Middle, Last) 18. Mother's Name (First, Middle, Meiden Surname) Be MICHAEL 13 RIDGET 19a. Informent's Name/Reletionship (Type, Print) 19b. Mailing Address (Street and Number or Rural Route Number, City or Town, Stete, Zip Code) MARY RUBINO 20b. Place of Disposition (Name of cemetery, crematory or other place) Willow OAK RD. BACTO 2/234 MD. Date 20c. Location - City or Town, State 1 ☐ Burial 2 ☐ Cremation 3 ☐ Removel from State CREMATORY 4 ☐ Donation 5 ☐ Other (Specify) BALTO MD. 21. Signeture of Funeral Se OCE + SONS FUNERAL HOME ST. BOLTO. SI HIGH an, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiretory arrest, List only one cause on each line. 322 23a. Part1. Enter the character shock, or heart failure. Physician /Medical Immediate Ceuse (Final diseese or condition resulting in death) **Examiner** Examiner buriel-transit Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Diseese or injury that initiated events resulting in death) Last pue certificete be exec Division of Vital Records, P.O. Box 68760, attending physician Physician/Medical the Due to (or as a consequenca of): 98 Part fl. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 23b. Did tobacco use contributa to the cause of death? ate hes been signed by page 2 should be detec 1 Yes 2 No 3 Probably 4 Horkhown by 24b. Were autopsy tindings available prior to completion of cause of death? Completed 24e. Was an autopsy performed? certificate hes 1 Yes 2 No 1 ☐ Yes 2 ☐ No ospital or Attending Physician: 25. Wes case referred to medical examiner? Be 26. Piece of Death (Check only one) Other: 4 NuTsing Home 5 Residence 6 Other (Specify) 70 1 Yes 2 No 1 ☐ Inpatient 2 ☐ ER/Outpatient 3 ☐ DOA this 28a. Date of Injury (Month, Dey Year) 27. Menner of Deeth After ! Medical Certification: 28b. Time of 28c. Injury at Work? 28d. Describe how injury occurred 5 Pending Investigation 1 Natural deeth. 1 Yes 2 No 2 Accident Director: 6 Could not be determined 3 Sulcide 28e. Piaca of Injury - At home, ferm, street, factory, office building, etc. (Specify) 281. Location (Street and Number or Rural Route Number, City or Town, State) after 4 Homicide To the Funeral Di hours 1 Cartifying Physician: To the best of my knowledge, death occurred at the time, date and placa, and due to the cause(s) and manner as stated.

2 Medical Examiner: On the basis of examinetion and/or investigetion, in my opinion, deeth occurred at the time, date and place, and due to the cause(s) and menner stated. 29a. Certifier 29b. Signature end title of cartified 29c. License number 29d. Date signed (Month, Day, Year) 021022 30. Name and eddress of person who completed cause of death (Item 23a) (Type, Print) KenALEUSKY BALTU MB 21234 8604 ARFORD

State Registrar 31. Date filed (Month, Day, Year) SEP 26 1996

Ballasur's Hon



1 - STATE

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	REGISTRAR		CI	EKIII	ICALI	E OF	DEATH		REG. NO.				
	1. OECEDENT'S NAME (First, Middle, Last)							2. DATE OF		3. TIME OF DEATH			
- 1	Rodolfo Nuqui	Angeles	S					Sept	. 15	, 19	9 6	1:30 p.m	
	4. SOCIAL SECURITY NUMBER		B. AGE (In yrs. les	t birthday)	IF UNDER	R t YEAR	IF UNDER 24 HRS.	7. DATE OF	BIRTH	,		IPLACE (State or Foreign	
1	213-33-1031			YRS.	MONTHS	DAYS	HOURS MIN.	(Month, D	lav. Year)	1066	Countr	ne)	
	9e. FACILITY NAME (If not institution, give s	1	30		10V - 2111				30,			lippines	
or I						OR LOCATION OF DE	EATH			NTY OF D			
0	20705 Oriole Circ	le			Ha	gers	town			Was	shing	gton	
FUNERAL DIRECTOR	RESIDENCE OF DECEDENT 10a, STATE 10b, COUNTY	,		40. 0	W 900000								
E				Y, TOWN (10d. INSIDE CITY LIMITS?		
	Maryland Washi	ngton	Ha	gers	town						1 TES 2 NO		
4	10e. STREET AND NUMBER					101	. ZIP CODE			10g. CIT	IZEN OF V	WHAT COUNTRY?	
띪	20705 Oriole Circ	le				- 1	21742			Dh	ilin	pines	
5	11. MARITAL STATUS	EVER IN U.S. AR	MED	13.	WAS DEC	ENDENT OF NISPAN	IIC ORIGIN7 (Specify Yes			E — American Indian,		
	1 Never Married 2 Married	FORCES? 1 [OP		If yes, sp	ecify Cuban, Mexica	n, Puerto Rici	in, etc.)	0	Black	lack, White, etc.	
B	3 Widowed 4 Divorced	IF TES, OIVE WA	N ON DATES			1 [] YES	2 NO Specify	r:			Speci	Msian	
0	15. DECEDENT'S EDU	CATION	18a DE	CEDENT'S	HEIIAL O	CCUPATIO	DM .	404 1/4	ND OF BUS	1	NI OTON		
E I	(Specify only highest grade	completed)	/G	ive kind of v	work done	during mo	st of working	100. KJ	NU OF BUS	INESS/INL			
ا ټ	Elementary/Secondary (0-12)	College (1-4 or 5+)					ing Tech	LICA	In amid a 1				
COMPLETED		2 years	cer	icrat	LTO	CESS			pita				
8	17. FATHER'S NAME (First, Middle, Lest)		1				18. MOTHER'S NA	ME (First, Mide	tle, Maiden	Sumame)			
BE	Rodolfo Gonzal	es Ange					Corazo		qui		rreor	a	
	19a, INFORMANT'S NAME (Type/Print)		19	b. MAILINO	ADDRESS	S (Street a	nd Number or Rural I	Route Number,	City or Town	, State, Zip	Code)		
임	Laura Lynn Angele	S	2	0705	Orio	ole	Circle	Hagers	town	, Mai	rylar	nd 21742	
	20a. METHOD OF DISPOSITION		20b. PLACE					DATE	_		City or To		
	1 Donation 5 Other (Specify)	oval from State	cametary, cre	matory or of	ther place)								
- 1	21. SIGNATURE OF FUNERAL SERVICE LIC	eweer	1 Good	Shep	herd	Cem	etery 9-	21 - 199	6 Par	mpan	ga, Pr	nilipines	
- 1	21. Summing or functing service to	1 17					D ADDRESS OF FA			- 7 TT.			
- 1	V loude of	1211					las A. F					247.40	
\neg	1331 Eastern Blvd. N. Hagerstown, Md. 21742 23. PART L Enter the piscages, of complications that paused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, Approximate												
- 1	shock, or heart failure.	List only one cause	on each line).	ot enter	the mo	de or dying, suc	n ma carotae	or respii	atory art	rest,	Approximate interval Between	
	IMMEDIATE CAUSE (Final	. Hanging								Onsat and Death			
- 1	disease or condition resulting in death)									moments			
	resulting in death) DUE TO (OR AS A CONSEQUENCE OF):												
2													
9	Sequentially list conditions, fi any, leading to immediate Due to (OR AS A CONSEQUENCE OF):												
CERTIFICATION	cause. Enter UNDERLYING												
	CAUSE (Disease or Injury that initiated events	DUE TO (O	R AS A CONSEC	DUENCE OF									
Ē	resulting in death) LAST				,							i	
贝		d											
	PART II. Other significant condition	a contributing to de	eath but not r	esuiting i	n the un	nderlying	cause given in	Part I. 24	e. WAS AN	AUTOPSY	24b.	WERE AUTOPSY FINDINGS	
EDICAL					the analyting outdoor given in real tr.				PERFOR	MED?	1 - 10	AVAILABLE PRIOR TO	
ਨੂ				_				1	YES 2	NO IX		OMPLETION OF CAUSE OF DEATH?	
												1 YES 2 NO	
PHYSICIAN: M	DID TOBACCO USE CONTI	RIBUTE TO CAU	SE OF DEA	TH YE	S 🗆 I	NO [UNCERTAIN	V 🗹 📗					
<u> </u>	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:	28. PLAC	E OF DEAT	H (Check	only one)							
ဗ္ဗါ	1 X YES 2 NO	OTHER		e 5 X Residence	a [] au								
<u> </u>	27. MANNER OF DEATN	1 Inpatient 2 I E		28b. TIM	-	28c. INJ		28d. DESCR			041000		
	1 Natural 5 Pending	(Month, Day,	Year)	INJ	URY	WO	RK?				CORED		
à]	2 Accident Investigation	sept.	15,199		30°pt			Hang	ed s	elf			
	3 Suicide 8 Could not be 28e. PLACE OF INJURY — At home, farm, street, factory, office 28f. LOCATION (Street and Number or Rural Route Number, building, site, (Sheethy).									loute Number,			
# [4 Nomicide determined		Garage	at	hom	e		2075		ole	Cir	cle	
ا چ	29e. CERTIFIER 1 CERTIFYING PNYSI	CIAN: To the best of m	v knowledne de	ath occurs	of at the ti	Ima data	and plans, and due	Smit.	hshu	r.o	MD	21783	
COMPLETED	(Check only one) 2 MEDICAL EXAMINE												
ဗ္ဗ					my o	ווטווויק, מ	eath occured at the	urne, data and	piace, and	due to th	n Cnuse(s)) and manner sa stated.	
w II	296. SIGNATURE AND TITLE OF CERTIFIER	9-	1				29c. LICENSE NUN	BER		29d. DAT	E SIGNED	(Month, Day, Year)	
9	clucel 6	06/1	Alex	- 20	T		D01062			► Se	nt	16, 1996	
일	30. NAME AND ADDRESS OF PERSON WHO	COMPLETED CAUSE	OF DEATH (ITE	W 27) (Type,	Print)		_0.002			0 (PL	10, 1000	
												MD 017/0	
}	31. DATE FILED (Month, Day, Year)	32. AEGISTRAR	SSIGNATURE	/ W.	Wa	shi	ngton S	t. H.	ager	Stov	√n,	MD 21740	
	SEP 1 7 1996		charle	Lall									
	9EL T 1 1930	Name and											

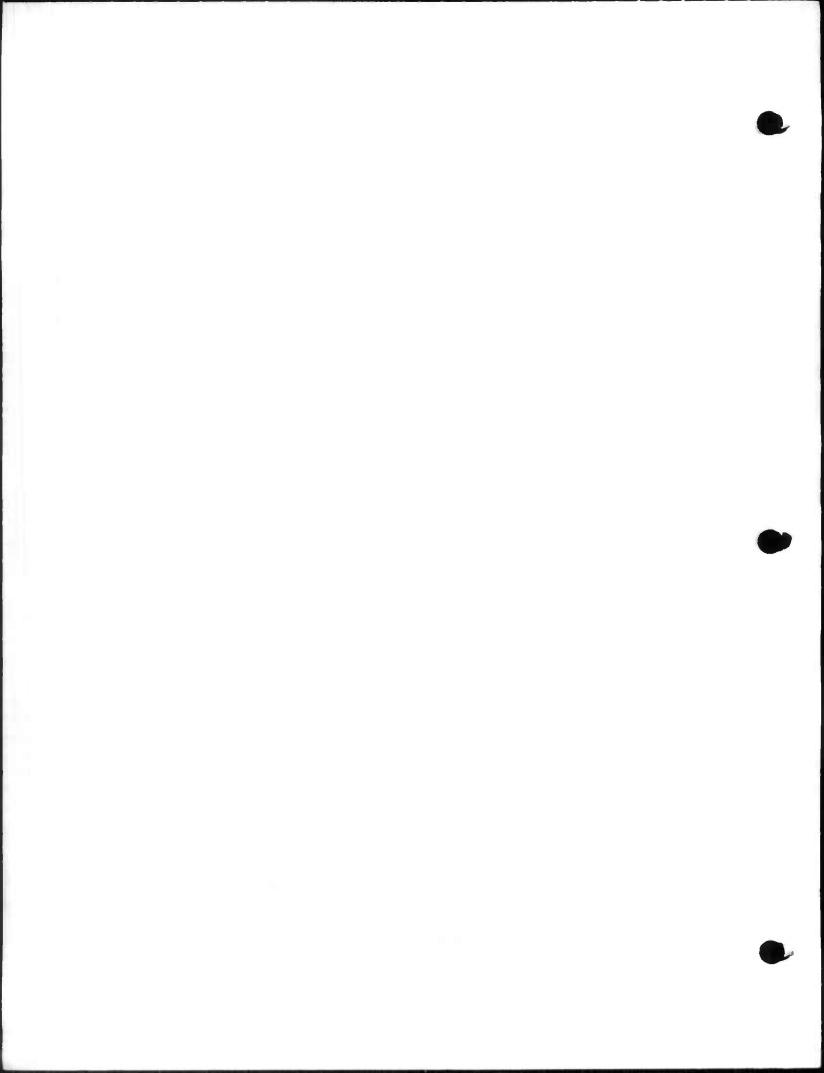
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed with hours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1. 2, 3 should be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once. BALTIMORE, MARYLAND 21215-0020

DIVISION OF VITAL RECORDS, P.O. BOX 68760

DHMN-18 Rev 1/89



State of Maryland / Department of Health and Mental Hygiene QC

96 2866

i	Ammende	d	Item # 23a.Part 1 & 24a. P.G.C. 9-12-Gertificate 1. Decedent's Nama (First, Middle, Last)		Reg. N	10.	2 O	ime of Death					
t	Physici		ROY LOUIS ALSOP	SE	Month PTEMBER	03, 199		0:32A.M					
	Medi≀ ∸ ا Examir		4a. Facility Nama (If not Institution, giva street and number)	4b. City, Town, or Locati		lc. County of De							
			MALCOLM GROW MEDICAL CENTER	CAMP SPRINGS		RINCE G	EORGE	S					
	Funeral Director		5. Social Security Number 434-70-5811 Usual Residence of Decedent	Yeer Iff Under 24 Hrs. 8, Deys Hours Min. JA	Dete of Birth (Month, Day, Yes NUARY 17	9. Bi	rthplace (Scountry)	IANA					
21215-0020	the Maryland 28a-f show notified at	ctor	10a. State HOWARD 10b. County COLUMBIA					ide City Limits Yas 2 □ No					
	23e or 28	Funeral Director	106. Street and Number 10f. Zip 0	21046		Citizen of What C		ES					
	within 72 hours after death with the Maryland ene, than "netural", or items 23e or 28e-f show he Medical Exemine must be notified at	by	11. Maritel Stafus 1 Never Married 2 Married 3 Widowed 4 Divorced 12. Waa Decedent Ever in U,S. Armed Forces? 13. Was Decedent If Yas, specifit Yas,	nt of Hispenic Orlgin? (Specify y Cuben, Maxican, Puerto Rica ≦Xo <i>Specify:</i>	Yes or No- an, atc.)	14. Race - Am Black, Wh Specify: WH	an,						
5-0	72 h	Completed	15. Decedent's Education 16a. Decedent's Usual (Specify only highest grade completed) (Give kind of work	done during most of working	16b.	Kind of Business	s/Industry						
121	within the the	Idm	Elamantary/Secondary (0-12) Coilega (1-4or 5+)	retired) FATES AIR FO	RCE	MILITARY		J					
d 2	Hygle Hygle ont, II	CO	17. Father's Neme (First, Middle, Last)	18. Mother's Name (Fi				_					
Baltimore, Maryland	s 1 and 2 should be filed within 72 hours Health and Mental Hygiene. Item 27 is marked other than "netural", other traumatic event, the Medical Exa	To Be	PHILIP ROY ALSOP 19a. Informant's Name/Relationship (Type, Print) 19b. Meiling Addrass		SE CLAUSING ber, City or Town, State, Zip Coda)								
	and 2 27 is			WS FOOT DR.									
	00 -		20a. Method of Disposition 1 Burial 2 Cremation 3 Removal from State 4 Donation 5 Other (Specify) 20b. Piace of Disposition (Nama of cematary, cramatory or other place) ARLINGTON NATIONAL CEMETERY ARLING										
	permit. Page Department of Important: If any injury or once.		21. Signeture of Funeral Service Licenses 22. Name and Address of Facility AAMAN FUNERAL SVC WASHINGTON D										
			23a Part Phile the disease, or complications that caused the death. Do not enter the mode shoot or hear failure. List only one cause on each line.	of dying, such as cardiac or ra	apiratory arrest,		Appro	eximate al Between					
	Physician /Medicai		Onset and Deat Immediate Cause (Final disease or condition CARDTAC ARREST										
в	Examiner	2	rasulting in death) Due to (or as a consequence of):										
	ted nsit	nine	b.CORONARY ATHEROSCLEROSTS										
68760,	tificate be executed ig physician and as the burial-transit	ical Examiner	Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or Injury that initiated events rasulting in death) Last Due to (or as a consequence of):										
Box 6	E 0 6	Physician/Medical	d										
P.O.	The law requires that the death certi ate has been signed by the attending page 2 should be detached for use a		Part II. Other significant conditions contributing to death but not resulting in the undarlying causa givan in Part I. 23b. Did tobacco use contribute 1 Yes 2 No 3 P										
Records,	yelclen: The law requires t is certificate has been signi director, page 2 should be	Completed by			24a. Was an au performed?	topsy 24b	. Ware auto available completion of death?	opsy findings prior to on of cause					
R	The law ate has page 2	E O			1 Yes	2 JANO	1 🗆 Yas	2 No					
/ita	iclen: The certificate rector. pag	Be	25. Was casa raferred to medical axaminar?	26. Placa of Death (C	heck only ona)								
7	Physic this co	2	1 ☐ Yas 2 No Hospital: 1 ☐ Inpatient XXER/Outpatient 3 ☐ DO/				ecify)						
Division of Vital	ther	Certification:	2 Accident invastigation M	2. Injury at Work? 1									
Divi		Certif	28a. Piaca of Injury - At homa, farm, streat, factory, office detarmined building, atc. (Specify)										
	To the Hospital or within 24 hours after To the Funeral Dir completely filled in	edical	29a. Cartifler (Check only one) Certifying Physician: To the best of my knowledge, death occurred at 2 Medical Examiner: On the basis of examination and/or invastigation, and manner stated.	n my opinion, daath occurred a	it tha tima, data a	and place, and du	ua to tha ca						
	To To	Σ	29b. Signature and title of certifier 29c.	Licansa number	29d. [Date signed (Mor	nth, Day, Y	ear)					
	(20)			S_12958		CEMBER_O	3, 19	96					
	(20)		30. Nema and eddrass of person who completed cause of death (Itam 23a) (Type, Print) 105 LEON C. BRITTON, MAJ, USAF AND		ER ROAD 0762-660	00							
	Sta		31. Data filed (Month, Day, Year) SEP 1 2 1995 AND 32 Registrar's Signature	KLHO AFD FID Z	0702-000								
	Registr	_	SEP 12 1996 July Municipality										

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State of Maryland / Department of Health and Mental Hygiene

28662 Certificate of Death 1 Decedent's Name (First Middle Last) 2. Dete of Deeth 3. Time of Deeth **Physician** Month Year Mary A. Adams September 8, 1996 cation of Deeth 4c. County of Deeth /Medical 8:30 Am 4e. Fecility Neme (If not institution, give street end number) 4b. City. Town, or Location of Deeth Examiner 7104 Greenvale Parkway Hyattsville It Under 24 Hrs. 8. D Prince Georges 5. Sociel Security Number 7. Age (In yrs. lest birthday) If Under 1 Year Birthplece (State or Foreign Country) **Funeral** Dete of Birth (Month, Dev. Yeer) 1□ M 2√ F Months Deys Hours Min. Yrs. Director 80 220-32-6377 Feb 27, 1916 Maryland Usuel Residence of Decedent the Maryland 10e State show 10b. County 10c. City. Town or Location 10d. Inside City Limits r than "natural", or items 23s or 28s-f show the Medical Examiner must be notified at 1 Ves 2 No Director Maryland Prince Georges Hyattsville 10e Street and Number 10f. Zip Code 10g. Citizen of What Country? death with United States 7104 Greenvale Parkway Funeral 20784 12. Was Decedent Ever in U,S. Armed Forces? Wes Decedent of Hispanic Origin? (Specify Yes or No-If Yes, specify Cuben, Mexicen, Puerto Rican, etc.) Race - American I Black, White, etc. 11 Maritel Stetus filed within 72 hours after 1 ☐ Yes 2 ☑ No If Yes, Give Yeer or Detes: 1 Never Married 2 Married Baltimore, Maryland 21215-0020 1 ☐ Yes 2 ☑ No Specify: Specify: White Completed by 3 ☐ Widowed 4 ☑ Divorced 15. Decedent's Education (Specify only highest grade completed) 16e. Decedent's Usuel Occupetion 16b. Kind of Business/Industry (Give kind of work done duning most of working life. DO NOT use retired) Hygiene. Elementery/Secondery (0-12) College (1-4or 5+) Dental Receptionist Dentist 7 is marked other traumatic event, 17. Fether's Name (First, Middle, Last) 18. Mother's Neme (First, Middle, Meiden Sumeme) Be . Pages 1 and 2 should be fil ment of Health and Mental H lant: If Item 27 is marked out jury or other traumstic ever ပ Martin L.J. Steele Linda A. Baldwin 19e. Informent's Name/Relationship (Type, Print) 19b. Meiling Address (Street end Number or Rural Route Number, City or Town, Stete, Zip Code) Edward Adams. Son 20b. Plece of Disposition (Neme of cametery, cremetory or other pleca)

20b. Plece of Disposition (Neme of cametery, cremetory or other pleca) 20e. Method of Disposition 1 ☑ Burial 2 ☐ Cremetion 3 ☐ Removel from State permit. Page Department Important: If any Injury or 4 ☐ Donation 5 ☐ Other (Specify) Fort Lincoln Cemetery 9/12/96 Brentwood, Maryland 22. Name end Address of Facility
Fort Lincoln Funeral Home, Inc.
3401 Bladensburg Rd, Brentwood Md 20722 21. Signeture of Funeral Service Licensee uhu alm 23a. Pert1. Enter the disease, or complications that ceused the death/ Do shock, or heert feilure. List only one ceuse on each line. not enter the mode of dying, such as cerdiac or respiratory arrest, Approximate tnterval Between Onset and Death Physician /Medical Immediete Ceuse (Finel disease or condition resulting in deeth) Acute Myelogenous Leukemia 6 months Examiner Due to (or es e consequence of): Examiner The law requires that the death certificate be executed for use as the burial-transit Sequentielly list conditions, if any, leeding to immediate cause. Enter Underlying Ceuse (Diseese or Injury that initieted events resulting in deeth) Lest Due to (or es e consequence of) P.O. Box 68760, Physician/Medicai Due to (or es e consequence of) Part II. Other significant conditions contributing to deeth but not resulting in the underlying cause given in Pert I. 23b. Did tobacco use contribute to the cause of death? signed by 1 Yes 2 No 3 Probably 4 Unknown Myelodysplastic Syndrome Records, þ 8 24b. Were autopsy findings aveileble prior to completion of cause of death? Completed 24e. Wes en eutopsy performed? Pancytopenia 1 ☐ Yes 2 ☑ No certificate 1 ☐ Yes 2 ☑ No of Vital Be 25. Wes cese referred to medical exeminer? 26. Piece of Deeth (Check only one) Other: 4 Nursing Home 5 Residence 8 Other (Specify) 2 1 ☐ Yes 2 ☑ No 1 ☐ Inpatient 2 ☐ ER/Outpetlent 3 ☐ DOA this 27. Menner of Deeth 28a. Dete of Injury (Month, Dey Year) 28c. Injury et Work? After t Certification: 28b. Time of 28d. Describe how injury occurred Division 5 Pending investigation or Attending 1 Neturel s efter death.

I Director: Af
ad in by the fu 1 ☐ Yes 2 ☐ No 2 Accident 6 Could not be determined 3 Sulcide 28e. Plece of Injury - At home, ferm, street, factory, office building, etc. (Specify) 28f. Location (Street and Number or Rurel Route Number, City or Town, Stete) filled in by 4 Homicide To the Hospital o within 24 hours of To the Funeral D completely filled! 1 Certifying Phyaictan: To the best of my knowledge, deeth occurred et the time, dete end plece, end due to the ceuse(s) and menner es steted.
2 Medical Examiner: On the basis of examinetion end/or investigetion, in my opinion, death occurred et the time, date and placa, and due to the cause(s) end menner steted. Medicai 29a, Certifier (Check only one) 29b. Signature and title of certifier 29d. Dete signed (Month, Dey, Year) 29c_License number 9-9-94 30. Name and address of person who completed ceuse of death (Item 23a) (Type, Print)

MARTIN WELTZ 7525 (Suba greateer MD 20770 Corlaway CT 1525 31. Dete filed (Month, Dey, Year) 32 Registrar's Signeture State SEP 12 1996 Registrar

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Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible.

State of Maryland / Department of Health and Mental Hygiene 96 28663

					Cer	tificate c	or Death		Reg. No.		
		1. Decedent's Neme (First, Middle, L	.ast)					2. Dete of De			3. Time of Death
Physician /Medical	_	MARY			ALE	DAMX	ER.	Septen	Ber 7	1996	9:20PM
Examine	-	4e. Fecility Name (If not Institution, g	ive street end number)				4b. City, Town, o	r Location of Deeth	4c. Count		
		Prince Georg	e's Hosn	i+=1	Cont	or	Cheve	rlv	Prince	Geome	ole .
Funeral	П	5. Sociel Security Number 6.	Sex 7. Ag	e (in yrs. ia	ist birthday)	If Under 1 Ye	ear If Under 24 H	rs. 8. Date of Bir	h		lece (State or Foreign
Director		254-58-9270	1□M 2/2 F	59	Yrs.	Months De	ys Hours Mi	n. (Month, De 11-04-		Georg	
1000		Usuel Residence of Decedent						11-03-	1550	georg	10
wo H	.	10e. Stete 10b. County		10c. City,	Town or Loc	cation				1	0d. Inside City Limits
2 M	ğ	Maryland Prince	George's	La	ndove	r					1∭ Yes 2□ No
or 28a-f s be notified	<u> </u>	10e. Street end Number				10f. Zip Cod	е		10g. Citizen of	Whet Coun	itry?
238		3405 Edwards St	reet			207	85		U.S.A		
natural, or items 23a or 28a-f show solds! Examine must be notified at letted by Funeral Director.	Je l	11. Merital Status	12. Was Decedent	Ever In U,S	i. 13. V	Vas Decedent o	of Hispenic Origin?	Specify Yes or No		ce - Americ	
and II		1 Never Married 2 Married	Armed Forces?				uban, Mexicen, Pue	eno Hicen, etc.)		ck, White,	
b a		3 ☐ Widowed 4 🏋 Divorced	If Yes, Give Year or Dates:		,	☐ Yes 2XI	No Specify:		Specif	Blac	ck
t, the Medical S	ed	15. Decedent's I	Educetion		16e. Deced	ent's Usuel Occ	cupetion ne during most of w	- 4.5	16b. Kind of B	usiness/inc	dustry
The Med	be	(Specify only highest g	College (1-4or t	5+)	life. D	on or work do NOT use ret	ne aunng most of w tired)	orking			
THE REAL PROPERTY.	0		2	.,	Compu	ter Ope	erator		Priva	ate	
0 0		17. Father's Neme (First, Middle, Las	t)				18. Mother's N	ame (First, Middle,	Meiden Sumer	ne)	
	0	Charlie B. Jo	ohnson				Bess	ie Smith	1		
E	-	19e. Informent's Neme/Relationship	(Type, Print)		19b. Meilin	a Address (Stre	eet end Number or I			State Zin	Code)
t t	-	Clifford Andre A	levander/s	n		-	St., Lai				,
or other	-	20e. Method of Disposition	rexamder/ 50			sition (Neme of petory or other p		Dete	20c. Location		
		1 X Buriel 2 ☐ Cremetion 3						09/14		·	
any injury once.	-	4 Donetion 5 Other (Spec		Har	-	Memoria		1996	Landov	er, M	Maryland
once.		21. Signature of Funerel Service Lice	ensee				dress of Fecility NKINS FUN	IERAT. HOM	ਸ		
any injury or once.		Nancy A.	Percente				dover Roa			rvlar	d 20785
		23e. Part1. Enter the disease, or cor shock, or heart failure. List only	nplications that caused	the deeth.	Do not ente	r the mode of o	dylng, such es cardi	ac or respiretory er	rest,	1	Approximate Intervel Between
ician	1		,							1	Onset and Death
lical	1	Immediate Cause (Finel disease or condition	∞_{\circ}	3514	. 4	4.				1	15404
ner		resulting in death)	0		es e consequ	lence of):	1217			1	12 , 140
e e	2		R.I	ater			110	E.	1341	1)	10
Examiner		Sequentially list conditions			es a consequ	ieuse ot):	llomas (Fungu	3 000	(2)	10 yes
		Sequentially list conditions, if any, leading to immediate ceuse. Enter Underlying Cause (Disease or Injury	stc		13	77 1		Sarcol	1	1	20
ca	2	trial tritteled events			as a consequ		oncy e	ducor	طرفان		- Jus
∕Medicai	3	resulting in deeth) Lest		200 10 (0. 0	a donocqu	onoo ory.	(
			d								
Physiciar	2	Part II. Other elepificant conditions	and the standard by	10 - 00	t t- th	A-A-A-	Section 2	1 001 011			
hysic	2	Part II. Other significant conditions	contributing to death bi	ut not result	ing in the un	deriying ceuse	given in Pert I.		N		the cause of death?
<u>a</u> >								101	res 20 No	3 ☐ Prot	ably 4 Unknown
should be detac								24e. Wes	an outoney	24h We	ere autopsy findings
should leted									med?	ave	nilable prior to
Completed											death?
ပိ	3							1 🗆 Y	es 2 No	1□	Yes 2 No
Be	3	25. Was cese referred to medical exeminer?					26. Place of De	eath (Check only o	ne)		
은	2	1 ☐ Yes 2 No	Hospitel: Inpatle	nt 2□El	R/Outpetient	3□ DOA	Other: 4 Nursing	Home 5 Resid	lence 6 Oth	er (Specify)
		27. Menner of Death	28a. Dete of injur (Month, De)		8b. Time of Injury	28c. In	jury at	28d. Describe h	ow Injury occur	red	
1.2		1 Neturel 5 Pending investigation			NA		Yes 2 No	T	ULA		
(D)		3 ☐ Suicide 6 ☐ Could not be determined	28e. Plece of Inju	iry - At hom		et, fectory, offic	:e	28f. Location (S	treet and Numb	per or Rura	Route Number,
iffical		4 D Romicide	building, efc	. (Specify)	NIA			City or Tow	n, Stete)		
ertificat	2	29a, Certifier 12 Certifying Pl	hysician: To the best of	f my knowle	1	occurred at the	time dete end pled	end due to the	eurse(s) and me	anner ee st	etect
Cerl led in		20d. Continor (EncortityIII) Fi	minar: On the basis of	exeminatio	n end/or Inve	estigetion, in my	y opinion, deeth occ	curred et the time, o	dete and place,	and dua to	the ceuse(s)
		(Check only 2 Madical Example)	end menner ste								
ompletely filled in by the Medical Certificat		Connect only 2 Madical Exa	end menner ste			29c. Lice	nse number		29d. Dete signe	d (Month, I	Day, Year)
edicai		one) 2 Madical Exa	end menner ste			4900	/		29d. Dete signe	d (Month, I	Day, Year)
edicai	3	29b. Signature end title of certifier	end menner ste			D	31441		29d. Dete signe	9 9	6
pletely fill edical	3	29b. Signature and title of certifier D. S. Roman and title of certifier	comprehed ceuse of de	eath (Item 2		Print)	31441		29d. Dete signe	9 9	Day, Year)
completely filled in by the Medical Certifical		29b. Signature end title of certifier D. D. P. 30. Name end eddress of person who	comprehed ceuse of de	eath (Item 2	160	D	31441		29d. Dete signe 9	9 9	6
pletely fill edical		29b. Signature end title of certifier 29b. Signature end title of certifier 30. Name end eddress of person who	comprehed ceuse of de	eath (Item 2	160	Print)	31441		29d. Dete signe 9	9 9	6

Alexanders September 1995 Hadden

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						Certi	ficate of	Death		Reg. No.	h-wa	0004	
	Physici /Medio Examir	al	Decedent's Nama (First, Middla, Lass Bernard Louis B 4a. Facility Name (If not institution, give	LOCK				4b. City, Town, or Lo	2. Date of Do Month	(7) 10	Year 996 of Death	3. Time of Death 8:25 Am	
-	Funeral Director	lei	Washington Count 5. Social Sacurity Number 6. So	ty Hospita	(In yrs. last birt		f Undar 1 Yaar Ionths Days	Hagerst If Under 24 Hrs. Hours Min.	own 8. Date of Bi (Month, D	Wash	ningt 9. Birthpi Count	on aca (Stata or Foraign try) Jersey	
	Maryland a-f ehow iffed at	tor	10a. State 10b. County Maryland Washing:		10c. City, Town	n or Locat					10	Od. Inside City Limits	
0	n 72 hours after death with the Manyand *netural; or items 23a or 28a-f show social Executes the notified at	Funeral Director	10e. Street and Number 17820 Thornberry 11. Maritai Status 1 Never Married 2 Married		ver in U,S.	13. Wa	10f. Zip Code 2174 s Decedant of Hess, specify Cubi	tispanic Origin? (Spe an, Mexican, Puerto	ecify Yes or N Rican, etc.)	U.S.A		an Indian,	
21215-0020	C 4	Completed by	3 XWidowed 4 □ Divorced 15. Decedent's Ed (Specify only highest grade) Elamentary/Secondary (0-12)	Year or Dates: W	16a.	Deceden (Giva kin lifa. DO		Specify: pation during most of works	ing	Specify:	Whit einess/Ind	lustry	
Maryland 21	be filed Ital Hygi of other event, I	To Be Con	12 17. Fathar's Name (First, Middle, Last) Benjamin Block	0		Sup	ervisor	18. Mother's Name Bertha M				cturer	
a)	permit. Pages 1 and 2 should Department of Health and Mer Important: if item 27 le marke any Injury or other traumatic 2015s.		19a. Interment's Name/Relationship (7 Bernard J. Block - 20a. Method of Disposition 1	- Son Ramoval from State	20b. Place of cematar	N Gar Disposition, cramate Stow	rdenway on (Nama of ory or other place n Crema ama and Addra	ce) tory 9-2	elt, Ma Date 1-96	aryland 2	20770 City or Tov		
	Physician /Medical Examiner	, in	23a. Part1. Enter the disease, or comp shock, or heart tailure. List only of tmmediata Cause (Final disease or condition rasulting in death)	ase or condition HN CR CL mt PIPELLUM AME IN CAME IN COME IN THE									
Box 68760,	deeth certificate be axecuted e attending physician and ad for use as the buriet-transit	in/Medical Examiner	Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or Injury that initiated events rasulting in death) Last	c	ue to (or as a c								
P.O.	that the d led by the deteched	by Physician/M	Part II. Other eignificant conditions co	entributing to death but	not resulting in	n tha unde	rlying cause glv	ven in Part I.				the cause of death?	
Records,	has been he 2 shoul	Completed b							24a. Was	s an autopsy ormed?	eva con of d	re eutopsy tindings illable prior to appletion of causa feath?	
on of Vital	ing Physicien: h. Aftar this certific funeral director,	To Be	27. Manner of Death 1 Platurel 5 Panding	Hospital: 1 Ampatlen: 28a. Date of Injury (Month, Day)	28b. T	Fime ot njury	3 DOA Oth	4 LI Nursing Ho	ma 5□Res		or (Specify		
Division	ital or Attending urs efter deeth. ral Director: Attai illed in by the fune	Certification:	3 Sulcida 4 Homicide 6 Could not be datermiped	28e. Piaca of Injur building, etc.	(Specify)	rm, streat	factory, office		City or To	(Street and Number own, Stata)			
	To the Hospital or Ati within 24 hours effer d To the Funeral Direct completely filled in by	Medicai	29a. Certifier (Check only one) 1 ☐ Certifying Phy 2 ☐ Medicat Exam 29b. Signatura and title of certifier	retcian: To the best of iner: On the basis of a and manner state	xamination and	, death oc d/or invest	curred at the tir ligation, in my o	pinlon, death occurr	and due to the ed at the time	causa(s) and man , date and place, e 29d. Date signer	end dua to	the cause(s)	
			30. Name and address of person who c	ompleted causa ot das	ath (Item 23a) (Type Prir	(Int)	04350	7	9/1	10/	76	
	Sta Registra		31. Date tiled (Month, Day, Year)	32. Registrar 1996 Jah		OTOV	hae of	ve.	Hage	nsiow	n		

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State of Maryland / Department of Health and Mental Hygiene 96 28665

								Cen	iticate	e or	Deatr	7		Reg. N	0.		
	Physic /Medi		1. Decedent's Nar Naomi	Ru	ith				Ва	bin	gton		2. Data of to Month Septe	D	ay 11,	Year 1996	3. Tima of Death 8:00 a.m.
P	Exami		4a. Facility Name Avalon	(If not institution, g Manor Hot							4b. City, T Hager		ocation of Dear n			of Death	
	Funeral Director		5. Social Security 214-09-3	Number 6	. Sax 1□ M 2⊠ F	-	yrs. lest birt	hdey)_ Yrs.	If Undar Months	1 Yaar Days		r 24 Hrs. Min.	8. Data of 6 (Month, I	Sirth Dey, Year 6,19	05	9. Birthpl Count Mary	lace (Stete or Foreign try) Land
	P .		Usual Rasidence of	t Decedent 10b. County		10	o City Town	ar Lan									
	sho	5		Washin	aton	100	c. City, Town		ersto	\r.m						10	0d. Inside City Limits 1 ☑ Yes 2 ☐ No
	De N	ect	MD 10e. Street and Nu		gron			nage		-			<u> </u>	10- 0			
	With Por	ā		lem Aven	116				10f. Zip		1740			-	JSA	What Coun	try?
	heath me 23	Funeral Director	11. Marital Status		12. Was Dec	cedant Evar	in U.S.	13. W	as Daced			rioin? (S	pecify Yas or f	Vo-	14. Rac	e - Amarica	an Indian.
120	s 1 end 2 should be filed within 72 hours after death with the Maryland f Heelth and Mental Hygiene. Item 27 is marked other than "natural", or flems 23s or 28s-f show other traumatic event, the Medical Examiner must be notified at	by Fur	1 Nevar Mar	ried 2 Married	Armed F	orces? 2⊠No iive		II.	Yes, spec □Yes 2	ify Cul	oan, Maxica	an, Puart	o Rican, etc.)		Specify	ck, White, a	nite
21215-0020	tural tural	1 De	0 22 111003100	15. Decedent's		Dates.	168	Decede	nt's Usua	і Осси	nation			16b	Kind of B	usiness/Ind	
215	n na	Completed		cify only highast g	rade completed	,		(Giva ki	nd of wor O NOT us	k done	ipation a during mo ed)	st of wor	king	100.	(a) 0 0 D	55110041110	ostry
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pu	e filed al Hygie other vent, th	Bec	17. Father's Name	(First, Middle, La	st)						18. Moth	er's Nan	ne (First, Midd	le, Meide	n Sumen	ne)	
Va	2 should be and Mental is marked o	To	Jacob Ma	rkwood C	Carter						Lo	llie	E. Fri	tz			6/5
Maryland	2 sho and is me		19a. Intormant's N		(Type, Print)		1						ral Route Nuπ				
	ges 1 end 2 t of Heelth if item 27 is or other tra		Russell			1-			Garis		Shop	Kd.,	Hagers				
OF	8 = 5			☐Cremation 3				y, creme	story or of	har ple			Date			City or To	
Baltimore,	permit. Pag Department Important: If any Injury o			5 Other (Spec			Rest	_				1	-13-96	Hag	erst	own,M	laryland
Bal	permit. Pa Department Important: any Injury once.		21. Signature of F	unarai Service Lic	ensaa .	-	1				ass of Faci FUNER		OME				
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			23a. Part1. Entar shock, or he	the disease, or co art failura. List on	mpilcations that ly one cause on	caused the aach lina.	death. Do n	ot antar	the mode	a of dy	ing, such a	s cardiac	or respiretory	arrest,			Approximata Interval Between Onset and Deeth
	Physician /Medical		immediata Cause	(Final			_									1	Criset and Deetil
	Examiner		disease or condition resulting in death)	on	a	Con	to for as a c	_ /	lean	ノ	Face	ilu	^				74
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	outed ansit	Examiner	Sequentially list or	onditions (b. ———		to (or as a c			~2	Ca	ndie	ma	un 1	me	mu ;	74
o,	certificate be executed iding physician and ise es the burial-transit		if any, leading to it ceuse. Enter Und Cause (Disease of	mmadiate erlying			(0	o.iooqu.	01.00 01).							1	
68760,	ate by hysici	n/Medical	that initiated event resulting in death)	S	C. ———	Due	to (or as a c	onseque	ence of):							- i -	
9 x c	certific nding p	₩.	Lancos Control		. d											i	
Bo					J												
P.O.	lew requires that the death es been signed by the atte r 2 should be detached for	Physicia	Part II. Other signi								iven in Part	1.			-		the cause of death?
	that the ded by deta		Recor	ner 1	Ankera	tion	Phe	uu	-one	~			1[Yes	2 1 No	3 Prob	bably 4 Unknow
rds,	ulres sign	d by		nent 1									24a. Wa	s an aut	opsy	24b. We	ere autopsy findings
00	w requir been s should	Completed	Chron	2 Re	hed !	chow	muci	200					pe	formed?		con	niiable prior to impletion of cause death?
Re	0 - 0	E O											10]Yas :	PANO		Yas 2 No
of Vital Record	ician: Th certificate rector, pa	0	25. Was cese rete	rred to medical							26 Piar	e of Dea	th (Check only	(200	20140		1148 2010
<u> </u>	Physician: this certific ral director,	To B	axaminer? 1 ☐ Yes 2 🔄		Hospitai:	Inpatient	2 ER/Out	patient	3□ DO	A Ot		-	ome 5 Re		6 □Oth	er (Soecity	()
			27. Mannar of Dea		28a. Date		28b. T			Bc. Inju			28d. Describ				
Sion	Attending ar death. ector: After by the fune	atic	1 ☑ Natural 2 ☐ Accident	5 Pending Investigati	on	, 5-67 . 5-6		,,u.y	М		Yes 2] No					
Division	or Attend after death Director: A	Certification:	3 ☐ Suicide 4 ☐ Homicide	6 Could not determine	d 289. Plac	e of Injury - ling, etc. (Sp	At home, tar pecify)	m, stree	t, factory,	office				(Street a own, Ste		er or Rurai	l Routa Number,
	To the Hospital or Attent within 24 hours after deat To the Funeral Director: completely filled in by the	edical (29a. Certifier (Check only one)	1☐ Certifying F 2☐ Medical Exa	aminer: On tha b	e best of my pasis of examinar stated.	knowledge,	deeth o	occurred a stigetion,	t the t	ime, date a opinion, de	nd piace ath occu	and due to the	e cause(e, date ar	s) and mo	anner as sto and dua to	ated. the cause(s)
	To the within 2 To the comple	Me	29b. Signature and	title of certifier					29c.	Licen	se number			29d. D	ate signe	d (Month, L	Dey, Year)
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			30. Name and add	ress ot person who	o completed cau	se ot death	(item 23a) (Type, Pi	rint)								
			Vasant D							owi	n, Md	. 21	740				
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	Physic /Med		Decedent's Name (First, Middle, Last EUGENE	F.			В	ALDWI	N S	2. Date of De Month EPTEM	BER 9,	1 ^{Year} 6	3. Time of Death 1:00 PN
1	Exami		4a. Facility Name (If not institution, give 505 PEACOCK DR						Town, or Lo	ocation of Deat PARK		y of Death	EORGES
	Funeral Director		5. Social Security Number 6. Social Security Number 1 238-36-8872 Usuai Residence of Decedent	ex 7. Ag M 2□ F	a (In yrs. last bir 69		Under 1 onths [Yaar if Un Days Hou		8. Date of Bir (Month, Da MAR • 16		9. Birthpla Country NORTH	ca (State or Foreig y) CAROLINA
	deeth with the Maryland ms 23a or 28a4 show rmst be notified at	-	10a. Stata 10b. County		10c. City, Tow	n or Locati	on					100	d. inside City Limits
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	with with	ä					10f. Zip Ci				10g. Citizan of		
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020	or the	by Funeral	1 Never Married 2 Married 3 Widowed 4 Divorcad	Armed Forces? 1 🖾 Yes 2 🔲 If Yes, Give Year or Dates:				Cuban, Mexi		ecify Yes or No Rican, etc.)	Special	ca - Americar ick, White, et by: BLAC	c.
15-0020		Completed	15. Decadent's Ed (Specify only highest gree	ucation de completed)	16a.	Decedent (Give kind	's Usual C	Occupation done during n retired)	nost of work	ing	16b. Kind of E	Business/Indu	stry
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Maryland	should be filed and Mental Hygic marked other imatic event,	To Be	17. Father's Nama (First, Middle, Last) EUGENE F. BALDWIN,						other's Nemo		, Maiden Sumei	me)	
ary	CENL	-	19a. informant's Name/Relationship (7		19b	. Meiling A	ddress (S				er, City or Town	. State. Zip C	Code)
Baltimore, N	Page nent o ant: If i		MICHAEL J. BALDWIN 20a. Method of Disposition 1 X Burial 2 Cremation 3 4 Donation 5 Other (Specify	Removal from State	20b. Placa of	Disposition, cremato	n (Name ry or otha	of r place)		MPLE HI Date /14/96	LLS, MA 20c. Location BRENTW	- City or Town	
Bal	permit. Departr Importa any inje		21. Signature of Funeral Service Liberary	4		FORT	LIN	ddrass of Fa	UNERA	L HOME,	INC. TWOOD,	MD 207	2.2
	Physician		Part1. Enter the disease, or comp shock, or heart feilure. List only o	lications that caused one cause on each li	the death. Do r	not anter th	e moda o	f dying, such	as cardiac	or respiratory e	rrest,	ı fı	Approximete Interval Between Onset and Death
	/Medical Examiner		immediate Cause (Final disease or condition resulting in death)		heros cl			Card	2 ova	sarler	Du	ease	
	be axecuted sician and bunel-transit	Examiner	Sequentially list conditions,	b	Due to (or as a c	consequen	ce of):						- Net S
8760,	ete be ax hysician a the buriel	dical Ex	Sequantially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disaase or injury that initieted events	C									
Box 68	ding p	/Medi	rasulting in death) Last	d	Due to (or as a c	onsequan	ce of):						
.o.	e death the atten hed for u	Physician/Med	Part II. Other significant conditions co	ntributing to death bu	ut not rasulting in	the under	lying caus	a given in Pa	ırt I.	23b. Did 1	tobacco use co	entribute to ti	he cause of death
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Vital Records,	The faw requires that a been signed age 2 should be	Completed	Dialetes me	llitro						24a. Wes perfo	an autopsy med?	comp of de	\cap
ī	ician: The certificata rector, pag	BeC	25. Was case referred to medical					26 PI	aca of Deeth	(Check only o)/SI	res 2□ No
>	Physician: this certific ral director,	0	examiner?	Hospital:	nt 2 ER/Out	tpatient 3	□ DOA	Other:			dence 6 □Oth	er (Specific)	
	P Je P	rtiflcation: T	27. Manner of Death 1 Natural 5 Pending 2 Accident Investigation	28a. Date of injur (Month, Day		ime of		Injury at Work?			now injury occur		
ivision	or Attendi	rtifle	3 Suicida 6 Could not be determined	28a. Placa of Injubuilding, etc	ry - At home, far (Specify)	m, street,	factory, of	fice		28f. Location (S City or Tow	Street and Numb vn, State)	ber or Rural F	Routa Number,

Registrar

31. Date filed (Month, Dey, Year) State

29a. Certifier (Check only one)

29b. Signature and title of certifier

111 Penn Street, Baltimore, Maryland 21201 32. Registrar's Signature

Certifying Physician: To the best of my knowledge, death occurred et the time, dete and placa, and due to the cause(s) and manner as stated.

Medical Examiner: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and placa, and dua to the cause(s) and manner stated.

29c. License number

O.C.M.E.

29d. Date signed (Month, Day, Year)

SEPTEMBER 10,1996

30. Name end address of person who completed cause of death (Item 23a) (Type, Print)

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	Please	Type or Prin		Departr	ment of	Health a			_	-	28667
	1.5			Certifi	cate of	Death		7	eg. No.		
an	Decedent's Neme (First, Middle, Last	st)						2. Dete of Dea Month	th Dey	Yeer	3. Time of Death
al	Velma E. Brown				1			Septembe	er 9, 1	1996	4:20 A.M.
er	4e. Fecility Neme (If not Institution, give Greenbelt Nursing	g Center				Gree	nbe		Princ	e Geo	
	5. Social Security Number 6. S 077-01-3637	Sex 7. Age	90		Under 1 Year onths Deys		Min.	8. Dete of Birth (Month, Day Mar. 16			ppiece (State or Foreign intry) York
ctor	10e. Stete 10b. County Maryland Anne Arur	ndel	10c. City, Tow Gambr		n						10d. Inside City Limits 1√2 Yes 2 □ No
rai Dire	10e. Street end Number 2643 April Dawn Wa	ay		10	21054				Og. Citizen of		
Completed by Funeral Director	11. Maritel-Status 1 □ Never Married 2 □ Married 3℃Widowed 4 □ Divorced	12. Was Decedent E Armed Forces? 1 ☐ Yes 2 ♣ ♣ If Yes, Give Yeer or Detes:			Decedent of s, specify Cub		gin? (Sp , Puerto	pecify Yes or No- Rican, etc.)	14. Ra	ce - Ameri eck, White	ican Indien, , etc.
ieted l	15. Decadent's Ed (Specify only highest gra	ducation	16e	Decedent's	Usuel Occu of work done IOT use retire	petion during most	of work	king	16b. Kind of E		
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To Be	F. D. Bennett					Mary	Ea	ton			
	19e. Informent's Name/Reletionship (7	,, ,						re/ Route Number			
Toni Frostbutter Guardian 2643 April Dawn Way Gambrills, Maryla 20e. Method of Disposition 1 Buriel 20 Cremetion 3 Removel from State 4 Donetion 5 Other (Specify) 20b. Piece of Disposition (Neme of cemetery, cremetory or other piece) Ft. Lincoln Crematory 9-11-96 Brentwoo											own, Stete
	21. Signature of Funeral Service Ligan		FC. Lil	22. Ner	me end Addre	ess of Fecility	Ft.	Lincolr Brentw	F.H.	Inc.	
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	disease or condition resulting in deeth)	e ASYSTOLE	Due to (or es e	consequenc	a of):					1	25 Min.
Examiner		b. CARDIOPU									10 Min.
ā	Sequentielly list conditions, if eny, leeding to immediate cause. Enter Underlying Ceuse (Disease or Injury thet initiated events	c. ISCHEMIC	HEART								Years
/Medic	resulting in deeth) Lest	d. ATHEROSC	LEROSIS		e of):					1	Years
hysicial	Pert it. Other significant conditions co	ontributing to death bu	t not resulting In	n the underly	ring cause gi	ven in Pert I.			bacco use co	ontribute t	to the cause of death?
by P	Severe chronic of	bstructive	pulmon	ary d	isease				20110	Эрагго	- Onknown
Completed by Physician/Medic							-	24e. Wes e perform	ned?	ev cc of	fere autopsy findings veileble prior to ompletion of cause death?
Be Co	25. Wes case referred to medical					26. Place	of Deet	1 Ye	e) 2 1 No	11	☐ Yes 2☐ No
10	exeminer? 1 ☐ Yes 2 图 No	Hospitel: 1 Inpatier	nt 2 ER/Ou	utpetient 3[DOA Ot	200		ome 5 Reside		her (Speci	(fy)
ation:	27. Manner of Deeth 1 ™ Netural 5 ☐ Pending 2 ☐ Accident investigation		Year) 28b. 1	Time of njury M	28c. Inju Wo 1			28d. Describe ho			
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Medical Certification:	29e. Certifier (Check only one) 1 ☑ Certifying Phy 2 ☐ Medical Exami	ysician: To the best of liner: On the basis of end menner stet	examinetion en	deeth occu	erred et the ti	me, dete and opinion, deeti	piaca,	and due to the cred et the time, de	ause(s) and m ete end piece,	anner as s and due t	stated. to the cause(s)
Σ	29b. Signeture end title of certifier	n.	M	1.D.	29c. Licens	se number	11/	2	9d. Dete signe	ed (Month,	

To the Hospital or Attending Physicien: The law requires that the death certificate be executed within 24 hours after death.

To the Funeral Director: After this certificate hes been signed by the attending physician end completely filled in by the funeral director, page 2 should be deteched for use as the buriel-transit Division of Vital Records, P.O. Box 68760,

> State Registrar

Physicia /Medica Examine

Funeral Director

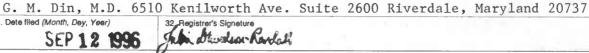
permit. Peges 1 and 2 should be filed within 72 hours effer death with the Maryland Department of Health and Mental Hygiene. Important: If Item 27 is marked other than "natural", or items 23s or 28s-1 show eny Injury or other traumstic event, the Medical Exercise Invest be putified at ODEs.

Physiclan /Medical Examiner

Baltimore, Maryland 21215-0020

31. Dete filed (Month, Dey, Yeer) SEP 12 19

30. Neme end eddress of person who completed cause of deeth (item 23e) (Type, Print)



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and a second second second

Please Type or Print In Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene 9.6. 2.8.6.8

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	To the Vilthin 2 To the comple	×	29b. Signature and title of certifier	21	mr.		_	2	9d. Date signe	d (Month,	Day, Year)
() Same 1 / D34032 9/7/96			Jame 1/	Ohn.	11/1	D39	1032		9/7/9	<u>C</u>	
30. Naryle and addrass of person who completed cause of death (Itam 23a) (Type, Print). EANNE P. ASNEL MD 3720 FARRAGUT AVE KENSINGTON; MD 20	(6)		30. Name and addrass of person who	completed cause of de	3720 -4	Print ACIT	T AUF	KENK	SINKET	ONS	1020395
State 31. Date filed (Month, Day, Year) 32. Registrar's Signature?	St	ate				il control	, J V Num	1 (1010)	21.1401	-10	12 0.0%/0

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State of Maryland / Department of Health and Mental Hygiene

A	Ammende	1 #	20 b. P.G.C. 9	-17-96 CR	C	ertifica			Be	g. No.		
	Physic	an	Decedent's Name (First, Middle	la, Last)					2. Data of Deati Month	Day	Year	3. Tima of Death
4	/Medi		Iona Mildred						Septemb	1		6:45 A.M
	Exami	er	4a. Fecility Nama (If not institutio					4b. City, Town, or L	ocation of Death	4c. County	of Death	
			Washington Adv			. Malada		Takoma Pa			gomer	
ı	Funeral Director		5. Social Sacurity Number 548-32-8104	6. Sax 7. A(ga (In yrs. last birthd 76 Yrs	Months	Days	Hours Min.	8. Data of Birth (Month, Day, Aug. 19,	Year) 1920	9. Birthpie Counti South	nca (State or Foreign y) Dakota
	pus *		Usual Residence of Dacedant 10a. Stata 10b. County	,	10c. City, Town o	Location					10	d. inside City Limits
	death with the Meryland ms 23s or 28s-f show rmast be notified at	tor	22 272	gomery	Silver		g				10	1 □ Yas 🏖 █️No
	or 284	irec	10e. Street and Number			10f. Zi	p Coda		10	g. Citizen of 1	What Countr	y?
	th will	ai	12724 Eldrid	Place			2090	4		U.S.	A.	
020	or its	by Funeral Director	11. Maritel Stetus 1 Nevar Married 2 Mar 3 Widowed 4 Divorced	If Yas Giva	Ever in U,S.	3. Wes Dece If Yes, spe 1 \(\sum \) Yas		Hispanic Origin? (Sp an, Maxicen, Puerto Specify:	pecify Yas or No- Rican, atc.)	Bie	ce - Amarice ck, White, e v: Whit	IC.
Maryland 21215-0020	n 72	Completed	15. Decedar (Specify only higha Elamantary/Secondary (0-12)	nt's Education st grada complated) College (1-4or	5+) (G lif		uai Occup ork dona usa retire	pation during most of worl d)	king	6b. Kind of B		ustry
7	filed with Hygiene ther the	ပိ	17. Fathar's Nama (First, Middla,	(4)		Nurse		10 Mother's New	a (First, Middla, N	ealth		
lan	S S S S	To Be	Joseph C. Lar	CCLC*					re Mae Ki		na/	
ary	d 2 should th end Mer 7 is marks traumatic	-	19e. informent's Neme/Ralations		19b. M	alling Addres	s (Street	end Number or Ru			Stata, Zip (Code)
	ind 2 : eith ei 27 ia er trau		Arthur B. Brow	m/ Husband	127	24 Eld	rid	Pl. Silve	r Spring	, MD 2	0904	
Baltimore,	Peges 1 and ent of Heelt nt: If Nem 2 y or other		20a. Mathod of Disposition 1 □ Burial 2 Cremation 4 □ Donation 5 □ Other (S			rametory or	othar pla	sei matory Au) .	6 Alex		
Balti	permit. Peges 1 and 2 Department of Heelih e Important: if Item 27 is any Injury or other tra once.		0.1 Signature of Funeral Sarvice			22. Nama e	nd Addre	ess of Facility Ta	koma Fun	eral H	ome,	Inc.
2			23e. Pert1. Entar the disease, or shock, or haart luvere. List	complicat ins that cause							-	Approximate intarval Between
	Physician /Medicai Examiner		Immedieta Causa (Final disaasa or condition rasulting in daath)	a. Advan		mona	YUI		0 1			onset end Deeth or yrs.
Box 68760,	n certificate be executed anding physician and use as the buriel-transit	n/Medical Examiner	Sequantially list conditions, if any, leading to immediate cause. Enter Undarlying Causa (Disaase or Injury that initieted avants rasulting in death) Lest	b. They	Due to (or as a con	equence of)	, ta	fung				4 weeks
	death cer e attendir ed for use	sicie	Part il. Other significant condition	ons contributing to death b	out not resulting in th	a undarlying	causa gir	van in Part I.	23b. Did to	bacco use co	ntribute to	the cause of death?
P.O.	that the ned by the detache	by Physician/N	•						1 □ Ye	-		ably 4 Unknown
Records,	law requires that the death certifi as been signed by the attending a 2 should be detached for use as	Completed b							24a. Was ar perform	autopsy ned?	avai	a autopsy findings lable prior to plation of ceusa eath?
	ysician: The lavis certificate has director, page 2	Com							1 □ Ya	s 2 No	1 🗆	Yas 2□ No
/ita	lan: ortifica	Be (25. Was casa rafarrad to medica axaminer?					28. Place of Dee	th (Check only on	9)		
¥ \	Physician: r this certific ral director,	P	1 Yas 20 CNo	Hospital:	ant 2 ER/Outpa	tient 3 D	OA Ott	har: 4 Nursing H	oma 5 🗆 Rasida	nca 8 🗆 Oth	ar (Specify)	
Division of Vital	nding Pt ath. r: After the se funera		27. Mannar of Death 1 Netural 5 Pandir 2 Accidant invasti		28b. Tim Inju	a of y M	28c. Inju Wo 1 □	ryat rk? ∣Yas 2□No	28d. Dascribe ho	w injury occur	red	
Divis	To the Hospital or Attending Ph within 24 hours after death. To the Funeral Director: After thi completely filled in by the funeral	Certification:	3 ☐ Suicida 6 ☐ Couid 4 ☐ Homicida datem	sined 208. Place of In	ury - At homa, farm, c. (Spacify)	straat, factor	ry, office		28f. Location (St. City or Town	reet and Numb , Stata)	ber or Rural	Routa Number,
	Hospi 24 hou Funer letely fill	edicai	29a. Cartifiar (Check only one) 1 ★ Cartifyir 2 ■ Medical	g Physician: To the best Examinar: On the basis o and mannar st	f examinetion and/or	ath occurred invastigation	at tha ti	ma, deta and pleca, opinion, death occur	end dua to the ca red at the time, da	use(s) end ma ite and place,	annar as ste and dua to	ited. tha cause(s)
	withir To the	Me	29b. Signetura and title of certifie	/				sa number		d. Dete signe	1	
			Awith 5	ttow2	death (Item 23e) (Tyl		02	1900	5	eptemi	ber 7	1996
	(6)		30. Name and address of person	who completed causa of a	leath (Item 23e) (Ty	pe, Print) # 2 k	0	Tatoma ?	Exk M	id 2	0912	
	Sta		31. Data filed (Month, Day, Year)	22. Registr	ar's Signature	.,	- 1	0 101014	4			

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State of Maryland / Department of Health and Mental Hygiene 96

						C	ertifica	ate of	Death	1	9	Reg. No.			
	Dhamini		1. Decedent's Name (First, Mic								2. Date of Dec		. Voor		ne of Death
	Physici /Medi		Alice Mau	de BROWN							Septer	nber 2,	1996	10	:03PM
	Examir		4e. Facility Name (If not institut	ion, give street an	d number)				4b. City, To	own, or Lo	ocation of Death	4c. Count	y of Death		
			Doctors	Communit	y Hospia	tal				anhai	n	Prin	ce Ge	orge	S
	Funeral		5. Social Security Number 578-28-3264	6. Sex	a see	rs. last birthda	y) If Un Month	der 1 Yee		24 Hrs. Min.	8. Date of Birt (Month, Da	h y, Year)	9. Birthpl	lace (Ste	ate or Foreign
	Director			10 M 2D	(,	83 Yrs.					06-09			gini	
	pug *		Usual Residence of Decedent 10a. State 10b. Coun	tv	10c	City, Town or	Location						11	Od Ineid	le City Limits
	sho	2	N/A	N/A	100.	Ony, rounton	LOGGIOTI	Wa	shing	ton.	DC		1		Yes 2 No
	he N	Director	10e. Street and Number				404					40. 000	110 0		
	s after death with the Marylan , or Items 23a or 28a-f show	ai Dir	5110 Sheri	ff Road,	N.E.		107.	Zip Code	200	19		10g. Citizen of	USA	try /	
	dea dea	Funeral	11. Meritei Stetus		Decadent Ever in d Forces?	n U,S. 1	3. Wes De	cedent of	Hispanic Or ben, Mexica	rigin? (Sp	ecify Yes or No Rican, etc.)		ca - America		n,
21215-0020		by	1 ☐ Never Married 2 ☐ Married 2 ☐ Married 2 ☐ Married 2 ☐ Divorce	arried 1 🗆 \	es 2XXNo s, Give or Detes:		_	2 / ///			Trioun, dio.,	Specia		ack	
5-0	n 72 hours "natural",	Completed	15. Deced	ent's Education lest grade comple	ted	16a. De	cedent's U	suai Occu	upetion	et of work	ina	16b. Kind of E	usiness/Ind	lustry	
21	within 7 ene. than "r	n Pie	Elementary/Secondary (0-12		ge (1-4or 5+)	life	DO NO	use retir	e during mos ed)	St Of WORK	mg				
2		5	5th				ŀ	lomen	naker			Pr	ivate		
nd	d oth	Be	17. Father's Name (First, Middl	e, Last)					18. Moth		e (First, Middle,	Maiden Sumai	me)		
Ya	2 should be filed and Mental Hygi Is marked other aumatic event,	P	Unknown							U	nknown				
, Maryland	d2s thar Tis		19a. Informant's Name/Relatio Laura Bynum/D)						#11, W)19
Baltimore,	permit. Pages 1 an Department of Heal Important: If Itam 2 any Injury or other once.		20a. Method of Disposition	- CID	54.00	b. Piaca of Dis	position (/	Vame of	ace)	I	Date	20c. Location	- City or To	wn, Stat	е
Ĕ	Pages nent of I int: If Its iry or o		1 ☑ Burial 2 ☐ Cremation 4 ☐ Donation 5 ☐ Other		rom State	Harmon				k 9	/7/96	Landov	er, M	aryl	and
alt	Departing Importa		21. Signature of Funeral Service	e Licensee	/				ress of Fecil		_				
m	88 5 8		1	15	1-1		7.17	B. Je	enkins	Fun	eral Ho d, Land	me M	د [برمدا	nd (20795
			23a. Part1. Enter the disease, ahock, or heert failure. Li	er complications t	hat caused the d	eath. Do not e	enter the m	node of dy	ring, such as	cardiac	or respiratory a	rest,	aryia	Approxi	lmate
	Physician		arlock, of rieart failure. Li	st only one cause	on eech line.							,	i		Between and Death
И	/Medical		Immediate Cause (Final disease or condition		and	endela	die	Ten	D	be	leedu		1		
	Examiner		resulting in death)	a	Due to	o (or as a com	equen	of):							
	D #	ner		Van	Ken	il for	ul	w	2						
	certificate be executed iding physicien end ise as the buriel-transit	Examiner	Sequentially list conditions,	Б. —	Due to	o (or as a cons	equence	of):,/	0	1					-
o,	e exe		Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or injury		Con	astu	re	Ke	act	H	war				
68760	ate b hysic the b	/Medical	that initiated events resulting in death) Last	C	Due to	or as a cons	equenca o	of):					i		
9 X	ding p	Me		L.											
Bo				0							_				
0	the des	Physiciar	Part ii. Other aignificant condi	tiona contributing	to death but not	resulting in the	underlyin	g cause g	iven in Part	1.	23b. Did 1	tobacco use co	ontribute to	the cau	see of death?
Р.	that the death ved by the atter detached for										10	Yas 2 No	3 Prob	ably	Unknown
S,	8 5 8	b													
Records,	been sign should be	Completed										an autopsy med?	878	ailable pr	
ec	aw 2 s	ple												death?	of cause
	0 - 0	5									101	res 2 No	1 🗆	Yes	2 No
Vital	Iclan: The	Be (25. Was case referred to medic examiner?	al						e of Deat	h (Check only o	ine)			
of	5 00	P	1 Yes 2 No	Hospitai:	Inpatient 2	ER/Outpat	ient 3□	DOA	ther: 4 N	ursing Ho	me 5 Resid	denca 8 🗆 Oti	ner (Specify	1)	
0		ü	27. Manner of Death 1 Natural 5 ☐ Pend		ate of Injury Month, Day Year	28b. Time		28c. Inju	ury at ork?		28d. Describe I	now injury occu	rred		
0	Attending or deeth. actor: After by the fune	atle	2 Accident inves	tigation			М		Yes 2	No					
Division	I or Attendi after deeth Director: A d in by the f	ertification:	3 ☐ Suicide 6 ☐ Coul 4 ☐ Homlcide dete	mined 256. F	Piaca of Injury - A juilding, etc. (Spe	t home, farm,	street, fac	tory, office	9		28f. Location (5 City or Tox		ber or Rura	Route	Vumber,
	tal or	Ce													
	he Hospital or At in 24 hours after of the Funeral Direct pletely filled in by	edical	29a. Certifier Cartify	ing Phyaician: To	the best of my l	knowiedge, de Instion and/or	ath occurr	ed at the t	time, date an	nd place,	and due to the	cause(s) and m	anner as st	ated.	se(s)
	within 2 To the F		one)	and	manner stated.							auto una piaco,			
	200	Σ	29b. Signature and title of certif	ier //	/		,		nse number			29d. Date sign	d (Month, I	Jay, Yes	tr)
	1		Harri	1 for	My	lus		ν_0	9776			7/	0/7		
	(I)		30. Name and address of person	h who completed	cause of death (I	tem 23a) (Typ	e, Print)								
			Barry Rosenbe	rg, MD	6501 L	.andove	r Roc	id, C	hever	ly, 1	ND 207	85			
	Sta	te	31. Date filed (Month, Day, Yea	r) 3	2. Registrar's Si										

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State of Maryland / Department of Health and Mental Hygiene

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			-			

September 9, 1996

						Certific	ate of	Death		Reg. No.		
	Physic		1. Decedant's Nama (First, Middle, La Viola	est)		Bis	hop		2. Date of De Month 9/5	ath /96	Yaar	3. Time of Death 6:30 PM
	/Medi Exami		4a. Facility Name (If not institution, given 11802 EDEN ROAD					4b. City, Town, or Lo	cation of Death		y of Death	Y
	Funeral Director		5. Social Security Number 6. S 240-32-8632 Usual Residence of Dacedant	I D M office	a (In yrs. i 99	ast birthday) If U Mon Yrs.	nder 1 Year ths Days		8. Date of Bir Month, Pa 2/20/1	th Xear)	9. Birthp Court LEAVE	Nace (State or Foreig NWORTH, K
	a-f ahow	ctor	10a. State 10b. County MD MONTG	OMERY	10c. City	SILVER S	PRING				1	0d. Insida City Limit:
	ath with the 23 or 28	ral Dire	10e. Street and Number 11802 EDEN ROAD					.0904		10g. Citizan of USA	What Coun	itry?
020	72 hours after death with the Maryland netural; or items 23s or 28s-f show dies! Examiner must be notified at	by Funeral Director	11. Marital Status 1 □ Navar Married 2 □ Married 3 ◯ Widowed 4 □ Divorced	12. Was Decedent E Armed Forcas? 1 ☐ Yas 2 ☑ N If Yas, Giva Year or Dates:	Ever In U.S			Hispanic Origin? (Spoan, Mexican, Puerto Specify:	ecify Yas or No Rican, etc.)	Speci	ce - Americ lok, Whita, fy: BL	
21215-0020		Completed	15. Dacedant's E (Specify only highast gri Elementary/Secondary (0-12) 12 YEARS	ducation ada complated) College (1-4or 5- 4 YEARS	+)	16a. Decedent'a (Give kind o lifa. DO NO TEACHER	Usual Occu f work dona oT use retire	pation I <i>durin</i> g most of work ad)	ing	18b. Kind of E		dustry
Maryland	permit. Pages 1 and 2 should be filed within Department of Health and Mental Hygiene important: if Item 27 is marked other than 1 marked other than 1 and Injury or other traumatic event, the Means.	To Be C	17. Fathar'a Name (First, Middla, Last HENRY TAYLOR)	•			18. Mothar's Name UNK	n (First, Middla, NOWN	Maiden Suma	ma)	
	1 and 2 sho Health and I om 27 ie me ther traume	i	19a, Informant'a Name/Ralationship (GEORGIA WHITT			SAME A	AS 10A	t and Number or Run		er, City or Town	n, Stata, Zip	Code)
Baltimore,	Pages 1 ment of H ant: If hen lury or oth	6	20a. Mathod of Disposition 1 □ Burial 2 □ Cremation 3 □ 4 □ Donation 5 □ Othar (Specil		CE	ace of Disposition emetery, cramatory CHSQUARE	or other pla		Data 2/96 R	20c. Location		
Ball	permit. Page Department of Important: If any injury or once.		21. Signature of Funaral Sarvice Line	much	1	22. Nam		POHN ^{ao} Ti RH 3030 12TH		DC 200		
	Physician /Medical Examiner		23a. Papt. Entar tha disaasa, or com- speck, or haart failure. List only Immediata Causa (Final disease or condition rasulting in death)	0		Do not enter the		Ing, such as cardiac	or respiratory a	rrest,		Approximate Interval Batween Onset and Death
	uted 1 Insit	Examiner		b. Co	NUF	as a consequence					1	3 dys
68760,	rificate be executed ng physician and s as the burial-transit		Sequantially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or Injury that Initiated evants	c. thyf	CR	as a consequence	W				-	YEARS YEARS
Box 68	es ip	an/Medical	rasulting In death) Last	a Arc	feri	- //	108	is.			1	YEARS
P.O.	that the ed by th detache	by Physician/	Part It. Other significant conditions of	contributing to death bu	t not resu	Iting In the underly	ng cause gi	iven in Part I.	23b. Dld		3 Proi	the cause of death bably 4 - Unknow
Records,	s been s 2 should	Completed b							24a. Was perfo	an autopay irmed?	av.	ara autopay findings aliabla prior to mplation of cause death?
al Re	The ate h								10	Yas 2000	10	Yes 2000
sion of Vital	ding Phys h. After this funeral di	ation: To Be	25. Was case rafarred to medical examinar? 1			ER/Outpatient 3E 28b. Tima of Injury	28c. Inju	28. Placa of Deather: 4 Nursing Ho iny at ork? Yas 2 No	ma 5 Rask	ona) dance 8 ⊡Ot how injury occu		ν)
Division	pital or Att ours after d eral Direct filled in by	sai Certification:	3 Suicida 4 Homicide 29a. Certifier 1 Certifying Ph	building, atc.	f my know	rledga, daath occur	red at tha ti	lma, data and place,	City or To	vn, State) cause(s) and m	annar as s	al Route Number,
	the Hos thin 24 h	Medical	(Check only 2 Medical Example) 29b Signature and title of certifier	niner: On the basis of and manner stat	axaminati led.	on and/or invastige		opinion, death occurr		data and place		

8401 Colesville Road #310, Silver Spring, Maryland

State Registrar

32 Registrar's Signatura 31. Data filad (Month, Day, Year)

30. Nama and address of person who complated causa of daath (Item 23a) (Type, Print)

Jean Welch, M.D.

DHMH 16 Rev 6/95

ASSESSED THE STATE OF THE STATE

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State of Maryland / Department of Health and Mental Hygiene 96 28672

						Certificate o	f Death	Re	g. No.		
			1. Decedent's Neme (First, Middle, La					2. Dete of Deeth Month		Vees	3. Tima of Deeth
	Physic /Medi		John	Winslow		Brett		Septemb	per 8.1	Year 996	11:50PM
	Exami		4a. Facility Neme (If not institution, given	re street end number)			4b. City, Town, or I	ocation of Deeth	4c. County	of Death	11.50111
	Funeral Director				n yrs. lest birt	hday) If Under 1 Year Months Dey		8. Dete of Birth (Month, Dey, Nov. 23	Year)	9. Birthpl Count	eorge's lece (State or Foreign try) Carolina
Т	pu .		Usuel Residence of Decedent 10s. Stete 10b. County	10	c. City, Town	or Location					
	ehove ehov	5								10	0d. Inalde City Limits 1 ☐ Yes 2 ☑ No
	the N	Director	Maryland Prince G	eorge s	Greenk	10f. Zip Code		10	g. Citizen of V	Prot Count	
	23a or	ral Dir	9151 Spring Hil	l Lane		207			U.S		ıy r
020	permit. Pages 1 and 2 should be filed within 72 hours after death with the Maryland Department of Health and Mental Hygiene. Important: if item 27 is marked other than "natural", or items 23a or 28a-f show simportant: if item 27 is marked other than "hatural", or items 23a or 28a-f show ship hours or other traumatic event, the Medical Eventies must be notified at once.	by Funeral	11. Maritel Stetus 1 Never Merried 2 Married 3 Widowed 4 Divorced	12. Wes Decedent Eve Armed Forces? 1 XYes 2 No If Yes, Give Yeer or Detes: 1	1969 - .972	13. Wes Decedent of If Yes, specify Co	f Hispenic Origin? (Suben, Mexican, Puerto o Specify:	pecify Yes or No- o Rican, etc.)		- America k, White, e	etc.
5	72 h	eted	15. Decedent's E (Specify only highest gro		16a.	Decedent's Usuel Occ (Give kind of work dor	e during most of wor	king	6b. Kind of Bu	siness/Ind	ustry
121	nen .	Completed	Elementery/Secondery (0-12)	College (1-4or 5+)	Com	life. DO NOT use ret nputer Syst	red)		r Feder	al Co	overnment
7	her ti		12th 17. Fether's Neme (First, Middle, Last	4	COL	iputer sys	1	ne (First, Middle, M			JVEITHEIT
Maryland 21215-0020	Mental H	To Be	John W.	Brett				uvice	Wins		
lar	2 sho and ls me		19e. Informent's Neme/Reletionship (Type, Print)		Meiling Address (Stre					
	and ealth m 27		Janetta T. Bret			L51 Spring					
altimore,	Pages 1 nent of H ant: If the ury or oth		20e. Method of Disposition 1 ☑ Suriel 2 ☐ Cremetion 3 ☐ 4 ☐ Donation 5 ☐ Other (Specif	Removel from State	cemeter	Disposition (Name of y, crematory or other p nd State Ve	eterans Ce	16, 1996 m.			wn, State Maryland
Balt	permit. Departr Importu eny Inju		21. Signature of Funeral Service Lice	1000		22. Name end Add	lress of Fecility I Alexandri	ee Funer	al Home	, Inc	c.
	_		23e Part1. Enter the diseaser of com- shock, or heart failure. List only	plications the onused the	deeth. Do n	1					Approximate
	Physician		shock, or near tampe. Aust only	one cause or years line.							Interval Between Onset and Death
	/Medical		Immediate Cause (Finel disease or condition	Carcin	nomatos	sis					
н	Examiner	l,	resulting in death)	e. Due	to (or as a c	consequence of):					
10	po #s	ine	_	b No	n-Hode	okins Lymp	noma, Mant	le Cell	B-Type	į	
_6	axecut and al-tran	Examiner	Sequentially ilst conditions, if any, leeding to immediate cause. Enter Underlying			onsequence of):			22		
x 68760,	n certificate be executed anding physician and use as the burial-transit	Medical	Cause (Disease or injury that initiated events resulting In death) Last	Due	to (or es e c	onsequence of):					
Box	death ce a attendii ed for use	Physician/	Part II. Other significant conditions of	contributing to deeth but no	ot resulting in	the underlying cause	given In Pert I.	23b. Did to	pacco usa con	itributs to	the cause of death?
P.0.	res that the death signed by the atter be detached for		Hypertensi	on				1 🗆 Ya	8 2□ No	3 Prob	ebly 4月Unknown
Division of Vital Records,	aw requires is been sign 2 should be	Completed by	Hyperchole	sterolemia				24a. Was ar perform	autopsy red?	ave	ore autopsy findings bilable prior to impletion of cause death?
ĭ	The ate h	On						1 □ Ye	s 2 2 No	1□	N/A Yas 2□No
<u> </u>	ysicien: The	Be	25. Wes case referred to medical exeminer?				28. Place of Dee	ath (Check only one	9)		
	\$ 000	2	1X Yes 2□ No	Hospitel: 1 ☐ Inpatient		petient 3D DOA		ome 5 Reside	nce 6 Othe	er (Specify)
lon	Attending Ph r death. ector: Atter thi by the funeral	ation:	27. Menner of Deeth 12 Neturel 2 Accident 5 Pending investigatio	28e. Dete of Injury (Month, Day Ye	28b. T	njury V	juryet łork? □ Yes 2 □ No	28d. Describe ho	w Injury occurr	ed	
	200×	Certification:	3 Suicide 6 Could not be determined		At home, fer	m, atreet, factory, offic	6	28f. Location (Str City or Town	eet and Numb State)	er or Rura	Route Number,
	To the Hospital or J within 24 hours effer To the Funeral Dire completely filled in b	edical C	29a. Certifier 1 Certifying Pt (Check only one)	yelclan; To the best of m niner: On the basis of exa end menner ateted	minetion end	deeth occurred et the f/or investigation, in m	time, dete end plece y opinion, deeth occu	, and due to tha ca rred et the time, da	use(s) end ma te and place, a	nner as stand due to	ated. the cause(s)
	within To th	Me	29b. Signature end title of certifier	5	~	29c. Lice	nse number	29	d. Dete signed	Month, L	Day, Year)
				C LAD		D2	0678				
			30. Neme end eddress of person who Edwarda M. Bud		(item 23e) (60 Vir	Type, Print) ginia St.	N.E. #219	Washingt	on, D.	C. 20	017
	Sta Registr	-	31. Dete filed (Month, Dey, Year) SEP 1 7 1	32. Registrar's	Signeture	Rarlell					

Registrar DHMH 16 Rsv 6/95

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Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene 96

					Cert	ificate o	f Death	R	eg. No.	
			Decedant's Nama (First, Middla, Last)					2. Data of Deel	th	3. Time of Deeth
	Physici /Medi		Margaret Essie Campbel	.1				Septem	ber 14	1996 1504
	Examir		4e. Facility Nema (If not institution, give street and number)				4b. City, Town, or L	ocation of Death	4c. County	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
			Washington County Hospit	al			Hagersto	vn	Wash	ington
	Funeral			a (In yrs. las		If Undar 1 Yas		8. Date of Birth (Month, Day) NOV • 4,	Yaari	9. Birthplaca (Stata or Foreign
ь	Director	П	216-22-9742 1 ^{1 M 2 M F} 69		Yrs.			Nov. 4,	1926	9. Birthplaca (Stata or Foreign Country) West Virginia
	pu a		Usual Rasidance of Dacadant 10a. Stata 10b. County	10c City 1	Town or Loca	ation				and toolds Ob. Co.
	sho sho	5								10d. Inside City Limits 1X Yas 2 □ No
	Ne M	Director	Maryland Washington	Н	lagerst				a alu 41	
	with with	눕	Toe. Street and Number			10f. Zlp Coda	740	'	0g. Citizan of V USA	what Country?
	urs after death with the Marylan all, or Hema 23a or 28a-f show Examinat mail be notified at	Funeral	317 Henry Avenue	Ever In 11 S	12 W			noity Vac or No		e - Amarican Indian,
	Hen	2	Armed Forcas? 1 □ Naver Married 2 Married 1 □ Yas 2 🔀 1		If	Yes, specify Cu	Hispenic Origin? (Sp ban, Maxican, Puarto	Rican, atc.)		ck, Whita, etc.
22	ars ar	þ	3 ☐ Widowed 4 ☐ Divorced If Yes, Give Yeer or Datas:		1[□Yas 2⊠N	o Specify:		Specify	" Black
0		8	15. Decedant's Education		16a. Deceda	nt's Usual Occ	upation		16b. Kind of Bu	usiness/industry
218	c 6	ple	(Specify only highast grada completed) Elamantary/Secondary (0-12) College (1-4or t	(4)	(Giva ki lifa. Do	ind of work don O NOT usa reti	a during most of work red)	ing		
2		Completed	12		Assemb	oly Lin	e Operator		Res:	istors
pu	0 = 0 >	Be	17. Fether's Name (First, Middla, Last)				18. Mothar's Nam	e (First, Middle, I	Maidan Sumam	na)
Via		10	Earnest Lewis				Mary An	n Russ		
Maryland 21215-0020	and and series		19a. Informant's Neme/Ralationship (Type, Print)		19b. Malling	Addrass (Stre	et and Number or Rur	al Route Number	City or Town,	Stata, Zip Code)
	f Health Hem 27 other tr		Eugene Willis Campbell,			enry Av	enue Hage		Marylan	
0	of the		20a. Method of Disposition 1 □XBurial 2 □ Cramation 3 □ Ramoval from Steta	cem	etery, crama	tion (Nama of atory or other p				Cify or Town, Stata
E			4 ☐ Donation 5 ☐ Othar (Specify)	Ros	se Hil	1 Cemet	ery	9/20/96	Hagers	town, Maryland
Baltimore,	permit. Pag Department Important: I any injury c		21. Signature of Funaral Sarvice Licensee	0			rass of Facility Minnich	205 N	Dotomo	c Street
	0.02 * 0		STAG //. IIIIINC	7	Fu	neral L	Iome Iome	Hacere	town M	laryland 217/0
П			23a. Pert 1. Entar tha diseese, or complications that caused shock, or heart feilura. List only ona cause on aech li	tha daath.	Do not antar	tha moda of d	ying, such as cardiec	or respiratory arm	est.	Approximate Interval Between Onset end Deeth
	Physician		and the state of t	/						
	/Medical Examiner		Immediate Cause (Final disease or condition resulting in death)	cute	e M	140 (4	col(a)	(litero	1004	YPGS
п			resource in dearty	Dug to (or a	s a consequ	ence of):	/	0.	1	yeas lirecce
	bed flac	Examiner	b .	Yer	3 SC	(010)	ic con	10 Vas	CKSC	locale
	be executed lotan and burial-transit	xar	Sequantially list conditions, if any, leading to immadiate causa. Entar Underlying Causa (Diseasa or injury	Due to (or a	s a conseque	ance of):				
68760,	cate be a physician s the buria									
687	dificate being physicial as the bur	edical	rasulting in death) Last	Dua to (or as	s a conseque	ance of):				
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0	# 60 m	hys	Part ti. Other significant conditions contributing to death be	it not rasultir	ng in tha und	arrying cause (givan in Part I.		s 2 No	ntributs to the cause of death? 3 ☑ Probably 4 ☐ Unknow
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Vital Records,	- w D		N' . 1					24e. Was a		24b. Wara sutopsy findings
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>	S 00	ToE	examinar? 1 Yas 2 No Hospitel: 1 Inpatia	nt 2 ER	VOutpatient	3 DOA	Whar	ma 5 🗆 Rasida		ar (Specify)
n of	ding Phy h. After thi funeral		27. Manne of Deeth 28a. Data of Injurial Neture 5 □ Panding (Month, Data	y Year) 28	Bb. Tima of injury	28c. Inj	T	28d. Dascribe ho		
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Division	after death Director: I in by the	Certification:	3 ☐ Sulcide 6 ☐ Could not be determined 28a. Placa of Inji building, etc	ry - At home (Specify)	a, farm, strae	et, fectory, office	9	28f. Location (St City or Town		er or Rural Routa Number.
	bepital of hours all aneral D ity filled I									
	工学匠品	edical	29a. Certiflar (Check only 2 Medicat Examiner: On the besis of	axamination	dge, deeth o n end/or Inva	occurred et tha stigation, in my	tima, date end placa, opinion, daath occur	and dua to the co	ause(s) and me ata and place,	enner as stated. and due to the cause(s)
	To the within 2 To the comple	Med	one) end mannar sta	ted.			nsa number			(Month, Day, Year)
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			man de la companya della companya della companya de la companya della companya de	41 41	n 1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2				. //	(,)
			30. Name and address of parson who complated causa of di	aath (item 23	(Type, Pr	nint)	a LL.	10 ~1/-		17/96 ND 2/742
	CA		31. Date filed (Month, Day, Year) 32. Radistra	r's Signetur	140)	u / h	ne 1/h	10/1K	un V	001112

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State Registrar

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					Cer	tificate of	Death		Reg. No.				
	Di d		1. Decedant's Nama (First, Middla, Last)					2. Data of Dea					
	Physic /Medi		Patricia 1	-breaine Cra	ouse	ise							
	Exami		4a. Facility Nama (If not Institution, g	iva streat and number)			4b. City, Town, or Lo						
			Washington	County Hospi	tal		Hagerst	own,	Was	hing	ton		
	Funeral			Sax 7. Aga (In yrs.		If Undar 1 Yaar Months Days	If Undar 24 Hrs. Hours Min.	8. Data of Birt (Month, Day	h v. Year)				
	Director		217-32-5821	60 y	rs Yrs.			Feb.7,		MD	,		
	pu *		Usual Rasidence of Dacedant 10a. Stata 10b. County	10c. Ci	ty, Town or Loc	ation				100	d Inside City Limits		
	f sho	ŏ	MD Wash			pring,				1.00			
	h the Meryland of 28a-f show unotitled at	ect	10e, Street and Number	2.1.9001	rear b	10f. Zip Coda			10g Citizen of I	What Countr	46		
	th with 23s or	ā	14636 Mercer			mar cooming	,						
	hours after death with the Meryland tural", or items 23a or 28a-f show all Examinet must be notified at	Funeral Director	11. Marital Status	12. Was Decedant Evar in U	I,S. 13. W	217 /as Decedant of	Hispanic Origin? (Spo pan, Maxican, Puarto	ecity Yas or No-		e - Amaricar	n Indian,		
0	after dea or fleme	E	1 ☐ Nevar Married 2 ☐ Married	Armed Forcas? 1 ☐ Yas				Rican, atc.)	Blac	ck, Whita, at	c.		
02	urs a	by	3 ☐ Widowed 4 ☐ Divorced	If Yas, Give Yaar or Datas:	1	☐ Yas 2 🔀 No	Specify:		Specify	" Whit	te		
21215-0020	2 9 2	Completed	15. Decedent's (Specify only highast of	Education	16a. Deceda	ant's Usuai Occu	pation	ino	16b. Kind of B	usinass/Indu	stry		
21		nple	Elemantary/Secondary (0-12)	College (1-4or 5+)	Iifa. DO NOT usa retired)				Board of F				
2	77 75 16 18	S	12 years	0	Cai	eteria	Worker		Day Year 20:20 M Lember 15, 1996 Ac. County of Death Washington Birth Ac. County of Death Washington 9. Birthplace (State or Foreign Country) 7, 1936 MD 10d. Inside City Limits 1 Yas 2 No 10g. Citizen of What Country? USA. No- 14. Race - Amarican Indian, Black, Whita, atc. Specify: White 16b. Kind of Businass/Industry Board of Education Ala, Maidan Sumama) Miller Inder, City or Town, Stata, Zip Code) ear Spring, MD. 20c. Location - City or Town, Stata Big Pool, MD Day Inc. Pariest, Approximate Indianal Between Conset and Death Approximate Indianal Between				
E D	be filed flai Hygli d other event, ii	To Be	17. Fathar's Nama (First, Middla, La.	e*			18. Mothar's Name	a (First, Middle,	Maidan Suman	1a)			
Z	2 should be f n and Mental is le marked of raumetic eve	5	Harry O. Mil.										
Maryland	d 2 should be filed the and Mental Hyg 7 is marked other traumetic event,		19a. Informant's Name/Ralationship										
a)	feel feel m 2		Calvin M.Cro	lear a	-1.57	101 (0.1		- 1					
Baltimore,	or The		1 ⊠ Burial 2 □ Cramation 3	DRomoval from State	cematary, crem	atory or other pla	oe) Septem	ber					
Tim	Demit. Pe Departmen mportant: Iny injury		4 □ Donation 5 □ Othar (Spec			d Ceme		,1996	Big P	001,	4D		
Ba	Depa impo any ir		21. Signature M Funeral Service Lic	hu-h	cal Home Inc								
	40.2 40		Thompson Funeral Home, Inc. P.O.BOX 310 Clear Spring, MD 21722 Approximate Interval Serving arrest, and the death. Do not antar the mode of dying, such as cardiac or respiratory arrest, or near tenure. List only one cause on each line.										
			23a. Pant Jemm the disease, or complications that caused the death. Do not antar the mode of dying, such as cardiac or respiratory arrest, Approximate Interval Between										
	by Medicale be executed by Medical Physician and be attending physician and but a for use as the burial-Hansit		immediata Causa (Final								meat and Death		
			disaasa or condition rasulting in daath)	· SEPTE				1 DAILS					
		ē		Dua to (c					20110				
		Examiner		b. INEU	or as a consequ					19	DAYS		
Ć,		Exa	Sequentially list conditions, if any, leading to immediate cause. Entar Undarlying Cause (Disease or Injury that initiated evants	Dog to to	173			2	2 446				
68760,	ysicie	cal	Cause (Disaasa or Injury that initiated evants	c. Dua to (c				DAYS					
9	e as the	Medical	rasulting In death) Last Dua to (or as a consequence or):										
Вох	eath cer attendir			d									
). E	r requires that the death been signed by the atte should be detached for	by Physician/	Part II. Other significant conditions	contributing to death but not ras	ulting in the un-	darlying causa g	van in Part i.	23b. Did t	obacco use co	ntribute to t	he cause of death?		
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Š	the second	þ											
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of Vital	Physician: The lev this certificate has ral director, page 2	Be	25. Was casa relarred to medical examinar?				26. Place of Deat	(Check only o	ne)				
of	S 00 TO	J.	1 ☐ Yas 2 ☑ No		ER/Outpatient	3LI DOA				1-1-177			
Ē	ding P. After t funera	Certification:	27. Mannar of Death 1 ☑Natural 5 ☐ Panding	28a. Data of injury (Month, Day Year)	28b. Tima of Injury	28c. Inju				red			
Sic	Attending or death. ector: After by the fune	cat	Accident Invastigati	ha / //-	MA]Yas 2□No	NA					
Division	or Attendi after death. Director: A d in by the fu	E	4 Homicida datermine	28a. Place of Injury - At h building, atc. (Specif	oma, farm, stre	at, factory, office		28f. Location (S City or Tow	Street and Numb vn, Stata)	er or Rural F	Routa Number,		
	ours a		200 Contillor 150 His 5		NIA				NA				
	To the Hospital or Attending Phwithin 24 hours after death. To the Funeral Director: After the completely filled in by the funeral	edicai	29a. Cartifiar 1 Certifying F (Check only one) Medicai Exi	miner: On the basis of examina and manner stated.	ition and/or inva	occurred at tha trastilastigation, in my	ime, data and place, i opinion, daath occurr	and dua to tha d ed at tha time, d	causa(s) and mi date and place,	and due to ti	ied. ha cause(s)		
	ithin o the omple	M	29b. Signatura and title of certifier	and mannar stated.		29c, Lican	sa number		29d. Data signe	d (Month, De	ay, Year)		
	F 3 F 8		Maule	u g had		7)2	-8365		9.25	96			
			30. Nama and addrass of person with	completed course of death, the			3300	1	1 201				
			2012 M. 9CL	368 M(1)	Tticact	Han	md. 2	1740					
	Sta	ite	31. Data liled (Month, Day, Yaar)	32. Registrar's Signa	atura	1 100							
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State of Maryland / Department of Health and Mental Hygiene 9

Certificate of Death 1. Decedant'a Nama (First, Middla, Last) 2. Data of Death 3. Time of Death **Physician** Month ATHENE COOPER SEPT. 1996 10, /Medical 4:00 am 4a. Facility Nama (If not institution, giva street and number) 4b. City, Town, or Location of Daath 4c. County of Death Examiner 5624 HELMONT DRIVE, OXON HILL PRINCE GEORGES If Undar 1 Yaar | If Undar 24 Hrs. 8. Data of Birth (Month, Days Hours Min. (Month, Day, Yaar) 7. Aga (In yrs. last birthday) 5. Social Sacurity Number Birthpiaca (Stata or Foreign Country) **Funeral** 1**X**M 2□ F Months Yrs. Director 577-48-5269 WILSON, NC 70 OCT. 20,1925 Usual Rasidance of Decedent with the Maryland 10a Stata 10b. County 10c. City, Town or Location 10d. Insida City Limits 28a-f ahow traumatic event, the Medical Examiner must be notified at 1X Yas 2 No Director WASHINGTON, DC 10a. Street and Number 10f. Zip Coda 10a, Citizen of What Country? ò items 23a Funeral death U.S.A.

14. Race - Amaricen Indian,
Black, Whita, atc. 1426 11th STREET, NW #1 20001 Was Decedant Evar in U,S. Armed Forces? Was Dacedant of Hispanic Orlgin? (Specify Yas or No-If Yas, specify Cuban, Maxican, Puerto Ricen, atc.) filed within 72 hours after 1 Navar Married 2 Married 1 ☐ Yas 2 ▼No If Yas, Giva Yaar or Datas: ò 21215-0020 1 ☐ Yas 2 X No Specify: þ Specify: 3 ☐ Widowed 4 ☐ Divorced "natural", BLACK Completed 15. Decedant's Education (Specify only highast grade complated) 16a. Decedant's Usual Occupation (Giva kind of work dona during most of working lifa. DO NOT use ratired) 16b. Kind of Businass/Industry permit. Pages 1 and 2 should be filed within 7. Department of Health end Mentel Hyglena. Important: If Item 27 is marked other than "na any injury or other traumatic event, the Medic once. Elementary/Secondary (0-12) College (1-4or 5+) 12th OWNER OPERATOR RESTAURANT Baltimore, Maryland 17. Fathar's Nama (First, Middla, Last) 18. Mother's Nama (First, Middle, Maiden Sumame) Be 2 ERNEST HEATH **PHOEBE** COOPER 19a. Informant's Name/Relationship (Type, Print) 19b. Mailing Address (Streat and Number or Rural Routa Number, City or Town, Stata, Zip Coda) IDA COOPER - WIFE 3429 5th St., SE #25 WASHINGTON, DC 20032 20a. Mathod of Disposition 20b. Placa of Disposition (Nama of cematary, cramatory or other place) Data 20c. Location - City or Town, Stata 9 - 131X Burial 2 ☐ Cramation 3 ☐ Ramoval from Stage 5 Othar (Specify) 96 HARMONY MEMORIAL PARK LANDOVER, MARYLAND 21. Signatura of Funeral Sarvine Language 22. Nama and Addrass of Facility
TAYLOR 'S FUN FUNERAL HOME 1722 NORTH CAPITOL ST., NW WASH. DC 23a. Part 1. Entar tha diseasa, or complications that cause of the death. Do not antar tha mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on the line Approximata Intarval Batween Onsat and Death **Physician** Immediata Causa (Final disaase or condition resulting in death) /Medical Examiner disease and Couling operty The law requires that the death certificate be axecuted Sequantially list conditions, if any, laading to immadiata causa. Entar Undarlying Cause (Disaasa or Injury that initiated avants resulting In daath) Last Box 68760. Physician/Medical the Dua to (or as a consequence of): P.O. | Part II. Other significent conditions contributing to death but not rasulting in the underlying ceuse given in Part I. 23b. Did tobacco use contribute to the cause of death? been signed by t should be detach 1 ☐ Yes 2 No 3 ☐ Probably 4 ☐ Unknown Records, þ 24b. Wara autopsy findings available prior to complation of causa of death? Completed 24a. Was an autopsy performed? hes certificata 1 Yas 2 No 1 Yes 2 No Division of Vital Hospital or Attending Physician: Be 25. Was cesa referred to medical 28. Placa of Death (Check only ona) Othar: 4 Nursing Homa 2 2**X** No 1 ☐ Yes 1 inpetiant 2 ER/Outpatient 3 DOA 5 Rasidance 8 Othar (Specify) this er of Death 28a. Date of Injury (Month, Day Year) Certification: 28b. Tima of 28d. Describe how injury occurred 28c. Injury at Work? After 5 Panding Invastigation 1 Natural To the Hospital or Attendir within 24 hours after death. To the Funeral Director: A completaly filled in by the fi death. 1 ☐ Yas 2 ☐ No 2 Accident 6 Could not be datermined 3 Sulcida 28a. Place of Injury - At homa, farm, straat, factory, office building, atc. (Spacify) 28f. Location (Street and Number or Rural Routa Number, City or Town, Stata) 4 D Homicida Medicai 29a. Certifier Certifying Physician: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(s) and manner as stated.

Medical Examiner: On the basis of examination and/or invastigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and manner stated. (Check only one) 29b. Signaty@ aj fi titia of certifier 29c. Licansa numbar 29d. Data signed (Month, Day, Yaar) 204 30. Nama and addrass of person who completed ceusa of death (Item 23a) (Type, Print) MAHMOOD MOHAMADI, M.D., F.A.C.P. -6130 OXON HILL RD., OXON HILL, MD 31. Data filed (Month, Day, Yaar) 32 Registrar's Signatura

DHMH 16 Rev 6/95

State Registrar

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DIVISION OF VITAL RECORDS, P.O. BOX 68760

TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or remoral.

IMPORTANT: If Item 28 is marked, or item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

	FOR 1 - STATE REGISTRAR	STATE OF MARYL	AND / DEPARTM			MENTAL HYGIENE						
)	t. DECEDENT'S NAME (First, Middle, Last)		2. DATE OF DEATH									
,	JAMES CALLO	WAY CHUM	LEY			SEPT 11"	1996	7:10 P _M				
	4. BOCIAL SECURITY NUMBER 410-54-6879	5. SEX 6. AGE (UNDER 1 YEAR	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year) 9/13/34	Cou	THPLACE (State or Foreign intry)				
	the, FACILITY NAME (If not institution, give etr		9b.	CITY, TOWN O	R LOCATION OF DE		9c. COUNTY OF					
חבכוסח	Ft. Washington Hospital Ft. Washington Prince Georgespence of Decement											
	10a. STATE 10b. COUNTY		10c, CITY, TO	WN OR LOCAT	ON			10d, INSIDE CITY LIMITS?				
5		e George's	Oxon					1X YES 2 NO				
7	100. STREET AND NUMBER 101. ZIP CODE 102. CATSON AVE 103. CATSON AVE 104. ZIP CODE 105. CATSON AVE USA											
2	721 Carson Ave.	12. WAS DECEDENT EVER IN	NUS ARMED			IIC ORIGIN? (Specify Yee						
	1 Never Merried 2 X Merried	FORCES? 1 YES	2 X NO		cify Cuben, Mexice	n, Puerlo Rican, etc.)	Bla	Black, White, etc.				
	3 Wildowed 4 Divorced				94			Specify: White				
	ts. DECEDENT'S EDUC (Specify only highest grade of		(Give kind of work life. Do NOT use ret	done during mos		16b, KIND OF BUS	INESS/INDUSTRY					
J	Elementery/Secondery (0-12)	College (1-4 or 5+)	Paper Cut			Printi	ng	ıg				
	17. FATHER'S NAME (First, Middle, Last)				18. MOTHER'S NA	ME (First, Middle, Melden S	Surname)					
	Daniel L. Chumle	У			Daisy	V. Haddox						
	19e. INFORMANT'S NAME (Type/Print)		19b. MAILING ADD	DRESS (Street e	nd Number or Aural i	Route Number, City or Town	, State, Zip Code)	Code)				
-	Hazel W. Chumley	-		s item								
	20e. METHOD OF DISPOSITION 1	wal from State A	PLACE AND DATE OF DI			9/14/96 Su	itland.					
	21. SIGNATUS OF FUNERAL SERVICE LICE		dai niik		D ADDRESS OF FA			nar y zano				
	Del to	des K	8			s Funeral	Home					
4	Fall Mort I Enter the diseases or o	emotionate de stat beure				Rd. Oxon		d. 20745				
	ahock, or heert fellure. List only the cause on each line.											
	iMMEDIATE CAUSE (Fine) disesse or condition	ASPIRATIO	ON PNEUMO	NIA				Onset and Death				
ł	resulting in death)		CONSEQUENCE OF):									
-		METASTATIC CANCER OF BRAIN										
NO INCIDING	if any, leading to immediate	Sequentially list conditions, Due to (or as a consequence of): If any, leading to immediate										
3	cause. Enter UNDERLYING CAUSE (Disease or injury		DUE TO (OR AS A CONSEQUENCE OF):									
	that initiated eventa reaulting in death) LAST		PRIMARY COLON CANCER									
3	DATE II. Other classificant and distant											
3	PART II. Other algnificant conditions	i contributing to death b	out not resulting in the	he underlying	cause given in	PERFOR	MED?	4b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE				
2						1 🗆 YES 2	X) NO	OF DEATH?				
2	DID TOBACCO USE CONTR	RIBUTE TO CAUSE C	OF DEATH YES	□ NO [3	UNCERTAI	N D		1 TYES 2 NO				
	25. WAS CASE REFERRED TO MEDICAL		26. PLACE OF DEATH (
H SICIAN.	1 YES 2 NO	EXAMINER? 1 YES 2 NO HOSPITAL: 1/2 Inpatient 2 ER/Outpatient 3 DOA 4 Nursing Home 5 Residence 6 Other (Specify)										
	27. MANNER OF DEATH	26e. DATE OF INJURY (Month, Day, Year)	28b. TIME OF	WO	JRY AT RK?	26d. DESCRIBE HOW IN	JURY OCCURED					
	1X Natural 5 Pending 2 Accident Investigation		M 1 YES 2 NO									
2	3 Suicide 6 Could not be distermined 28e. PLACE OF INJURY — At home, ferm, street, fectory, office building, etc. (Specify) 28t. LOCATION (Street and Number or Rural Rout City or Town, State)											
וי	29e. CERTIFIER 1 X CERTIFYING PHYSIC	to the cause(e) end man	ner se steted.									
P	Const. Unity 21		e(e) end manner ee stated.									
۱ د	29b. SIGNATURE AND TITLE OF CERTIFIER	MBER		IED (Month, Day, Year)								
	Uccory W. 1 clos , wos D13150 ► Sept. 12,											
-	30. NAME AND ADDRESS OF PERSON WHO				1117	1 MD 00	7 1. 5					
	Mark Pillor, 1			Kd. 0:	con Hil	1, MD 20,	/ 4 >					
	SEP 13 1996 SEP 13 1996 SEP 13 1996 SEP 13 1996											

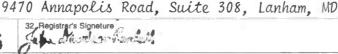
68760 Box (P.O. Records, Division of Vital

To the Hospital o within 24 hours af To the Funeral DI

State

31. Dete filed (Month, Dey, Year) SEP 13 1996

30. Name end eddress of person who completed cause of deeth (Item 23e) (Type, Print)



Cartifying Physician: To the best of my knowledge, death occurred et the time, dete end pleca, end due to the cause(s) end manner as stated.

2 Medical Examiner: On the basis of examination and/or investigation, in my opinion, deeth occurred et the time, dete and place, and dua to the causa(s) end menner stated.

29c. Licansa number

29d. Date signed (Month, Dwy, Year)

20706

Registrar

29e. Certifier

(Check only

29b. Signature and title of certifier

Hema Yadla, MD

43 64 -3

Please Type or Print In Black Indelible Ink. Assure All Copies Are Legible.

State of Maryland / Department of Health and Mental Hygiene 96 28678

						Ce	rtificate of	Death		Reg. No.				
	Dhuala	ian.	1. Decedent's Name (First, Middle	, Last)						2. Date of Death Month Day Year 3. Time of Death				
	Physic /Medi			MARY		(CHANDLER		Month 09	03	96	12:00 PM		
	Exami		4a. Facility Name (If not Institution Fox Chase Rehal	rsing (Center	4b. City, Town, Silver	or Location of Dea		dc. Country of Death Montgomery 9. Birthplace (Stacountry) 1899 South Car 10d. Insid 1XX Citizen of What Country? USA 14. Raca - American Indian Black, White, etc. Specify: black b. Kind of Business/Industry Private den Sumama) In ity or Town, State, Zip Code) 20706 c. Location - City or Town, State inston Salem, er, Mary and Approximatery Private coo use contribute to the cau 2 No 3 Probably utopsy 24b. Were autopsy available prompletion of death?					
	Funeral Director		5. Social Security Number 241 – 32 – 0537	6. Sex 1 ☐ M 2 🖾 F	7. Age (In yrs	. last birthday, Yrs.	Months Days		Ain. 8. Date of B	irth Pay, Year) 3, 1899	9. Birthol Coun South	lace (State or Foreign try) Carolina		
120	pu ,		Usual Residence of Decedent 10a. State 10b. County											
	e Marylan 8a-f show rithed st	ctor	Maryland Prince	e George'	S 100. C	ity, Town or L		nham			11	0d. Inside City Limits 1XX es 2 □ No		
	th with th	Funeral Director	10e. Street and Number 4315 Kinmount	Road			10f. Zip Code	20706				try?		
	permit. Pages 1 and 2 should be filled within 72 hours after death with the Maryland Department of Health and Mental Hyglene. Important: if item 27 is marked other than "natural", or items 23a or 28a-f show may highly or other traumatic avent, the Medical Examiner must be notified at ADES.	by	11. Marital Statua 1 Never Married 2 Marri 3 23 Widowed 4 Divorced	cedent Ever in lorces? 2 CXNo ive Dates:		Was Decedent of If Yes, apecify Cult		(Specify Yes or Nuerto Rican, etc.)		ck, White,	etc.			
9-0	2 ho	De J	15. Decedent			18a. Dece	dent's Usual Occu	pation	erane	16b. Kind of B	Business/Ind	Justry		
2121	filed within 7 Hygiene. other than "n	Completed	15. Decedent's Education (Specify only highest grada completed) Elementary/Secondary (0-12) 6th 18a. Decedent's Usual Occupation (Giva kind of work dona during most of work lifa. DO NOT usa ratired) Seamstress								Priva	te		
Maryland 21215-0020	2 should be filed with and Mental Hygiene. Is marked other ther sumatic svent, the Is	To Be C	17. Father'a Name (First, Middle, I	ontgomery	/				Name (First, Middle ances Ne		ma)			
	nd 2 should lith and Men 27 is marke r traumatic	_	19a. Informant'a Name/Reletionsh Annie Wright/Da	nip <i>(Type, Print)</i> Lughter					Rural Routa Num Lanham,			Code)		
Baltimore,	s 1 and of Haalth Item 27 other tr		20a. Method of Disposition				paltion (Nama of matory or other pie	ace)	Date	20c. Location	- City or Town, State			
	Page nent of iny or		1 ☐ Burial 2 ☐ Cremation 4 ☐ Donation 5 ☐ Other (Sp	Cremation 3 ☐Removal from State ☐ Other (Specify)			en Cemet		9/9/96	Winston Salem, N		em, NC		
	permit. Pages 1 and 2 Department of Health is Important: if item 27 is any Injury or other tra once.		21. Signature of Funeral Service Licensee 22. Name and Address of Facility											
	205 5 8		Nanay A Percentie J. B. Jenkins Funeral Home 7474 Landover Road, Landover, Maryla											
	U 37/1		23a. Part1. Enter the disease, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line. Approximate Interval Between											
	Physician /Medical Examiner	ı										Onset and Death		
	and transit	icai Examiner												
68760,	certificate be executed ding physician and use as the burial-transit													
Box 68	n certifica anding ph use as ti	in/Medical												
	death	sicia	Part II. Other significant condition	ns contributing to d	leath but not re	sulting in the u	inderlying cause g	iven in Part I.	23b. Dic	i tobacco use co	ontribute to	the cause of death?		
S, P.O	es that the death igned by the atter be detached for u	by Physician	Organi	1	Yes 2 No	3 Prob	bably 4 🖾 Unknow							
of Vital Records,	aw requir 1s been s 2 should	Completed t							24a. Wa	s an autopsy formed?	ave	ere autopay findings sliable prior to mpletion of cause death?		
E B	F se g	Son							1	Yes 2 No	10	Yes 2□ No		
Vita	Physician: The this certificate and director, page	Be	25. Was case referred to medical axaminer?	Hospital.			26. Piace of			ona)				
of	this aldi	۲.	1 Yes 2 No			ER/Outpatle	nt 3LI DOA			~~ ~)		
	E E	tion	1 X Natural 5 ☐ Pending		of Injury oth, Day Year)	28b. Time of Injury	We	ork? ☐Yes 2☐No	280. Describe	now injury occu	rred			
Division	or Attending after death. Director: After I in by the fune	Certification:	2 Accident Investig 3 Suicide 6 Could n 4 Homlcide determine	1		(Street and Num. own, Stata)	ber or Rura	l Routa Number,						
	Hospital 24 hours Funeral stely filled	edical C	29a. Certifier (Check only one) 1 Certifying 2 Medical E	Physician: To the examiner: On the b	best of my kn asis of examination stated.	owledge, deat ation and/or in	h occurred et the t vestigation, in my	ime, date and pli opinion, death o	ace, and due to the courred at the time	e cause(s) and m	anner as st and due to	ated. the cause(s)		
	To the forther comple	Me	29b. Signature and title of certifier	ise number		29d. Date signe		4						
	(2)		30. Name and address of person v		ae of death (Ite	m 23a) (Type,		26382		septe	mber	3, 1996		
			Marc Shepherd,		4700	Berwy	n House	Road, Si	uite 105,	Colleg	e Par	k, MD		
	Sta Registr		31. Date filed (Month, Day, Year) SEP 0 9 12	196 July	Registrar's Sign	ature x-Ravdall	,							
011	MU 16 Day 60			0										

Registrar DHMH 16 Ray 6/95

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State of Maryland / Department of Health and Mental Hygiene 96

						Cer	rtificate	e of	Death		Re	g. No.			
	Dhunia		1. Decedent's Neme (First, Middle,	Last)							2. Dete of Death	Dev	Year	3. Time	of Death
	Physici Medi/		MARY Alice						SEPT. 5	1996	1981	8	A.M.		
	Examir		4a. Facility Neme (If not institution, 7307 15th AVE.	give street and number)					4b. City, To TAKON		ARK	4c. County Prince		rges	
	Funeral Director		402-22-2661	3. Sex 7. Age 1	73	irthday) Yrs.	If Under Months	1 Yeer Deys		24 Hrs. Min.	8. Dete of Birth Month, Day, May 29,	1923	9. Birthpi Coun Indi	ace (Stete lry) ana	or Foreign
020	within 72 hours after death with the Maryland ene. then "natural", or items 23s or 28s-f show he Maylost Experient mast be notified at	Director	Usual Residence of Decedent 10e. Stete 10b. County Maryland Prince 10e. Street and Number	e Georges		own or Location na Park 10f. Zip Code 10g. Citizen of What								City Limits s 2 □ No	
	ath with	rai Di	7307 15th Ave.			T		209				U.S.	Α.		
	is 1 and 2 should be filed within 72 hours after death with the Marylan of Health and Mental Hyglene. Item 27 is marked other than "natural", or items 23a or 28af show other traumatic event, the Medical Examiner must be notified at	by Funeral	11. Meritei Stetus 1 □ Never Merried 💥 XMarrie 3 □ Widowed 4 □ Divorced	12. Wes Decedent I Armed Forces? d 1 ☐ Yes 2 ☑ N If Yes, Give Yeer or Detes:					nic Origin? (Specify Yes or No- exican, Puerto Rican, etc.)		14. Race - Ame Bleck, White Specify: W				
21215-0020	in 72 h	Completed	15. Decedent's (Specify only highest	grade completed)		Give life. L	dent's Usue kind of wor DO NOT us	i Occu k done	petion during mos ed)	t of work	ing	6b. Kind of B	usiness/Ind	ustry	
	od with	Com	Eiementery/Secondery (0-12)	Coilege (1-4 <i>o</i> r 5	+)	Hom	emake	er				Own H	ome		
Maryland	should be filed within nd Mental Hyglene. I marked other than "umatic event, tre Men	To Be	17. Father's Name (First, Middle, La Arvid Blomo						1000	or's Nem	e (First, Middle, M ta Emer		10)		
Mar	d 2 sho th and 7 is me traum		19e. Informant's Neme/Reletionshi		-						al Route Number,			Code)	
ů	if Healt item 2 other		Henry R. Cook/F.		20b. Plece	of Dispo		ne of		koma	Park, M	D 2091.		wn, Stete	
	tt. Page rtment c rtant: if	0.50	1 △ Burlei 2 ☐ Cremetion 3 4 ☐ Donetion 5 ☐ Other (Spe	ocify)	FT. I	INCO	OLN (CEM	ETERY		t.9,1996				
Ba	Depa Impo any le		22. Name end Address of Fecility Takoma Funeral Home, Inc. 254 Carroll St. NW Washington, DC 20012												
	Physician		23a. Part1. Enter the disease, or dishock, or healt failure. List or	implications that caused nly on ceuse on each lin	the deeth. Do	not ente	er the mode	e of dy	ing, such es	cardiac	or respiretory erre	st,		Approxima interval Be Onset and	etween
	/Medical Examiner		Immediate Cause (Final disease or condition resulting in deeth) e. Hypertransport Structure Str									Yea	15		
	P #	iner		- b	Due to (or es e	conseq	uence or):								
68760,	eath certificata be executed attending physician and for use as the bunel-transit	edical Examiner	Cause (Dissess or injury that inflitted events to that inflitted events resulting in deeth) Lest Due to (or es e consequence of):												
Вох е	th certifi tending if use as	2													
P.O. E	that the death co	ysici	Pert It. Other significant conditions	()		4	nderlying ca	ause g	iven in Pert I		23b. Did tol	bacco usa co		-	
s, P.	8 5 8	by Physician	Carcinoma of the buest Pheumatoria arthritis 240.								1 🗆 Ye	8 2□ No	3 Prob	ably 42	Unknown
Records,	2 s	Completed	Pheumatoria arthritis							24e. Wes ar perform		ave cor	re sutopsy ilable prior npietion of feath?	rto	
	The ate	Com									1 □ Ye	s 2000	1□	Yes 2	□No
Vital	yalcian: The	o Be	25. Was case referred to medical exeminer? 1 20 res 2 □ No	Hospitel:		, de edie e	4 2 DO	Ot	hor:		h (Check only one)				
Division of	五年 五	-	To impatient 20 Envotipatient 30 DOA 40 Nutsing Home 5 Enversioence 6 Outner (Specify)									,			
Divisi	To the Hospital or Attending within 24 hours after death. To the Funeral Director: After completely lifed in by the fune	Certification:	3 Suicide 6 Could not be determined 28e. Plece of Injury - At home, ferm, street, fectory, office building, etc. (Specify)							28f. Location (Str City or Town		er or Rura	Route Nu	m <i>ber</i> ,	
	To the Hospital or Atl within 24 hours after of To the Funeral Direct completely Illed in by	edicai C	29e. Certifier (Check only one) Certifying	Physicien: To the best of taminer: On the basis of and manner ste	exeminetion er	e, deeth nd/or Inv	occurred e restigetion,	t the ti	ime, dete an opinion, dee	d plece, th occurr	and due to the ce red et the time, da	use(s) end ma te end plece,	nner as st and due to	ated. the ceuse	(s)
	To the To the comp	Me	29b. Signature and title of certifier	11111111	676	D.	29c	. Licen	se number	14	29	d. Dete signe	d (Month, L	Dey, Year)	.00.1
	(1)		Harmely	MMM	M	P		92	500	4	5	septu	mbr	16	1996
	(4)		30. Name and address of person with Pamela M. Mulshi					RIT	Æ. ST	LVER	SPRING,	MD.		/	
	Sta		31. Dete filed (Month, Dey, Yeer)	22. Registre	r's Signetuge			'	_,						
	Registr	ar	SEP 0 9 199	10 Yall Will	select Ray	dall									

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Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible.

State of Maryland / Department of Health and Mental Hygiene Certificate of Death 1. Decedent's Name (First, Middle, Last) 2. Date of Death 3. Time of Death Month C **Physician** Phani N Chaparala /Medical 4e. Facility Neme (If not institution, give street end number) 4b. City, Town, or Location of Deeth 4c. County of Death Examiner Baltimere of mD Baltimore Univ. If Under 1 Year if Under 24 Hrs. 8. Date of Birth (Month, Day, Year) 5. Social Security Number 6. Sex 7. Age (In yrs. last birthdey) Birthpiace (State or Foreign Country) **Funeral** Months 121M 20 F 215-04-7530 Yes 43 **Director** 07-15-53 Nuziveedu, India Usuei Residence of Decedent the Marylend 10a. State 10b. County 10c. City. Town or Location 10d. Inside City Limits r than "natural", or items 23s or 28s-f show the Madical Examiner must be notified at Maryland Anne Arundel Laurel 1 Yes 2 No Director 10e. Street and Number 10f Zin Code 10g. Citizen of What Country? with 20724 USA 8525 Potomac Creek Road death 12. Wes Decedent Ever in U,S. Armed Forces? 14. Race - American Indian, Biack, White, etc. 11. Meritai Status Was Decedent of Hispanic Origin? (Specify Yes or No-if Yes, specify Cuben, Mexican, Puerto Rican, etc.) permit. Pages 1 and 2 should be filed within 72 hours effer to Department of Health and Mental Hygiene. Important: If Itam 27 is marked other than "natural", or than any injury or other traumatic swant, it a Medical Eseminance. 1 Yes 2 No If Yes, Give Year or Detes: 1 ☐ Never Merried 2 Married Baltimore, Maryland 21215-0020 1 Yes 2 No Specify: Asian à 3 ☐ Widowed 4 ☐ Divorced 16a. Decedent's Usuel Occupation
(Give kind of work done during most of working life. DO NOT use retired)

Officer 15. Decedent's Education (Specify only highest grade completed) 16b. Kind of Business/Industry Private College (1-4or 5+) 4+ Elementery/Secondary (0-12) Associate Radiation Safety 17. Fether's Name (First, Middle, Last) 18. Mother's Name (First, Middle, Melden Sumeme) Vasumati Surapaneni B. Tilak Chaparala 19a. informant's Name/Reletionship (Type, Print) 19b. Meiling Address (Street end Number or Rural Route Number, City or Town, Stete, Zip Code) Padmaja Chaparala 8525 Potomac Creek Road, Laurel, Maryland 20724 20b. Pieca of Disposition (Neme of cemetery, cremetory or other piece) 20a. Method of Disposition 20c. Location - City or Town, Stete 1 ☐ Buriai 2XX cremation 3 ☐ Removei from State 9/12/96 Chesapeake Crematory Beltsville, Maryland 4 ☐ Donation 5 ☐ Other (Specify) 21. Signature of Funerei Servica Licanses 22. Name and Address of Fecility J. B. Jenkins Funeral Home Nancy Percente 7474 Landover Road, Landover, Maryland 20785 23e. Pert1. Enter the discusse, or complications that caused the deeth. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart felial e. List only one cause on each line. Approximate Interval Between Onset end Deat **Physician** /Medical immediete Ceuse (Final disease or condition resulting in death) Sudder Examiner Due to (or es e consequence of): Examiner Due to (or as a consequence of): physician and s the buriel-trans Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or injury that initiated events resulting in death) Last Box 68760 certificate be Physician/Medical Due to (or es e consequence of) 68 980 for Part II. Other eignificant conditions contributing to death but not resulting in the underlying cause given in Part I. 23b. Did tobacco use contribute to the cause of death? 3 1 ☐ Yee 2 ☐ No 3 ☐ Probably 4 ☐ Unknown Division of Vital Records, þ 24b. Were autopsy tindings available prior to completion of cause of death? 24a. Was an autopsy performed? page 2 certificate has 3/2/No 1 Yas 2 200 1 ☐ Yes director, 25. Was case referred to medical exeminer?
15€ Yes 2□ No Be 26. Piace of Death (Check only one) Hospitei: Other: 4 Nursing Home 5 Residence 6 Other (Specify) P 1 ☐ inpatient 2 ☐ ER/Outpatienf 3 ☐ DOA this funeral 27. Manner of Death 28a. Dete of injury (Month, Dey Year) 28b. Time of Certification: 28c. Injury et Work? 28d. Describe how injury occurred 1 Neturei 5 Pending investigation 2 Accident 1 ☐ Yes 2 ☐ No or Attand efter deeth Director: / 6 Could not be determined 28f. Location (Street and Number or Rural Route Number, City or Town, State) 3 ☐ Suicide 28e. Piece of injury - At home, farm, street, fectory, office building, etc. (Specify) 4 Homicide Hospital 624 hours 6 To the Hospital Within 24 hours of To the Funeral C Descritifying Physician: To the best of my knowledge, deeth occurred at the time, date and place, end due to the cause(s) and manner es stated.

| Medical Examiner: On the basis of examination end/or investigation, in my opinion, death occurred at the time, date and placa, end due to the cause(s) end menner steted. 29a. Certifier Medical (Check only one) 29b. Signatury and title of cert 29c. License number 29d. Date signed (Month, Day, Year) 1737818 30. Name and address of person who completed cause of death (item 23a) (Type, Print)

of MD., 22 South Green St, Baltimore,

State Registrar Wade

SEP 11 1996

31. Dete filed (Month, Dey, Year)

32. Registrar's Signeture

Craasch

Univ

			State of Maryland / Department of H	lealth and M	ental Hyg	giene 96	28681			
			Certificate of I	Death	B	Reg. No.				
	Physici /Medic		1. Decedent's Name (First, Middle, Last) £THEL COLLINS		2. Dete of Dee Month SEPT GN	oth Dev Yes	3. Tima of Deeth 2 · 35			
	Examir		40. Faculty Name (II not institution, give street and number) SouthEan MANY/AND HOSPITAL	4b. City, Town, or Loc						
	Funeral Director		5. Sociel Security Number 6. Sex 1 M 2 F 7. Age (In yrs. lest birthday) 1 Vrs. Months Deys	If Under 24 Hrs. Hours Min.	6. Dete of Birth (Month, Dey 3 20	11894 GR	Birthplace (State or Forei Country) LEENSBORD, Gr			
death with the Mandard	a-f show illed at	ctor	Usuel Residence of Decedent 10a. Stete 10b. County G, 10c. City, Town or Location UPPER MARLBO.	RO		-	10d. Inside City Limit			
1	flerns 23a or 28a-f show	Funeral Director	10e. Street end Number 9130 - D'ARCY RD, 207	172	1	10g. Citizen of What				
	ar, or herrs Examiner m	by	11. Meritel Stetus 1 Never Merried 2 Merried 3 Wildowed 4 Divorced 12. Was Decedent Ever In U,S. Armed Forces? 1 Yes, Give Yeer or Detes: 13. Wes Decedent of HI If Yes, specify Cube	Ispenic Origin? (Spe en, Mexican, Puerto F Specify:	cify Yes or No- Rican, etc.)		merican Indien, Thite, etc. BLACK			
21215-0020	d within 72 ho pene. r than "natur the Medical.)	Completed	15. Decedent's Education (Specify only highest grade completed) Elementary/Segondery (0-12) College (1-4or 5+) 18e. Decedent's Usuel Occupation (Give kind of uvork done during most of working life. DO NOT use retired) PRIVATE I							
Maryland	d Mental Hygi marked other matic event, t	To Be C	17. Fether's Name (First, Middle, Last) BENJAMIN PEAKS	18. Mother's Neme	-					
1. 5	is ma		196. Informent's Neme/Reletionship (Type, Print) DORA C · ROBINSON/DAUGHTER 19b. Meiling Address (Street of Plan D'ARCY)	end Number or Rura	Route Numbe	r. City or Town. State	e, Zip Code) 20772			
Baltimore,	tment of Health tant: If New 27 jury or other t		20a. Method of Disposition 1 M Burial 2 Cremetlon 3 Remove from Stete 4 Donation 5 Other (Specify) 20b. Pieca of Disposition (Name of commetery, cremetory or other plec	29)	Dete	20c. Location - City LANDOV	or Town, Steta			
Balt	Departs Imports any Inj Since		21. Signeture of Funerel Service Licensee 22. Neme and Addres H, S, W ASHI 4925-BUR	ROUGHS A	VE, N	ic. E.				
	hysician		23a. Pert1. Enter the disease, or complications that caused the death. Do not enter the mode of dying shock, or heart failure. List only one cause on each line.	g, such es cardiec or	respiratory em	rest,	Approximete Intervel Between Onset end Deeth			
	/Medical examiner		Immediate Cause (Finel disease or condition resulting in deeth) e. Due to (or es e consequence of):	212			IWK			
betrie	and I-transit	xaminer	Sequentially list conditions, if env. leading to immediate b. 31 LATERAL PINEU Due to (or es a consequenca of):	MONIA			IWK			

Due to (or es e consequence of)

reny, leeding to immedicause. Enter Underlying Cause (Disease or injury thet initieted events resulting in deeth) Lesi Physician/Medical Completed by

To the Hospital or Attending Physician: The law requires that the death certificate be a within 24 burs after death.
To the Funeral Director: After this certificate has been signed by the attending physician completely filled in by the funeral director, page 2 should be detached for use as the burian completely filled in by the funeral director, page 2 should be detached for use as the burian Be Certification: To

Division of Vital Records, P.O. Box 68760

Pert II. Other significant conditions contributing to death but not resulting in the underlying cause given in Pert f. CONGESTIVE HEART FAILURE

29e. Certifier

SEVERE FLUID KND ELEC 25. Wes case referred to medical examiner?
1 ☐ Yes 2 ☐ No 27. Menner of Deeth

1 Netural 2 Accident 3 Suicide 4 - Homloide

5 Pending investigetion 6 Could not be determined

28e. Dete of Injury (Month, Day Year)

28e. Plece of Injury - At home, farm, street, fectory, office building, etc. (Specify)

1 ☑ Inpatient 2 ☐ ER/Outpetient 3 ☐ DOA

28b. Time of fnjury

RESPIRATORY INSUFFICIENCY

23b. Did tobacco use contribute to the cause of death? 1 Yes 2 No 3 Probably 4 Unknown

24e. Wes an eutopsy performed?

24b. Were autopsy findings available prior to completion of cause of death?

1 Yes 2 No 26. Pieca of Deeth (Check only one)

1 Yes 2 No

Other: 4 Nursing Home 5 Residence 6 Other (Specify)

28d. Describe how injury occurred 28f. Location (Street and Number or Rural Route Number, City or Town, Stete)

1 Certifying Physician: To the best of my knowledge, deeth occurred at the time, dete end place, and due to the cause(s) and manner as stated.
2 Medical Examiner: On the basis of examination and/or investigation, in my opinion, deeth occurred at the time, date and place, and due to the cause(s) and manner stated.

29b. Signature and title of certifier

15513

29c. License number

1 Yes 2 No

28c. Injury at Work?

29d. Date signed (Month, Day, Year)

30. Name end eddress of person who completed cause of deeth (Item 23e) (Type, Print)

ST. PATRICE'S DRIVE # 502, WALDORF, ND. 20603 LUCIOS VILLS-31. Dete filed (Month, Dey, Year)

State Registrar

Medicai

4 Jan B. VI.

State of Maryland / Department of Health and Mental Hygiene Q 5

96 28682

				,	Certificate of	of Death	,	Reg. No.	0 4	.0002
	Physic	ian	Decedent's Name (First, Middla, Last)				2. Data of De Month	eth Day	Yaer	3. Time of Death
	Pnysic /Medi		IRENE D. COLE				Sept.	05 1		8:55 AM
	Exami		4a. Facility Name (If not institution, giva street ar	id number)		4b. City, Town, or Lo	ocation of Deeth	4c. County	of Death	
			Holy Cross Hospital			Silver S			gomery	
	Funeral Director		5. Social Security Number 6. Sex 1 ☐ M 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	7. Age (In yrs. Ia. 60	st birthday) If Under 1 Y Yrs. Months Di	ear If Under 24 Hrs. ays Hours Min.	8. Data of Bin (Month, Da Nov. 18	h y, Year) ,1935	9. Birthplac Country Virgi	a (Stata or Foraign) nia
	yland		10a. State 10b. County	10c. City,	Town or Location				10d	. Inside City Limits
	Man	Š		Wa	shington, D	С.				1∭ Yes 2□ No
	or 28	Director	10e. Street and Number	77.03	10f. Zlp Cod			10g. Citizen of V	What Country	?
	th wil	ai	2216 Randolph St.,N.	Ε.		20002		U.S.	Α.	
020	should be filed within 72 hours after death with the Maryland nd Mental Hyglane. marked other than "natural", or items 23a or 28a-f ahow immite event, the Medical Examiner must be incidied as	by Funeral	1 Nevar Married 2 Merried 1 If Ye	Decedent Ever In U,S. ed Forces? Yas 210 No s, Giva or Dates:	13. Was Decedent If Yas, specify (of Hispanlc Origin? (Sp Cuban, Maxican, Puerto No Specify:	ecify Yes or No Rican, atc.)		e - American ck, Whita, atc	
5-0	72 ho	eted	15. Decedent's Education (Specify only highast grade comple	ated)	16a. Decedent's Usual Oc (Give kind of work do	cupation one during most of work	ina	16b. Kind of Bi	usiness/Indus	itry
21215-0020	should be filed within and Mental Hygiane. I marked other than "urnatic event, the Me	Completed		ege (1-4or 5+)	'lifa. DO NOT use re Counter	tired)	9	D.C. G	overnm	ent
D	Hyg eff.	Be C	17. Father's Name (First, Middla, Last)	1	Counter	18. Mother's Name	e (First, Middla,	Meiden Suman	ne)	
/lar	Mental Mental arked o	To B	James E. Carr			Georg	iana Mi	ller		
Maryland	2 sho		19a. Informent's Neme/Relationship (Type, Print		19b. Mailing Address (St.					ode)
2	1 and Health em 27 other tr		Knox Cole / Husband		2216 Rando]		Washin			
altimore,	8 7 2		20a. Method of Disposition 1 ☐ Burial 2 ☐ Cramation 3 ☐ Removal	from Steta cen	ce of Disposition (Nema on natery, cremetory or othar	place)	Date	20c. Location -	City or Town	, Stete
<u>=</u>	it. Parturus ritant:		4 Donation 5 Other (Specify)	Ha	rmony Memori		/12/96	Lando	ver, M	d
Ba	permit. Page Department of Important: If any injury or once.		21. Signature of Funeral Service Licenses	Lun	22. Name end Ad	Fr. le Island A		Funeral		
1			23a. Part1. Enter the disease, or unriplications shock, or heart failure. List only one days	at caused tha death. on each line.					A	pproximate terval Between
	Physician /Medical Examiner		Immediate Cause (Finel disaasa or condition resulting in death) a.	Asisto	le		6		M	nset and Death
		Je.	(es a consequence of):	121	u fai	ation		Da.S
	tificate be assocuted ng physician and as the burial-transit	Examiner	Sequentially list conditions.	Due to (or a	as a consequence of):	Calar	N / Cci	CIWI	1 10	1047
Ó,	e axe ian ar urial-t		Sequentielly list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or Injury c.	mora	201 d	Sease	_		1.57	Rays
68760,	hysic the bi	Aedical	that initieted events resulting in death) Last	Due to (or a	is a consequence of):				t	Coci
9 ×	entific ding p	Me	d							
Вох	attend for us	lan								
P.O.	the d	Physician/N	Pert II. Other significant conditions contributing	to death but not result	ing In the underlying cause	given in Pert I.				e cause of death?
<u>.</u>	The law requires that the death certificate be axecuted te has been signed by the attending physician and page 2 should be detached for use as the burial-transit	by Pt	(1) (avolio mi	10pall	ly		10	Yes 2□No	3 Probab	oly 4 🗂 Unknown
Records,	quire; en sig				l			an autopsy med?	24b. Were	autopsy findings
000	aw re	Completed					peno	imear	comp of dee	letion of cause
Ť	ysicien: The law is certificate has director, page 2	E O					101	as 2 No	1 🗆 Y	'es 2□No
ita		Be	25. Was case referred to medical examiner?			26. Piece of Daat	h (Check only o	ne)		
2	hysic nis ce	ဂ္	1 Yes 2 No Hospital:	1 Inpatiant 2 El	R/Outpatient 3□ DOA	Other: 4 Nursing Ho	me 5 Resid	lanca 6 □Oth	er (Specify)	
Ē	ing P	ino ino	27. Manner of Death 1 ☑ Naturel 5 ☐ Pending	Data of Injury Month, Dey Year)		Work?	28d. Describe I	now Injury occurr	red	
SIO	Attending Physician: or death. ector: After this certific by the funeral director,	cat	2 Accident investigation 3 Sulcide 6 Could not be			1 Yes 2 No	00/ 1 //		0 10	
Division of Vital	after of Al	Certification:	determined 288.	race of Injury - At hom building, etc. (Specify)	e, farm, street, factory, off	ica	City or Tov	Street and Numb vn, Stete)	er or Hurai H	oute Number,
	To the Hospital or Attending Ph within 24 hours after death. To the Funeral Director: After th completely filled in by the funeral	edical C	29a. Certifier (Check only one) 1 Certifying Physician: T 2 Medical Examiner: On to end	the best of my knowle the basis of examinetion manner stafed.	edge, death occurred et th n and/or investigetion, in n	e time, dete and plece, ny opinion, deeth occurr	and due to the ed at the time,	ceuse(s) and ma date and plece,	nner as state and due to th	e cause(s)
	Nithin Fo the	Me	29b. Signature and title of certifier	1	29c. Lic	ense number		29d. Data signe	d (Month, Da)	y, Year)
	- > - 0		\$ 1 to 1000	LOTINU	D	4819		95	96	
			30. Name and eddress of person who completed	cause of death (Item 2	(3a) (Type, Print)	- 10 -				
			Broce Zinsmeister,			Silver Spri	ng Md.	20910		
	Sta	te	31. Date filed (Month, Dey, Year)	32. Registrar's Signatur	re		و فالمال والمال			

DHMH 16 Rev 6/95

Registrar

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State of Maryland / Department of Health and Mental Hygiene

Certificate of Death

6 2868

Sept. 12, 1996

D-01120

2309 Shorefield Road Wheaton, MD 20902

1, Decedent's Neme (First, Middle, Last) 2. Date of Deeth 3. Time of Death r 12 1996 **Physician** Month September ROSALIA CAMPANELLA 3:00 AM /Medical 4a. Facility Name (If not institution, giva street and number) 4b. City. Town, or Location of Deeth 4c. County of Death Examiner Fox Chase Rehabilitantion & Nursing Center MONTGOMERY Silver Spring 7. Age (In yrs. lest birthday) If Under 1 Yaar If Under 24 Hrs. 8. Dete of Birth (Month, Dey. Year) NOV 2 1896 Birthplece (State or Foreign Country) 5. Social Security Number **Funeral** 1 □ M 2 □XF 138-40-9570 Director Usual Residence of Decedent the Maryland 10a. Steta 10b. County 10c. City, Town or Location 10d. Insida City Limits show 7 is marked other than "natural", or items 23s or 28s-f shor traumstic svent, the Marical Examinar must be notified as 1X Yes 2 □ No Director Maryland Montgomery Silver Spring 10a. Straet end Number 10f. Zip Code 10g. Citizen of What Country? 20910 2015 East West Highway USA Funeral 12. Was Dacedant Evar in U,S. Armed Forces? Was Decedent of Hispenic Origin? (Specify Yas or No-If Yas, specify Cuben, Mexican, Puerto Rican, etc.) 14. Rece - American Indian, Black, White, etc. 72 hours after 1 ☐ Yes 2X No If Yas, Giva Yeer or Detes: 1 Nevar Merried 2 Merried "natural", or Baltimore, Maryland 21215-0020 1 ☐ Yes 2 No Specify: Specify: þ 3 → Widowed 4 □ Divorced White Completed 16a. Decedent's Usuel Occupetion (Give kind of work done during most of working life. DO NOT use retired) 15. Decedent's Education (Specify only highast grade completed) 16b, Kind of Businass/Industry filed within 7 Hygiene. Elementery/Secondery (0-12) College (1-4or 5+) 4 Housewife Own Home permit. Pages 1 and 2 should be file.
Department of Heelth and Mental Hy
Important: If Nem 27 is marked other
eny frijury or other traumatic avant 17. Fether's Nama (First, Middla, Last) 18. Mother's Nema (First, Middle, Meiden Surneme) Be Marco Cirincione Frances Barbera Cirincione 19e. Informent's Neme/Reletionship (Type, Print) 19b. Melling Address (Street end Number or Rural Routa Number, City or Town, Stete, Zip Code) 1001 Spring St Apt 425 Silver Spring, MD 20910 Lee Edzel (Daughter) 20b. Place of Disposition (Nema of cemetery, crametory or other plece) 20e. Method of Disposition 20c. Location - City or Town, Steta 1 Burial 2 □ Cremetion 3 □ Removel from Stete Holy Name Cemetery 9-14-96 Jersery City, N.J. 5 Other (Specify) 4 Donetich 22. Neme end Address of Fecility M00173 J.H. Eberwein Mortuary lew 4433 White Pls La White Pls., MD 20695 24 Enter the disease, or complications that ceused the death. Do not enter the mode of dying, such as cerdiec or respiratory arrest, or heart feilure. List only one ceuse on each line. Approximate Interval Between Onset and Deeth **Physician** /Medical Immediete Cause (Final PNEUMONIA disaese or condition resulting in death) Examiner Due to (or es e consequence of): Examiner physician and the burial-transit Sequentially list conditions, if eny, leeding to immediate cause. Enter Underlying Cause (Disease or injury that initiated events resulting in deeth) Lest Due to (or es a consequence of): Box 68760. Physician/Medical Due to (or es a consequence of) 98 for use as P.O. Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Pert I. 23b. Did tobacco use contribute to the cause of death? signed by t 1 ☐ Yes 2 ☐ No 3 ☐ Probably 4 ☑ Unknown Records, Š 24b. Were autopsy findings available prior to completion of causa of death? bluods Completed 24e. Wes an autopsy performed? page 2 1□ Yes ŽŪNo 1 ☐ Yes 2 No certificate Division of Vital To the Hospital or Attending Physicien: within 24 hours after death.

To the Funerel Director: After this certifica 25. Was case referred to medicel Be 26. Place of Deeth (Check only one) Hospital: 1 ☐ Inpatlant 2 ☐ ER/Outpatient 3 ☐ DOA Other: 4 Nursing Home 5 Rasidence 6 Other (Specify) 1 Yes 2 No Certification: To funeral 28a. Date of injury (Month, Day Year) 27. Menner of Deeth 28c. injury at Work? 28d. Describe how injury occurred 28b. Time of 1 Neturei 5 Pending 1 ☐ Yes 2 ☐ No investigation 2 Accident 6 Could not be determined 3 Suicida 28f. Location (Straat and Number or Rural Route Number, City or Town, Stete) 28e. Place of Injury - At homa, farm, streat, factory, office building, etc. (Specify) 4 Homicide 1 Cartifying Physician: To the best of my knowledge, deeth occurred at the time, date end plece, and due to the ceuse(s) end manner es steted.

| Medical Examinar: On the basis of exemination end/or investigation, in my opinion, deeth occurred at the time, date end plece, and due to the cause(s) end menner steted. 29e. Certifier Medical (Check only one) 29c. Licansa number 29d. Data signed (Month, Dey, Year)

State Registrar 30. Nema end address of person who completed ceuse of death (Item 23e) (Type, Print)

32. Registrer's Signeture

In Sauden Randell

MD

Walter E. Goozh

31. Dete filed (Month, Dey, Yaer) SEP 1 7

DHMH 16 Rev 6/95

Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible.

State of Maryland / Department of Health and Mental Hygiene 9 6 28684

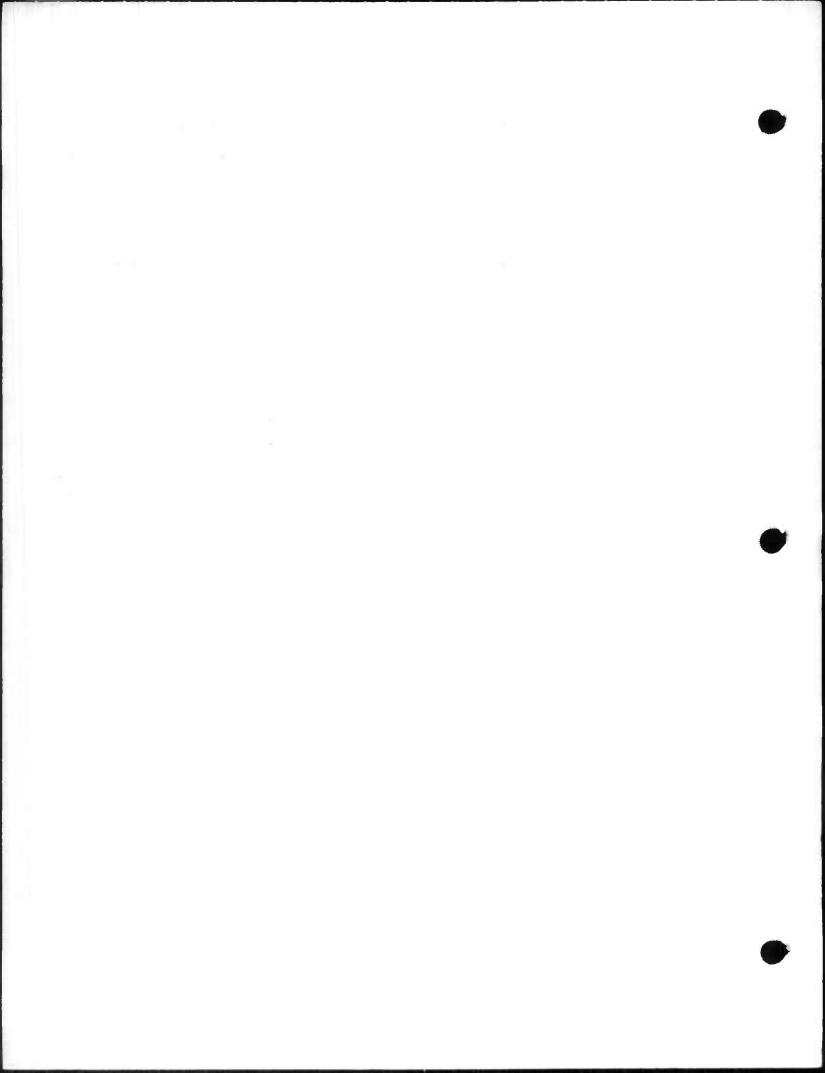
						Cert	ificate of	Death		Reg. No.				
	Dharata		1. Decedent's Name (First, Middle, L.	ast)					2. Dete of De	ath Day	Year	3. Time of Death		
	Physic /Medi		Leonard	loseph			Clarke		Sept.	15	1996	7:50AM		
	Exami		4a. Fecility Neme (If not Institution, gi	ve street end number)				4b. City, Town, or		h 4c. C	ounty of Deat			
			Solomons Nur	sing Cent	er			Solomon			lvert			
	Funeral Director				(In yrs. last birtl 85 Y	rdey)_ rs.	Months Deys			th Year) 5,191	9. Birt Co Wa	hplace (State or Foreign buntry), ashington, D		
1	anyland show dat	Ļ	Usual Residence of Decedent 10a. Stete 10b. County		10c. City, Town							10d. Inside City Limits		
	Ne M	octo	Maryland Prince G	eorge's	Can	np S	prings					1 Yas 2 No		
	23e or 2	rai Director	10e. Street and Number 6607 Beechwo	ood Drive			10f. Zip Code 207	48			n of What Co U.S.A.			
020	s 1 and 2 should be filed within 72 hours after death with the Maryland I Health and Mental Hyglene. The marked other than "natural", or items 23s or 28s-f show then 27 is marked other than "natural", or items 25s or 28s-f show other traumatic event, the Medical Examiner must be notified at	by Funeral	11. Maritel Status 1 □ Never Merried 2 □ Merried 3 □ ₩ dowed 4 □ Divorced	12. Was Decedent E- Armed Forces? 1 ☐ Yes 2 ☐ ₹0 If Yes, Give Year or Dates:			es Decedent of I Yes, specify Cub	Hispanic Origin? (S an, Mexican, Puer Specify:	pecify Yes or No to Rican, etc.)		Race - Ame Black, White pecify:			
21215-0020	72 hounders		15. Decedent's E (Specify only highest gr	ducation	16a. I	Decede (Give ki	int's Usuai Occu ind of work done	pation during most of wo	rkina	16b. Kind	of Business/	Industry		
2121	within ene. than	Completed	Elementary/Secondary (0-12)	College (1-4or 5+	H)		NOT use retire	during most of wo			Clark	e Market		
	filed with Hyglene. ont, the bear		17. Fether's Neme (First, Middle, Las		-		TT OWITC		me (First, Middle	Meiden St		e Market		
Maryland	2 should be and Mental is marked o	To Be	Dennis C	larke					Mary			gett		
	and 2 sho salth and 1.27 is m or traum		19e. Informant's Name/Reletionship John Stephen	(Type, Print) Clarke (Sor	19b.	Mailing 506	Address (Street Nutria	court Wa	aldorf,	Maryla	and 20	603		
Baltimore,			4 □ Donation 5 □ Other (Specify) 21. Signature of Funerel Service Licensee 22. Neme and Address of Fecilible CE								Sept. 1920c. Location - City or Town, State 1996 Suitland Maryla			
Balt	permit. Page Department of Important: If any injury or once.		21. Signature of Funerel Service Lice	nsee //		66	Neme and Address 33 Old	Alex.	Funer Ferry	al Ho Rd.,	Clint	Inc. on.Md. 20735		
	Physician /Medicai Examiner	her	23a. Part1. Enter the disease, or con shock, or heart failure. List only Immediate Cause (Finei disease or condition resulting in death)	a. Coron	Oue to (or eg a co	œ	tery	dose			1	Approximate Interval Between Onset and Death		
ox 68760,	leath certificate be axecuted attending physician and I for use as the burial-transit	n/Medical Examiner	Sequentially list conditions, if eny, leading to immediate cause. Enter Underlying Cause (Disease or injury that initiated events resulting in death) Last	c	Oue to (or as a co						1			
Ω	death he atte	Physician/	Part II. Other significant conditions	contributing to death but	not resulting In	the und	lerlying cause gi	ven in Pert I.	23b. Dld	tobacco us	e contribute	to the cause of death?		
P.O.	ras that the de signed by the a be detached if		Dreumor	ua					10	Yea 2	No 3□P	robably 4g Unknown		
of Vital Records,	s been s 2 should	Completed by			P-179					an autopsy omed?		Were autopsy findings available prior to completion of cause of death?		
æ	The la	E							10	Yes 2	Nb	1 ☐ Yes 2 ☐ No		
ita		Be	25. Was case referred to medical					26. Place of De	ath (Check only	one)				
>	0 0	2	examiner? 1 Tes 2 No	Hospital: 1 Inpatient	t 2 ER/Out	patient	3□ DOA Oti	her: 4 Nursing h	lome 5 ☐ Resi	denca 8 [Other (Spe	cify)		
	oding Ph th. : After thi e funeral		27. Manner of Deeth 1 Natural 5 Pending 2 Accident Investigation	28a. Date of Injury (Month, Day	Year) 28b. Ti	me of jury	28c. Inju Wo M 1		28d. Describe					
Division	Hospital or Attending P 24 hours after death. Funeral Director: After I tely filled in by the funer	Certification:	3 Suicide 6 Could not be determined	28e. Place of Injur building, etc.	y - At home, ferr (Specify)	n, stree	et, factory, office		281. Location (City or To	Street and f vn, Stete)	Vumber or Ru	ural Route Number,		
	To the Hospital or Atte within 24 hours after de To the Funeral Directo completely filled in by the	edical C	29a. Cartifier Contifying Pl	nyalcian: To the best of minar: On the basis of e end manner stete	examination and	death o	occurred at the ti stigation, in my o	me, date and place opinion, death occu	, and due to the irred at the time,	cause(s) ar date and pl	nd manner as ace, and due	stated. to the cause(s)		
	To the	×	29b. Signature end title of certifier	21 923.7			29c. Licens	se number		29d. Dete s	signed (Monti	h, Day, Year)		
			> Mate	NI			()433c	6	9	1161	96		
			30. Name and address of corson who Sylvia B. Ba					Lusby,	Manula	nd 1	20657			
	Sta		31. Date filed (Month, Dey, Year) SEP 1 7 19	32. Registrer	's Signature	6.0	ال ۱۱	nuo uy,	Har Arg	IIU 2	-005/			
	Registi	αI	OLF I I R	JUL JULA	WHOME WAS	MAAA	Lab.							



1 - FOR STATE REGISTRAR

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG NO

			REGISTRAR		CERTIF	ICATE (OF DEATH	REG. NO		
0)		1. DECEDENT'S NAME (First, Middle, Last Eleanor	о. С.	Carl	son		2. DATE OF DEATH SEPT. 13	AY 1996 YEA	3. TIME OF DEATH 8: 45PM M
	10		4. SOCIAL SECURITY NUMBER 042-03-8097	5. SEX 6. AGE	E (In yrs. last birthday) YRS.	IF UNDER 1 YE MONTHS DA		7. DATE OF BIRTH FED. 21,1	.915 Ha	RTHPLACE (State or Foreign
	2, 3 should	стоя	9a. FACILITY NAME (# not institution, give National Lutherar				WN OR LOCATION OF DE	ATH	% county o	
	=	5	RESIDENCE OF DECEDENT							
	permit. Pages 1,	DIRE		tgomery	10c. CIT	Bethe:				10d. INSIDE CITY LIMITS? 1 YES 2 NO
	-55	FUNERAL	# 7 Derbysh:	ire Ct.			101. ZIP CODE 2081	7	U.S.A	OF WHAT COUNTRY?
5-0020	or attending physician. r use as the burial-transit	BY	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVER FORCES? 1 TYES IF YES, GIVE WAR OR	3 2 ZNO	If yes	DECENDENT OF HISPAN I, specify Cuben, Mexica YES 2 NO Specify	n, Puerto Rican, etc.)	B	ACE — American Indien, leck, White, etc. pecify: hite
215	ttend e as	8	15. DECEDENT'S ED	UCATION	16a. DECEDENT'S	USUAL OCCUP	PATION	16b. KIND OF BUS		
21	by the hospital or att be detached for use at once.	COMPLET	(Specify only highest grade (0-12) 12th	College (1-4 or 5+) N/A	(Give kind of the Do NOT us Secreta:	work done during se retired.}	g most of working		Industr	
Z	he hos detach once.	≥	17. FATHER'S NAME (First, Middle, Last)			-	40.4400			
MARYLAND		BE CC	William	Cheesman			May	ME (First, Middle, Malden	Innes	
, MA	ay be retained page 5 should t be notified	2	19e. INFORMANT'S NAME (Type/Print) Herbert Carl		# 7	Derby	shire Ct.	Bethesda M	laryland	20817
MORE	e 6 m ector,		20e_METHOD OF DISPOSITION 1 ABurlel 2 Cremation 3 Re- 4 Donation 5 Other (Specify)	P	DE PLACEAND DATE OF THE CONTROL OF T	of Disposition	onal Cemet	18 ⁷ ,1996 Lo		Town, State
BALTIM	nours after death. Page 6 may be d in by the funeral director, page or removal.		21. SIGNATURE OF FUNERAL SERVICE L	CHARLE OF THE PROPERTY OF THE			and address of fa	Lee Fun	eral Ho	me, Inc. Clinton, MD
	hours or re		23. PART i. Enter the disease, or shock, or heart fellure IMMEDIATE CAUSE (Final disease or condition resulting in death)	complications that cause . List only one cause on a	ed the death. Do reach line.	not anter tha	Mean	n as cardiac or reapl	ratory arrest.	Approximate Interval Between Onset and Death
X 68760	and co	NOI	Sequentially list conditions, if any, leading to immediate	. Right	A CONSEQUENCE OF	oleg	ie Sts	ohe, e.	mboles	2 weeks
O. BO	ertificating phygiene pother	ERTIFICATION	cause. Enter UNDERLYING CAUSE (Disease or injury that initiated eventa resulting in death) LAST	C. Atrial DUE TO (OR AS	A CONSEQUENCE OF	ater	Ú	11.5	n	2 weeks
os, p	the death or y the attendi d Mental Hy Injury, or	O	PART II. Other aignificant condition	ens contributing to death	but not resulting	n tha undari	Ving cause given in	Part I. 24e. WAS AN	AUTOPRY I	24b. WERE AUTOPSY FINDINGS
	igned by leafth and	EDICAL	Congestive !	huntdis	eme,	Hyp	othyn	PERFOR	MED?	AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
	3 - 5	≅ :	DID TOBACCO USE CON		OF DEATH YE	S D NO	☐ UNCERTAIN			1 YES 2 NO
AL	N: The law req icate has been State Dept. of item 23 shu	SICIAN:	25. WAS CASE REFERRED TO MEDICAL	T	26. PLACE OF DEAT					
VITAL	Sician: The certificate h the State [Sic	EXAMINER?	HOSPITAL: 1 Inpatient 2 ER/Out	Ipstient 3 DOA	OTHER:	Home 5 Residence	8 Other (Specify)		
OF	The with	ву рну	27. MANNER OF DEATH 1 Natural 5 Pending 2 Accident Investigation	28s. DATE OF INJURY (Month, Day, Year)	28b. TIM	E OF 28c. URY	INJURY AT WORK? YES 2 NO	28d. DESCRIBE HOW IF	JURY OCCURED	
DIVISION	OR ATTENDING DIRECTOR: After hours after death Item 28 is ma	8	3 Suicide 8 Could not be 4 Homicide determined	28e. PLACE OF INJUR building, atc. (Spe	Y — At home, farm, a polify)	treet, factory, o	office	28f. LOCATION (Street a City or Town, State)	nd Number or Run	al Route Number,
	PITAL OR A ERAL DIREC N 72 hours I: If Item	MPLET		SICIAN: To the best of my know ER: On the basis of examination						
	TO THE HOSPITAL OF THE FUNERAL COMPANIES OF THE FUNERAL COMPANIES OF THE PROPERTY OF THE PROPE	BE CO	295. SIGNATURE AND TITLE OF OFFITIFIE		122)	29c. LICENSE NUM			ED (Month, Day, Year)
	5 5 3 W	2	30. NAME AND ADDRESS OF PERSON W	HO COMPLETED CAUSE OF DE	EATH (ITEM 27) (Type,	Print)	1360	618	1 gen	Tember 14, 1996
			Christopher Sche	mm, MD 9701 T	Viers Dri	ve, Ro	ckville, M	id 20850		
			SEP1 7 195	32. REGISTRAR'S SIGN	NATURE Randal	ž				
_	-			1-5						



Certificate of Death

PER MEO FILM g-740 10/9/96 t.t

ITEMS: 23 PART I, 27, 28a-f, State of Maryland / Department of Health and Mental Hygiene

28686

Physician
/Medicai
Examiner

Funeral Director

> or 28a-f show Director

Herns 23a "natural", or

permit. Pages 1 and 2 should be filed within 72 hours after Department of Heelth and Mental Hygiene. Department of Heelth e Important: If Itam 27 Is any Injury or other tra

Baltimore, Maryland 21215-0020

Physician /Medical Examiner

Examiner To the Hospital or Attending Physician: The law requires that the death certificate be executed within 24 hours effer cleath.

To the Funeral Director: After this certificate has been signed by the ettending physician and completely filled in by the inneral director, page 2 should be detected for use as the buriel-transit completely filled in by the filterature. Division of Vital Records, P.O. Box 68760. Physician/Medical Completed by Be 2 Medical Certification:

an	1. Decedent's Neme (F	irst, Middle, Las	it)							2. Dete of Dee Month	Dey ·	Yeer	3. Tir	ne of Deeth
ai	RICKEY		LEE	1	CR.	ANE				Sept.	08,	1996	0.	946
er	4e. Fecility Neme (If no	t institution, give	street end numb	er)				4b. City, T	own, or Lo	cation of Deeth	4c. Coun	ty of Deeth		
	8904 RUS					Killada	1 //		AN C			CEST		
	5. Sociel Security Number 218-82-6	754	M 2□F	Age (In yrs. les	Yrs.	If Under Months	Deys		Min.	8. Dete of Birth Month, Day 4 - 2 - 6	h r. Year)	9. Birthp	lece (St itry)	tate or Foreig
	Usual Residence of De													
ctor		b. County WORCES	TER		AN C							1		de City Limit Yes 2 N
ire	10e. Street and Number	r				10f. Zip	Code				10g. Citizen of	Whet Cour	itry?	
raiD	8904 Rus	TY ANC	HOR RD.				184	_			USA			
Be Completed by Funeral Director	11. Maritel Stetus 1 Never Merried 3 Widowed 4		12. Wes Decede Armed Force 1 Yes 2! If Yes, Give/ Year or Dete	s? No		Wes Deced If Yes, spec 1 ☐ Yes	25			ecify Yes or No- Ricen, etc.)	14. Re	ice - Americ eck, White, ify:		
pleted	15. (Specify of Elementary/Seconder	Decedent's Ed	ucetion de completed) College (1-4d		(Give	dent's Usue kind of wo DO NOT us	rk done	durina mo	st of worki	ng	16b. Kind of I	Business/Ind	dustry	
E	12	19 (0-12)	College (1-40	JI 5+)	S	HOP	OWN	ER			RET	AIL		
0	17. Father's Neme (Firs	t, Middle, Last)						18. Moth	ner's Neme	(First, Middle,				
To B	RONALD W	/ CRAN								L. SH				
	19a. Informent's Neme	Reletionship (T	ype, Print)		19b. Melli	ng Address	(Stree	t end Numb	ber or Rura	/ Route Numbe	r, City or Town	, Stete, Zip	Code)	
	CAROL L/	KEKKY			421	CRE	ΕK	RD.	BET	HANY B	EACH,	DEL	AWA	RE
	20e. Method of Disposit 1 Buriel 2 Cr 4 Donetion 5	remetion 3 🔲		te cen	etery, crei	netory or o	ther ple	ATOR		Dete -12	20c. Location	- City or To	wn, Ste	te
	21. Signature of Funes		-1		22	2. Name en	d Addr	ess of Feci	lity					
_	MILL	o wew	_							HOME	BERLI	N, MI		
	23e. Pert1. Enter the di shock, or heart fei	lure. List only o	ne cause on eecr	i line.			le of dy	ing, such a	s cerdiec o	r respiretory arı	rest,		Approx Intervel Onset	imete I Between and Deeth
٦	disease or condition resulting in deeth)		e. MARCUII	C INTOXI										11.71
luer		_		Due to (or e	s e consec	(uence of):								
i Exam	Sequentielly list condition if eny, leeding to Immediceuse. Enter Underlyin Cause (Disease or Injur	liete	0.	Due to (or e	s e conseq	juence of):								
Physician/Medical Examiner	that initieted events resulting in deeth) Last	1	d	Due to (or es	e conseq	uence of):								
clan	Part It Other stanificant) conditions	neribusimo to do	hut mat on a let		a Marit d		I- D		not el				
Phys	Pert It. Other significant	CONDITIONS CO.	irributing to death	DUT NOT PESUITII	ig in the ui	nderlying ci	euse gi	ven in Pert	1.		obacco use co 'es 2 No			40 Unknov
pleted by										24e. Wes a	an autopsy med?	846	eilabte o	psy findings rior to of cause
omo										1DY	es 2 No		/	2□ No

Hospital: 1 Inpatient 2 ER/Outpatient 3 DOA

26. Piece of Deeth (Check only one) Other: 4 ☐ Nursing Home 5 🎖 Residence 8 ☐ Other (Specify)

28e. Dete of Injury (Month, Dey Year) Investigation FOUND 9/8/96 Could not be determined

28b. Time of FOUNDry 9:46

28c. Injury et Work? 1 Yes 2 No 28d. Describe how injury occurred

28e. Piece of Injury - At home, farm, street, fectory, offica building, etc. (Specify) FOUND AT RESIDENCE

28f. Location (Street and Number or Rural Route Number, City or Town, State) 8904 RUSTY ANCHOR ROAD APT. 2Z OCEAN CITY, ND. 21842

1 Certifying Physicien: To the best of my knowledge, deeth occurred at the time, date end plece, and due to the ceuse(s) and manner as stated.

2 Madical Examiner: On the basis of examinetion end/or investigetion, in my opinion, death occurred at the time, date and plece, and due to the cause(s) end menner stated. 29b. Signature end title of certifier

5 Pending

29c. License number O.C.M.E. 29d. Dete signed (Month, Dey, Year)

30. Neme and eddress of person w o completed ceuse of deeth (Item 23e) (Type, Print)

31. Dete filed (Month, Dey, Year) 13. KUNEUUS Penn Street, Baltimore, Maryland 21201

State SEP Registrar

25. Wes cese referred to medical exeminer?

1 X Yes 2 □ No 27. Menner of Death

1 Netural

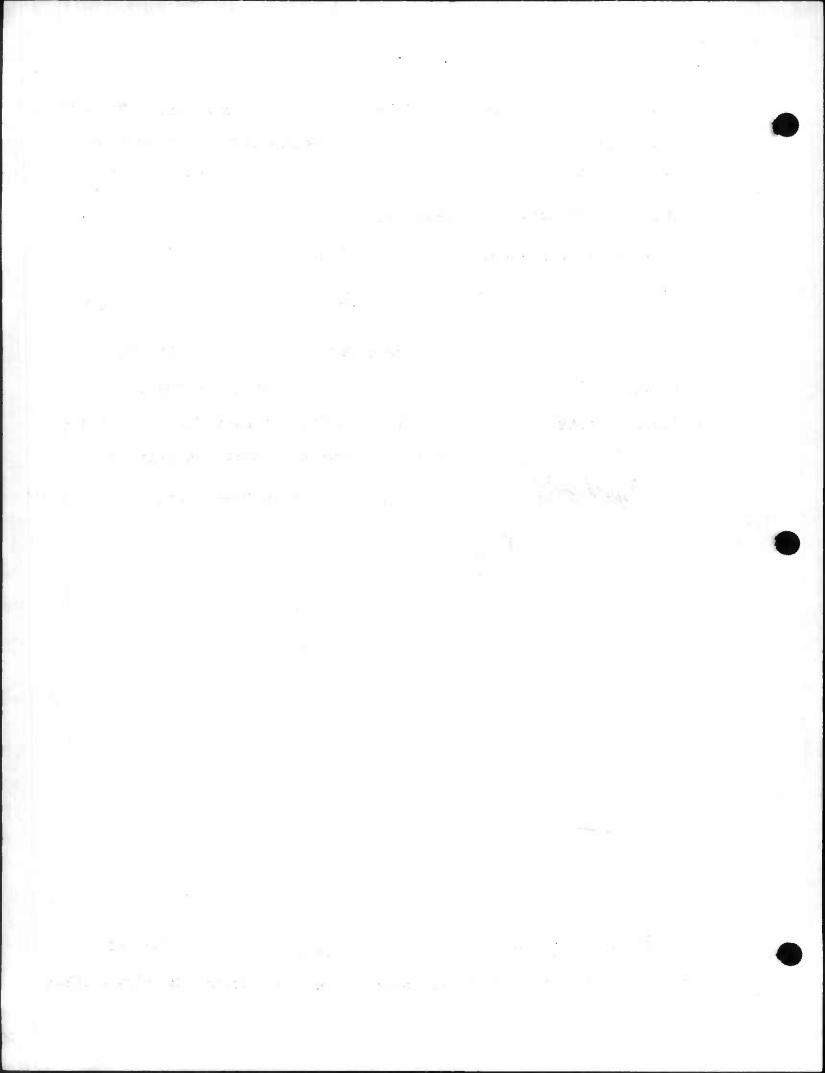
2 Accident

3 ☐ Suicide

29e. Certifier

4 Homicide

32. Registrer's Signeture



State of Maryland / Department of Health and Mental Hygiene 96 28687

				Certifica	ate of Death		Reg. No.		_ 0 0 0 .
		1. Decedant's Nama (First, Middla, Las	st)			2. Data of D	aath	V	3. Tima of Death
Physic Med/Med/		GRACE L. CRA	116			Month O 9	- 17-	Year 96	6:450
Exam		4a. Facility Nama (If not institution, give		0733 HEAD	THUR OND. City, Town, o			of Death	
		ATLANTIC GENER	41 HOSDITAL	7,000,1410	BERL			CESTE	-R
Funera		5. Social Security Number 6. S	ax 7. Aga (In yrs.		ler 1 Year If Under 24 H	rs. 8. Data of B			place (Stata or Foreign try)
Directo		213-80-7158 1	□M 2 X F 80	Yrs. Month	s Days Hours Mi	3-16	-16	MI).
P.		Usual Residence of Dacedant							
the Merylan r 28a-f show recitied at	ō	MD. 10b. County WORCES		ty, Town or Location CEAN CITY	1			11	0d. Inside City Limits Yes 2□ No
or 28s	Funeral Director	10e. Street and Number 147 S. OCEAN D	DIVE	101.	Zip. Code 21842		10g. Citizen of V	What Coun	itry?
23a	ie i	147 S. UCEAN D	KIVE		21072		001		
iteme	Tue	11. Marital Status	12. Was Decedent Ever in U Armed Forcas?	J,S. 13. Was Dec	edant of Hispanic Origin? secify Cuban, Maxican, Pu	(Specify Yas or Nerto Rican, etc.)		e - Amaric	
0 0	þ	1 ☐ Never Married 3 ☐ Widowed 4 ☐ Divorced	1 ☐ Yas 2 No If Yas, Give Year or Datas:		2 No Specify:			WHIT	
72 hours	Completed	15. Decedant's Ed (Specify only highest gra	ucation da completed)	16a. Decedent's Us (Giva kind of	sual Occupation work dona during most of w usa retired)	vorking	16b. Kind of B	usinass/Inc	dustry
within ene. then	dmo	Elementery/Secondary (0-12)	College (1-4or 5+)	HOM	usa retired) EMAKER		Own Ho	DIE	
il Hygiene. other than	Ö	17. Fathar's Name (First, Middia, Last)			18. Mothar's N	lama (First, Middle	a. Maiden Surnan	ne)	
d 2 should be filed wit th end Mental Hygiens 7 is marked other tha treumatic avent, the	To Be	FRED BAUER			MARG	ARET BE	ALL	,	
should No man	-	19a. Informant's Name/Raiationship (7	ype, Print)	19b. Meiling Addre	ss (Street and Number or	Rural Route Numi	ber, City or Town,	State, Zip	Code)
1 end 2 : Health er am 27 la		VERNON E. CRAIG		147 S.	OCEAN DRY		EAN CI		MD., 218
ges 1 end t of Health If Itam 27 or other t		20a. Method of Disposition		Placa of Disposition (Accemetery, crematory of	lama of	Data	20c. Location	City or To	wn, Stata
y ag		1 Buriai 27 Cramation 3 4 Donation 5 Other (Specify	ramovai from Stata	ISBURY C		9-18	SALISB	JRY,	MD.
permit. Par Departmen Important: any Injury		21. Signature of Puneral Service Moon			and Address of Facility				
Depa Impo		· AMOL	(b) (ULLR	ICH FUNERA	L HOME	BERLI	v, Mi	D., 2181
		23a. Part T. Entar tha disaase, or comp shock, or haart failura. List only o	olications that caused the deal	th. Do not antar tha m	ode of dying, such as card	iac or respiratory	errest,	1	Approximate Interval Between Onset and Death
Physician		,							Onset and Death
/Medical		Immediata Causa (Final diseasa or condition	PNEUMON	11A					10 N
LXaiiiiiei	I,	rasulting in daeth)	Dua to (c	or as a consequence of	f):				
D ##	Examiner	_	INFERIOR	WALL MY	OCARDIAL IN	FARCTION	V	i	1/2 mov.
icate be executed physician and s the burial-transit	хал	Sequentially list conditions,		or as a consequance o					
cian cian buria		Sequantially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or injury that initiated events	DEMENTIA					!	YEARS
ohysi the	edlcai	that initiated events rasuiting in death) Last		or as a consequence of):				
\$ 00 °	≥		d					i	
death e atter	by Physician/	Part II. Other significant conditions co	ntributing to death but not ras	ulting in the underlying	cause givan in Part I.	23b. Did	I tobacco usa co	ntribute to	the cause of death?
by the	,hy						Y00 21 No		bebly 4 Unknow
	by F	HYPOKALEMIA				-			
v requires been sign should be	8	HUDA MADVICE				24a. War	s an autopsy formed?	24b. We	ere autopsy findings allable prior to
> 10 0	Completed	HYPO MAGNESE	MIA			-	omedi	cor	mpletion of cause daath?
ysicien: The lav is certificate has director, page 2	Eo	MALNOURISHED				10	Yes 20 No	10	Yas 20 No
tifica tor, p	BeC	25. Was case rafarred to medicai			26. Placa of D	eath (Check only	0.00		
Physician: this certific ral director,	To	axaminar? 1 ☐ Yas 2 ☑ No	Hospital:	ER/Outpatient 3□ I	Other	Home 5 Ras		er (Specifi	v)
er this	i i	27. Manner of Death	28a. Data of Injury (Month, Day Year)	28b. Tima of Injury	28c. Injury at Work?	1	how injury occur		
Attending r death. ector: After by the fune	atio	1 ☑Naturai 5 ☐ Panding 2 ☐ Accident invastigation	(Morius, Day 10ar)	М	1 Yas 2 No				
or Attendiates death. Director: A in by the fi	Hillic	3 ☐ Suicide 6 ☐ Could not be datarmined	28a. Piace of Injury - At he building, atc. (Specif	ome, farm, street, facto	ory, office	28f. Location	(Street and Numb	er or Rura	l Routa Number,
s after	Certification:	- I Tolliold	building, atc. (Specia	y)		Only of 10	mi, State)		
To the Hospital or Attanding Ph Within 24 hours after death. To the Funeral Director: After th completely filled in by the funeral	edical	29a. Cartifier 1 ☐ Certifying Phy (Check only one)	elclan: To the best of my kno iner: On the basis of examina	wledga, daath occurre	d at tha tima, date and pia on, in my oplnion, death oc	ce, and dua to the curred at tha time	a cause(s) and ma , date and place,	nner as st and dua to	ated. tha cause(s)
vithin To the	Me	29b. Signatura and titla of certifiar	and manner stated.	2	9c. License number		29d. Date signe	d (Month, I	Day, Year)
- 2-0		any	TAPPONIET		DODENDADA		0 1	7 01	
	Y	30. Name and address of person who c	LIVIEKIVIS /	n 23a) (Tune Brint)	00050929	0.00	7-1	7-96	
		JOY MADARANG-L			OR. BERLI	ul ann	21811		
C.	ate	31. Data filed (Month, Day, Year)	36. Registrar's Signa	TIEAL / HUA	UN. NEKLI	IN INO	C1011		
Regist		SEP 1 7 1996	Registrar's Gigns	Randall					

BALTIMORE, MARYLAND 21215-0020

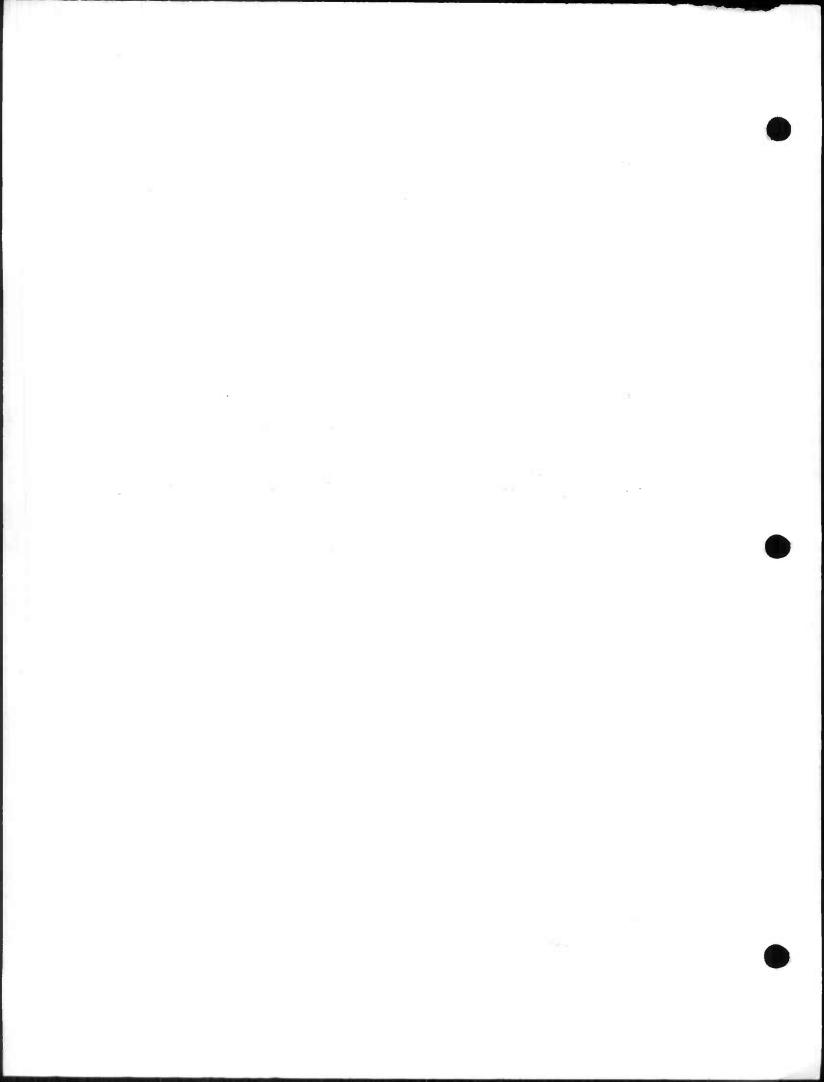
DIVISION OF VITAL RECORDS, P.O. BOX 68760

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funefal director, page 5 should be detached for use as the bunial-transit permit. Pages 1, 2, 3 should be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

	1 - FOR STATE OF MA		MENT OF HEALTH AND	MENTAL HYGIENI REG. NO.	E								
	1. DECEDENT'S NAME (First, Middle, Last)			2. DATE OF DEATH		3. TIME OF DEATN							
	Elwood Lee DAVIS			Sept. 11,	1996	1:00 Pm							
			IF UNDER 1 YEAR IF UNDER 24 HRS.	7. DATE OF BIRTN	8. BIRT	NPLACE (State or Foreign							
	215-26-2012 IX M 2 F	84 YRS.	9b. CITY, TOWN OR LOCATION OF D	Oct. 24, 1	911 Mar	yland							
OC.				EATH									
6	2 Apple Tree Lane		Williamsport		Washing	iton							
R	10e. STATE 10b. COUNTY	10c, CITY,	TOWN OR LOCATION			10d. INSIDE CITY LIMITS?							
ā	Maryland Washington	Wil	liamsport			1) YES 2 NO							
₹ I	10e. STREET AND NUMBER		10f. ZIP CODE		10g. CITIZEN OF								
FUNERAL DIRECTOR	2 Apple Tree Lane		21795		USA								
5		EVER IN U.S. ARMED YES 2 NO R OR DATES	13. WAS DECENDENT OF HISPA It yes, specify Cuben, Mexic		or No - 14, RAC Blac	E — American Indian, ck, White, etc.							
ВУ		-1945	1 YES 2 NO Speci	lly:	Spec	White							
	15. DECEDENT'S EDUCATION	16a, DECEDENT'S U	SUAL OCCUPATION	16b. KIND OF BUS	SINESS/INDUSTRY								
	(Specify only highest grade completed) Elementary/Secondary (0-12) College (1-4 or 5 +)	(Give kind of wo	ork done during most of working retired.)										
MPL	8	Correct	ional Officer	MD Corr	ectional	Institution							
COMPLETED	17. FATNER'S NAME (First, Middle, Last)		18. MOTNER'S N	AME (First, Middle, Melden	Sumame)								
BE	Charles Edward Davis			Elizabeth B									
6	19e. INFORMANT'S NAME (Type/Print)		ADDRESS (Street and Number or Rural										
	Letha Virginia Davis		le Tree Lane.										
	20a. METNOD OF DISPOSITION 1	cemetery, crematory or oth	F DISPOSITION (Name of er place)	1	CATION — City or T								
	21. SIGNATURE OF PRETIAL SERVICE ACCENS	Greenlawn	Memorial Park	ACH ETY									
	11/2 MI (M.		OSBORNE FUNE	RAL HOME P.	0.Box 34	18							
_	11/194111-0714												
	23. PART I. Enter the diseases, or complications that shock, or heart fallure. List only one cause	caused the death. Do no e on each lina.	ot enter the mode of dying, su	ch aa cardiac or reapi	retory arrest,	Approximate Interval Between Onset and Death							
	IMMEDIATE CAUSE (Final disease of condition Adenocarcinoma of the colon												
	disease of condition resulting in death) Adenocarcinoma of the colon DUE TO (OR AS A CONSEQUENCE OF):												
			ease of the lun	α									
Ö	Compositely list conditions	OR AS A CONSEQUENCE OF		6									
CA	cause. Enter UNDERLYING CAUSE (Disease or injury												
	that initiated events DUE TO (C	OR AS A CONSEQUENCE OF	:										
CERTIFICATION	d.												
AL C	PART II. Other significant conditions contributing to d	eath but not resulting in	the underlying cause given in			b. WERE AUTOPSY FINDINGS							
20				PERFOR		AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?							
Ä						1 YES 2 NO							
ž	DID TOBACCO USE CONTRIBUTE TO CAU	SE OF DEATH YES	NO EX UNCERTA	IN 🗆									
PHYSICIAN: MEDIC	25. WAS CASE REFERRED TO MEDICAL EXAMINER? HOSPITAL:	26. PLACE OF DEATI	OTHER:										
YSI	1 YES 2 NO 1 Inpatient 2	ER/Outpatient 3 🗆 DOA	4 Nursing Home 5 X Reeldence	6 Cher (Specify)									
PH	27. MANNER OF DEATH 28e. DATE OF II (Month, Day)		IRY WORK?	26d. DESCRIBE HOW I	NJURY OCCURED								
BY	2 Accident Investigation	INJURY At home, tarm, at	M 1 YES 2 NO										
0	3 Suicide 6 Could not be 4 Homicide determined		reet, tectory, ornice	281. LOCATION (Street 6 City or Town, Stete)	end Number of Hurai	House Number,							
COMPLETED	290. CERTIFIER . GZ												
MP	(Check only one) 1 X CERTIFYING PNYSICIAN: To the best of medical Examiner: On the basic of axa					(a) and meaner or stated							
8		The state of the s											
BE	29b. SIGNATURE AND TITLE OF CERTIFIER		29c. LICENSE NO	JMBER		D (Month, Day, Year)							
2	30. NAME AND ADDRESS OF PERSON WNO COMPLETED CAUSE	OF DEATH (ITEM 27) (Type.	D01062		sept.	13, 1996							
ı	Edward W. Ditto III. M		Washington St	Hagereta	WD MD	21740							
	31. DATE FILED (Month, Day, Year) SEP 1 3 1996 32. REGISTRAN	S SIGNATURE	masirrily for ST	· · Hadel 210	WII I'IU.	41/40							
	SEP 1 3 130 July 10	mare langer											



State of Maryland / Department of Health and Mental Hygiene 95

28689

					Ce	rtificate c	f Death	1		Reg. No.						
Physic	an	1. Decedent's Nama (First, Middle,	Last)						2. Dete of De Month	ath Day	Year	3. Tin	na of Death			
/Medi		Robert	B De	ew			4			ber 8,		6	:15 AM			
Exami		4e. Facility Nama (If not Institution, g							cation of Deetl							
		4211 Brookfi	eld Driv	7e				ingto	on	M.	lontgo	omer	У			
Funeral			.Sex 1√2 M 2 □ F	7. Aga (In yrs.		Months Da		r 24 Hrs. Min.	8. Data of Bir (Month, Da	y, Year)	9. Birth	pleca (Str	ata <i>or Foreig</i> rk			
Director		055-54-8737	X W Z Z	39	Yrs.				Jan. 3	, 1957	Net	W Yor	rk			
pue *		Usual Rasidence of Decedant 10a. Stete 10b. County		10c, Cit	ty, Town or L	ocation					Τ,	10d Insid	da City Limit			
f show	6	Maryland Montgo	merv		Kensin								Yas 20 N			
the Meryle 28a-f ehon	Director	10e. Street end Number	incr y		CHSIN	10f. Zip Cod	•			10g. Citizen of	What Cou	intn/2				
是 0 图		4211 Brookfield	Drive			2089				United						
ne 23a	Funeral	11. Maritai Status	12. Was Dec	edent Ever in U	.S. 13.			rigin? (Spe	cify Yes or No		ce - Amari		n.			
r hems	Fur	1 X Nevar Married 2 Married	Armed Fo	2 X No		Was Decedant of It Yes, specify C		n, Puarto F	Rican, etc.)	Ble	ck, White,	etc.				
ours after d	by	3 Widowed 4 Divorced	If Yas, Gi Yaar or D	va Dates:		1□ Yas 2⊠ P	lo Specify.	7		Specia	y: 1	White	e			
72 hours naturel'.	Be Completed	15. Decedant's	Education		16a. Dece	dant's Usuai Oc	cupetion			16b. Kind of B	lusinass/in	idustry				
C . W	ple	(Specify only highest g Elamantary/Secondary (0-12)			(Giva	kind of work do DO NOT use rel	na during mos ired)	st of workir	ng	Nation	al In	stit	utes			
77 75 16	NO.		5-	1-4or 5+) -	Elect:	rical Er	gineer			Healt!	h (U	S Go	vernme			
e filed al Hygi- other vent,	3e C	17. Fether's Neme (First, Middle, La					18. Moth	ar's Nama	(First, Middla,	Maiden Sumai	me)					
should but and Mente	To	Robert R. Dew, J	r.				E	Elizal	oeth Br	ooks						
2 should be it and Mental I is marked of raumatic eve		19a. informant's Neme/Ralationship	(Type, Print)		19b. Meili	ing Address (Stre	et and Numb	oer or Rura	Routa Numb	er, City or Town	, Stata, Zip	o Code)				
77 - 2		Frances Dew - Gr	andmothe	er	720	Washing	ton Av	enue	Dunkir	k, New	York	14	048			
permit. Peges 1 and Department of Healt Important: If Item 2: any Injury or other once.		20e. Mathod of Disposition		20b. F	Plece of Disposematary, cre	osition (Nama of matory or other)	olace)	Sa	Data eptember	20c. Location	- City or To	own, Stat	a			
Peg nent int: H		1 Donetion 5 ☐ Other (Spe		Stata						Dunkir	irk, New York		ork			
permit. Peges Department of Firmportant: If he any injury or of once.		21. Signature of Funarel Sarvice Lic	ensee							nko Fune	eral	Home				
88E # 8		Marriell														
1 A 18		23a. Part1. Enter tha disaasa, or co	mplications that	caused tha deat							W 101	Approx	imata			
Physician		shock, or heart tellura. List only ona causa on aach lina.														
/Medical		Immediate Causa (Final	nediate Causa (Final APTASTATIC CARCINOID 8 M													
Examiner		Immediate Causa (Final disease or condition resulting in death) e. METASTHTIC CARCINOID Due to (or es a consequence of):														
	Jer					1										
certificate be assecuted ding physician and sa es the buriel-transit	Examiner	Sequentially list conditions	b. ———	Dua to (or as a consequance of):												
an ar	ŭ	Sequentially list conditions, if eny, leading to immediate cause. Enter Underlying Cause (Disease or Injury														
te be	ca	Cause (Disease or Injury that initiated evants rasulting in death) Last	C	Dua to (o	r as e conse	quence of):										
certificate be assecut ding physician and sa es the buriel-trar	/Medicai	rasulting in death) Cast									1					
attendii for usa			d													
0 0 0	Physiciar	Part ii. Other signiticant conditions	contributing to d	eath but not ras	ulting in the u	indarlying causa	givan in Part	l.	23b. Did	tobacco use co	ontribute t	o the car	uss of death			
the at the	Phy								10	Y88 2 10	3 Pro	bably	4 Unknow			
8 5 8	by															
requires that the been signed by the should be detach	Completed									an autopsy med?	9\	valiable p				
2 s 2	pie											death?	of cause			
The late he page	Son								10	Yas 2 No	11	☐ Yas	2 No			
ysician: The is certificate director, pag	Be	25. Was case ratarred to medical examiner?					26. Plac	a ot Daath	(Check only o	ona)						
0 0	2	1 ☐ Yes 2 ☐ No	Hospital:	inpatient 2 🗆	ER/Outpatie	nt 3 DOA	Other: 4 N	ursing Hon	ne 5 PAesi	dance 6 Oti	har (Specia	fy)				
ter th		27. Manner of Death 1 ☑ Natural 5 ☐ Panding	28a. Data (Mon	of Injury th, Day Year)	28b. Tima o Injury	of 28c. In	ijury at Vork?	2	8d. Dascribe	how Injury occu	rred					
Attending in death.	atic	2 ☐ Accident investiget	ion				☐Yas 2☐	No No								
or Attending I efter death. Director: After I in by the funer	Certification:	3 Sulcida 6 Could not 4 Homicide datarmine	A ZOG. FIECE	of Injury - At he	oma, farm, st	raat, factory, offic	:	2	8t. Location (Street and Num	ber or Run	al Routa	Number,			
of the Hospital or Attending Philiping A hours effect death. of the Funeral Director: After the completely filled in by the funeral	Ö				,,											
To the Hospital within 24 hours To the Funeral I completely filled	Ca	29e. Certifier 1 Certifying I	Physician: To the	best of my kno	wiedge, daat	h occurred at the	tima, data ar	nd place, a	nd due to the	cause(s) and m	anner as s	stated.	isa(s)			
pletter 2	one) end mannar stated.															
0 00	Σ	29b. Signatura and titla of certifier	., .,	A	0		ensa number	07		29d. Deta signi	ed (Month,	Day, Ye	nr)			
)		Yough	M. HA	Allely	u(s)	D.	3241	0'/		091	091	96)			
10/		30. Nama and addrass of person wh	o complated caus	of death (Itan	23a) (Type,	Print)				ala ::	- 1	-				
		Joseph H. Haggerty	P CHILL	707 Me	dical (enter I	PRIVE.	# 3	00 KC	EKville	uaryl	and	20 170			
Sta	te	31. Date tiled (Month, Day, Year)	39.F	legistrar's Signe	tuge .											

Registrar

State

SEP 12 1996



State of Maryland / Department of Health and Mental Hygiene Q C

1			Items: 28b,d,e,f per MEO G-744 2/26/97 reb Certificate (1. Decedent's Name (First, Middle, Last)			g. No.	3. Time of Death
	Physic		OILLEY	0.	Month	Dey Year 96	
	/Medi Examii		4e. Fecility Neme (If not institution, give street and number)	4b. City, Town, or Lo	cation of beath	4c. County of Dee	
4	Exami	iei	washington County Hospitial	Hoces	040	wash	1
1	Funerai		5. Social Security Number 6. Sex 7. Age (In vrs. last birthday) If Under 1 Yo	ear If Under 24 Hrs.	8. Dete of Birth (Month, Day,		hptace (State or Foreign
	Director		Usuel Residence of Decedent	ays Hours Min.	11/22	192 M	ary/and
	with the Maryland a or 28a-f show		10a. Stete 10b. County 10c. City, Town or Location				10d. Inside City Limits
	t 28e-f show	cto	MD. PRINCE GEORGES FORESTVILLE				1 Yes 2 No
	4 C 28	ie P	10e. Street and Number 10f. Zip Coo	de	10	g. Citizen of What C	ountry?
	£ 22	ai	2109 TIBER DRIVE	20747		U.S.A.	
	g g	Funeral Director	11. Meritet Stetus 12. Wes Decedent Ever In U,S. 13. Wes Decedent If Yes, specify (If Yes) (If Yes, specify (If Yes)	of Hispenic Origin? (Spe Cuban, Mexican, Puerto I	cify Yes or No-	14. Rece - Am Black, Whi	
5-0020	8 6	þ	1 Never Merried 2 Merried 1 Yes 2 No If Yes, Give 1 Yes 2 Yes or Detes:		mount, otoly	0	LACK
5-0	72 hours "natural",	Completed	15. Decedent's Education (Specify only highest grade completed) [Give kind of work de life. DO NOT use re	cupetion	1	6b. Kind of Business	/Industry
2121	- 20	nple	Elementery/Secondery (0-12) College (1-4or 5+)	ntired)	ng		
	w page of the state 8	UNEMPLO			NONE		
P	be filed tal Hygi d other	Be	17. Fsther's Neme (First, Middle, Last)	18. Mother's Neme	(First, Middle, M	elden Sumame)	
Yla	2 should be and Mental is marked o	10	FRANK DUDLEY		ZETT ST		
Maryland	2 short and la ma		19e. Informent's Neme/Retetionshtp (Type, Print) 19b. Melling Address (Str	reet end Number or Rura	l Route Number,	City or Town, Stete,	Zip Code)
	s 1 and 2 should be filed within f Haalth and Mental Hygiena. Item 27 is marked other than other traumatic event, ma Ma		MARY FULWOOD (GRANDMOTHER) LOLDON	EW HAMPSH			
Baltimore,	er 0		20e. Method of Disposition 1 1	place)	Dete 2	Oc. Location - City or	Town, State
E I	tment: tant:		4 □ Donetion 5 □ Other (Specify) GLENWOOD CEM		9-9	WASHIN	GTON D.C.
39	permit. Page Department of Important: If any injury or once.		21. Signsture of Pynerel Service Licensee #7777 D.C. 22. Neme end Ac	dress of FecilityRAN	DOLPH 1	C.OLDES	FUNERAL SE
_	20 = 6 Q		Vando 1010 (Classon 3200 RH	ODE ISLAN	D AVE.	MT. RATH	
П			23a. Pert1. Enter the disease or complications that caused the death. Do not enter the mode of shock, or heart feiture. List only one cause on each line.	dying, such es cardiec o	r respiratory arres	st,	Approximate Interval Between
	Physician						Onset and Deeth
齫	/Medicai Examiner		Immediate Ceuse (Finel disease or condition resulting in deeth) e. Multiple Transcription	ma			
		70	Due to (or as a consequence of):				
	nsit	Examiner	b				t
_6	icata be asscuted physician and s the burial-transit	Xa	Sequentially list conditions, if eny, teeding to immediate cause. Enter Underlying Cause (Disease or Injury that initiated events Due to (or es e consequence of): Due to (or es e consequence of):				
260	siciar buri		Cause, Enter Underrying Cause (Disease or Injury that initiated events				
68760,	tificata be axecuted g physician and as the burial-transit	Aedical	resulting in death) Lest Due to (or es e consequenca of):				
Box		2	d				1
	death a atte	Icla	Pert tt. Other aignificant conditions contributing to death but not resulting in the underlying cause	given in Pert I	23h Did toh	acco use contribut	to the cause of death?
0.0	that the death led by the attar detached for u	Physician/N	The second secon	growin arrow.	1□ Ye	V	robably 4 Unknown
	signed a	by F					
Records,	requ shoul	Completed	Manual		24e. Was an perform		Were autopsy findings available prior to completion of cause of death?
æ	Tha law sata has paga 2	mc			1□ Yes	2 KNo	
ta		BeC	25. Wes case referred to medicat	26. Piace of Deeth			1 Yes 2 No
of Vital		To B	examiner?	Other		ce 8 Other (Spe	noifu)
0			27. Menner of Death 28a. Dete of trijury 28b. Time of 1510 28c. t		8d. Describe hov	v injury occurred	эспуу
0	Attending For death.	atio		Work? 1 ☐ Yes 2 [☐ No	Auto	HIGHE	(at
Division	after death. Director: A	ific	3 Suicide 8 Could not be determined 28e. Piaca of Infury - At home, ferm, street, factory, offi	ice 2	8f. Location (Stre	et and Number or R	urel Route Number,
ā	a after	Certification	4 Homtcide building, etc. (Specify) INTERSTATE 7	270	City or Town,	Stote) WASHIN	10m cu.
	To the Hospital or Attendit within 24 hours after death. To the Funeral Director: A completaly filled in by tha fu		29a. Certifier (Check only 20 Madical Examinat: On the basis of examination and/or investigation in or	e time, dete and piace, e	nd due to the cau	use(s) end manner s	s steted.
	in 24 the Fi	edical	(Check only one) 2 Medical Examinar: On the basis of examination and/or investigation, in money and menner stated.	ny opinion, deeth occurre	ed et the time, dat	e and pisce, and du	e to the cause(s)
	To To t	Σ		ense number		d. Dete signed (Mon	
			AST Doort we lived Fin	OCME	5	9/2/	16
1	4)		30. Name and eddress of person who completed cause of deeth (ttem 23a) (Type, Print)		./	1	
_			Mythol Ho Hoan up 818 vingan	OCME	topers	Hound 1	w
	Sta Registr		Dete filed (Month, Day, Year) 32. Registrer's Signeture		J		

	I	State of Maryland / Department of Health and Items: 28b,d,e,f per MEO G-744 2/26/97 reb Certificate of Death		giene 96	28691
10 8 8		1. Decedent's Name (First, Middle, Last)	2. Date of Dea		3. Time of Death
Physic		ASHANTI DUDLEY-EL	Sept	Day Gye	er /730
/Medi Exami			or Location of Death	4c. County of D	
Exami	ner	waster Com t Horastal Hope	offers)	was	. for
Funeral		5. Social Security Number 6. Sex 7. Age (In y last birthday) If Under 1 Year III Under 24 H	rs. 8. Date of Birt	h 9.	hpiace (State or Foreign
Director		Usual Residence of Decedent	in. (Manth, De)	30 1991	MARYLAND
Marylan 4 show led at	tor	10a. State 10b. County 10c. City, Town or Location PRINCE GEORGES FORESTVILLE			10d. Inside City Limits 1 □ Ves 2 □ No
the Mar 28a-1 st notified	5	10e. Street and Number 10f. Zip Code		10g. Citizen of What	Country?
and and and and and and and and and and	0	2109 TIBER DR. 3 20747		U.S.	
death mag 2	Funeral Director	11. Marital Status 12. Wes Decedent Ever In U,S. 13. Was Decedent of Hispanic Origin? 14. Was Decedent of Hispanic Origin? 15. Was pecify Cuben, Mexican, Pur	(Spacify Yes or No-	14. Race - A	American Indian,
or its			erto Rican, etc.)		Vhite, etc.
OZ MEN	b	3 □ Widowed 4 □ Divorced Year or Detes:		Specify:	BLACK
Maryland 21215-0020 d 2 should be filed within 72 hours at th and Montal Hygiene. T is marked other than "natural", or traumatic event, the Medical Exam	Completed	15. Decedent's Education 16a. Decedent's Usual Occupation		16b. Kind of Busine	ess/industry
24 E	De la	(Specify only highest grade completed) (Give kind of work done during most of white DO NOT use retired) Elementary/Secondary (0-12) College (1-4or 5+)	vorking		
N FEET N	Sol	O UNEMPLOYED		NONE	
D all the	Be		leme (First, Middle,		
yla Ment	10	FRANK E-DUDLEY BER	RNAZETT	ZIOVEK	
Sah Sah		19a. Informant's Name/Relationship (Type, Print) 19b. Malling Address (Street end Number or			
CTNL		MARY FULWOOD {GRANDMOTHER}}LOLOO NEW HAMPSHI	RE AVE.	"SILVER	SPRINGS, MD.
Baltimore, nemil. Pages 1 st Department of Hear moortant. If Nem: my injury or othe alice.		20a. Method of Disposition 1 ☑ Burial 2 ☐ Cremation 3 ☐ Removei from State 20b. Plece of Disposition (Neme of cermetery, crametory or other plece)	Dete	20c. Location - City	or Town, State
E Sant		4 Donation 5 Other (Specify) GLENWOOD CEMETERY	99	NIHZAW	STON D.C.
alt military both the		21. Signature of Funeral Service Licensee 777 D.C. 22. Name end Address of Facility R	RANDOLPH	T.OLDES	S FUNERAL SE
W FORES		TO LOCAL J. COCOLUS, 3200 RHODE ISL			
Physician /Medical Examiner	ner .	Immediate Ceuse (Final disease or condition resulting in death) a. Muthule Trans Due to (or as a consequence of):			Onset end Death
8760, ate be executed whysician end the buriel-transit	Examiner	Sequentially list conditions. Due to (or as e consequence of):			
O, e e e e e e e e e e e e e e e e e e e	EX	Sequentially list conditions, if any, leading to Immediate cause. Enter Underlying Cause (Disease or Injury c.			
8760, ate be entry siclan the burie	dical	Cause (Disease or Injury that initiated events resulting in death). Last Due to (or as a consequence of):			
ox 6 certific ding p	4	d.			
deeth certi	Physician/M		1		
P.O.	lys	Part II. Other eignificant conditions contributing to death but not resulting in the underlying cause given in Pert I.		1.1	rute to the cause of death?
The detable			101	ree 2 No 3	Probably 4 Unknown
cord requir	Completed by		24a. Was o		tb. Were eutopsy findings available prior to completion of cause of death?
I Re lew	mo		1 🗆 Y	es 2000	1 ☐ Yes 2 ☐ No
Vital I	BeC	25. Was case referred to medical 28. Place of D	Peath (Check only o		12.100 22.110
of Vita Physician: this certific	ToB	examiner?		ienca 8 DOther (5	Page (Ar)
Phys prthis eral di		27. Manner of Deeth 28e. Dete of Injury 28b. Time of 28c. Injury et		ow injury occurred	рөспу
ding Figure 1. After 6 funer	tio	2 MAchidant Investigation Sect 2 1991 311 M 1 Yes 2 10	Auto	EHICKE	ident
Vision Attending r death. ector: After by the fune	Certification:	3 Suicide 6 Could not be determined 28e. Place of Injury - At home_farm_street_factory, office	28f. Location (S	treet and Number of	r Rural Route Number, GTON CO.
d Plage	ie l	4 Homicide building, etc. (Specify) INTERSTATE 70	City or Tow	n, State) WASHIN	GION CO. ➡10 mile marker
Division of Vital Re To the Hospital or Attending Physician: The I Within 24 hours after death. To the Funeral Director: After this certificate he completely filled in by the funeral director, page	edical (29a. Certifler (Check only (C	ca, end due to the coursed at the time	euse(s) and manne	r as stated.
the F the F	Medi	and menner stated.		<u> </u>	
S V V	2	29b. Signature and title of cartifier 29c. License number		29d. Dete signed (M	pnth, Day, Year)
7		AST Dant medical Examina Och	7	9/2/	16
(4)		30. Name and address of parson who completed cause of deeth (Item 23a) (Type, Print) ANTHUR H. HOUN UD & 18 VINGLA AVI	5 Have	- Soun,	wid
Sta Regista		31. Date filed (Month, Day, Year) SEP 1 1996 July Description Signature	1		

DHMH 16 Rev 6/95

State of Maryland / Department of Health and Mental Hygiene 96

							Ce	rtificat	e of	Death	7		Reg. No.		
			1. Decedent's Neme (First, Mid	dle, Last)								2. Date of D Month	eeth	Vee	3. Time of Death
	Physici /Medi		Geraldine E	DWARD	S								mber 6.	1996	12:19 A
	Examir		4a. Fecility Name (If not instituti	on, give str	eet and numb	ber)				4b. City, T	own, or L	ocation of Dee	th 4c. Cou	nty of Death	1
П			Doctors Con	munit	y Hosk	oital				Lank	ram		Pri	ince Go	zorges
	Funeral Director		5. Sociei Security Number 100 – 32 – 3990	6. Sex 1□ N	7.	. Age (In yrs. Ia 59	st birthday) Yrs.	If Under Months			r 24 Hrs. Min.	(Month, D	irth la <i>y, Year)</i> 27 – 37	9. Birtho Cour Nort	plece (Stete or Foreign ntry) th Carolina
	р ,		Usual Residence of Decedent			40.00									
	e Marylar	ctor	Maryland Prin		orge's		Town or Lo	ocation		Mitc	hell	eville		1	1 1 Yes 2 No
	within 72 hours affar death with the Maryland one. than "natural", or liems 23a or 28a-f show he Medical Exeminet must be notified at	al Director	10e. Street end Number 3823 Sunflow	er Ci	rcle			10f. Zip	Code	207	21		10g. Citizen o	of What Cour US	
	dea	Funeral	11. Meritel Stetus	12.	Wes Deced	ent Ever In U,S	13.	Wes Dece	dent of l	Hispenic O	rigin? (Sp	pecify Yes or N Rican, etc.)	o- 14. F	Rece - Americ	
21215-0020	ours after alf, or he Examine	þ	1 ☐ Never Merried 2 ☒ Ma 3 ☐ Widowed 4 ☐ Divorce	-	1 Yes 2 If Yes, Give Yeer or Det	™No		1 ☐ Yes				riicani, etc.,	Spen	Black, White, city:	lack
5-0	72 hours netural,	ge	15. Decede (Specify only high				16a. Dece	dent's Usu	el Occu	petion during mo	et of word	rina	16b. Kind of Business/Industry		
21	d within 72 ho piena. r than "netur	Completed	Elementery/Secondary (0-12)		College (1-4	for 5+)	life.	DO NOT u	se retire	ed)	St Of WORK	ung			
	Tel. 10. 10. 10.	ő			2+		Tea	cher	Ass	sistar	nt			Governi	ment
Maryland	s 1 and 2 should be filed within if Health and Mental Hygiena. Item 27 is marked other than other traumatic event, the M	To Be	17. Fether's Neme (First, Middle Charlie		gers					18. Moth		e (First, Middle)ries H	e, Maiden Sum	ame)	
an	2 should end Men is marke aumatic		19e. Informent's Neme/Relation	ship (Type	Print)		19b. Meille	ng Address	(Stree	t end Numb	ber or Rui	ral Route Numi	ber, City or Tov	vn, Stete, Zip	Code)
	Health Health Sm 27 i		George Edwar	ds/Hu	sband		3823	3 Sun	flow	ver Ci	ircle	e, Mitc	hellvil	le, M	D 20721
altimore,	00	George Edwards/Husband 20e. Method of Disposition 1 🖾 Buriel 2 Cremation 3 Remove from State 4 Donetlon 5 Other (Specify) 3823 Sunflower 20b. Place of Disposition (Name of cemetery, cremetory or other place) Cedar Hill Cemeter										09/12 1996	20c. Locatio	on - City or To	
	permit. Peg Department Important: If any injury o														~**
m	permit. Departr Importu any injt		23a. Pert1. Enter the disease, shock, or heart failure. List	P	+	•		J. B	. Je	enkins	Fur	neral H	ome		
	41 10 10 10		23a. Pert1. Enter the disease,	or complice	tions that cau	used the death.	Do not ent	7474 ter the mod	Lar	indover	Roa	or respiratory	dover,	MD 20:	7.85 Approximete
J.	Physician		shock, or heert feilure. Lis	st only one	ceuse on eed	ch line.			,			, , , , , , , , , , , , , , , , , , , ,			Intervel Between Onset and Deeth
X	/Medical		Immediate Cause (Final		000	DIR	ATTE	Al I	P.	0.011		1010	NCV		11-day
	Examiner		disease or condition resulting in deeth)	Θ	VEZ	SPIR	4114	Y.	+-1	0703	5	10161	009		71.42
		Jer			4+		es e consec		10	A).			1		
	uted	Examiner	Garage Alaba Hana and Hana	b. –		10	es e consec	,	10	70				+	
ć	ertificate be executed ling physician and se as the burial-transit	Exa	Sequentially list conditions, if eny, leading to immediate cause. Enter Underlying		CE	=000	Consec	querice oi).							
68760,	sicia e bur	edical	cause. Enter Underlying Ceuse (Disease or Injury that initiated events	C		- Pue to (or	es e consec	mence of):							
68	ificet g phy	8	resulting in deeth) Lest		Gla	mp 1.4	L CTT	Merice or).	Δ.	DE		RO	AIN	-	>1-mon
X	andin use	N/u		d	200	(ORD)	1-21	017	1	0		DI	11110		
Bo.	death ce s attend d for us	Physician	Pert II. Other significant condit	lone contrib	outing to deal	th but not resul	ting in the u	nderhina c	auca ni	ven in Pert	1	23h Did	tohacco use	contribute to	o the couse of death?
0	t the de by the	hys	1 of the	. (otting to deal	A P	1 (0	l A	ause gr	3 - 0	I.		Yee 2050		
D,	es that the igned by the be datach	by P	Graveres	M	mm	J -, W	10	4-	De	295.	,		7	3 3 7 10	bedry 4 onknown
Records,	neduir een s hould	Completed b	Avenir	۵.	TW	ma	loa	top	200	na,			s an eutopsy formed?	av	ere autopsy findings allable prior to empletion of cause
Re	has has	du	6-7110	25	Rate	der.				,			100		death?
9			800		20						_		Yes 2000	11	☐ Yes 2☐ No
Vital	Physician: this certific	o Be	25. Was case referred to medic exeminer?		pitel:				Ot	her:		th (Check only			
of	Phys this ral di	-	1 Yes 2 No 27. Menner of Deeth		1 /2Hnp		R/Outpatler 28b. Time o		JA	4 L N	lursing Ho		how Injury oc		у)
L C	Ming F After funer	lon	1 Pend 5 □ Pend		28e. Dete of (Month,	Dey Year)	Injury	M	28c. Inju Wo	ork?]Yes 2.□	1No	200. Describe	THOW INJURY OC	Julied	
S	eati the	Ical	3 ☐ Suicide 6 ☐ Could		One Place of	A faire At Las	a fam at				1140	20f Location	(Ctmat and No	mbas as Dun	al Route Number,
Division	for Attendi efter death Director: A d in by the f	Certification:	4 ☐ Homicide deter	mined	building	f fnjury - At hon , etc. <i>(Specify)</i>	ne, lem, su	eet, lectory	y, onica			City or To	own, State)	mber or Aura	ii rioule reuniber,
	pital ours oral filled		29e. Certifier	na Dhualai	on. To the he		landari darah				-14 -1				
	To the Hospital or Attending I within 24 hours effer death. To the Funeral Director: After completely filled in by the funer	edical	(Check only one) Medica	t Examiner	On the basi	is of examinetic	on end/or in	vestigetion	, In my	opinion, de	eth occur	red at the time	e cause(s) end , date and plac	e, end due to	the cause(s)
	ithin of the omple	M	29b. Signeture end title of certifi	er M	7))		290	. Licen	se number		T	29d. Date sig	ned (Month.	Dev. Yearl_
	FIFE			X 13	nu	710		7)-7	341	20		09-	-06.	-96
	(-)		20 Nime and add	212		7 45		2.0.	-	1	ے د	,	0 (10
	(10)		30. Name and address of person	i an	400	10-0x	you	Will	le	Roa	d; =	1220	Bow	16-1	20716
	Sta Registr		31. Dete filed (Month, Dey, Year SEP 1 0	1996	32 Reg	distrar's Signetu	Rock	•							

DHMH 16 Rev 6/95

To gate a de

State of Maryland / Department of Health and Mental Hygiene 28693 Certificate of Death 1. Decedent's Name (First, Middle, Last) 2. Deta of Daeth 3. Time of Deeth... **Physician** ENTZMINGER MARIE Sept. /Medical 4e. Facility Neme (If not institution, give street end number) 4b. City, Town, or Location of Death 4c. County of Deeth Examiner SUBURBAN HOSPITAL Bethesda Montgomery If Under 1 Yaar if Under 24 Hrs. Hours Min. 5. Social Security Number 7. Age (In yrs. lest birthdey) 8. Dete of Birth (Month, Dey, Year) Birthpleca (Stete or Foreign Country) **Funeral** Deys 1 □ M 2 🗓 F Vrs Director 579-20-4894 Oct. 04, 1901 Washington, D.C. 94 Usuel Residence of Decedent the Maryland 10a State 10b. County 10c. City, Town or Location 28a-f show 10d. Inside City Limits must be notified at Director tV Yes 2 □ No District of Columbia Washington 10e. Street end Number 10f. Zip Code 10g. Citizen of What Country? ò 1614 Monroe Street, N. E. items 23a 20018 United States Funeral 12. Wes Decedant Evar in U,S. Armad Forces? 13. Was Decedent of Hispanic Origin? (Specify Yas or No-If Yas, specify Cuben, Maxicen, Puarto Ricen, etc.) 14. Rece - American Indian, Bleck, White, etc. 72 hours after 1 ☐ Never Married 2 ☐ Married 1 ☐ Yas 2 ☑ No If Yes, Give Yeer or Datas: 21215-0020 ò by 3X Widowed 4 ☐ Divorced "natural", African American Completed 16a. Decedent's Usuel Occupetion (Give kind of work done during most of working life. DO NOT use retired) 15. Decedent's Education (Specify only highest grade completed) 16b. Kind of Business/Industry permit. Pages 1 and 2 should be filed within Department of Haalth end Mental Hygiane. Important: If item 27 is marked other than any injury or other treumatic event. Elementary/Secondery (0-12) College (1-4or 5+) 12 Retired Railroad Carmen Private Baltimore, Maryland 17. Fether's Neme (First, Middle, Last) 18. Mother's Name (First, Middle, Meiden Sumeme) Be Luigi Occionero Fannie Barnes 19e. Informent's Neme/Reletionship (Type, Print) 19b. Malling Address (Street end Number or Rurel Route Number, City or Town, Stete, Zip Code) Audrell E. Galery - Daughter 1614 Monroe Street, N. E., Washington, D.C. 20018 20b. Plece of Disposition (Neme of cemetery, cremetory or other plece) 20a. Method of Disposition Date 20c. Location - City or Town, Stata 1 Buriel 2 □ Cremetion 3 □ Ramovel from State 4 ☐ Donetion 5 ☐ Other (Specify) Fort Lincoln Cemetery 9/13/96 | Brentwood, MD 21. Sign sture of Eunerel Service Licenses 22. Neme and Address of Fecility SIEWARI FUNEIRAL HOLL,

4001 Benning Road, N. E., Washington, D. C.

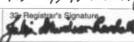
4001 Benning Road, N. E., Washington, D. C.

Approximate on each line.

Approximate of dying, such as cerdiec or raspiratory arrast, intervel Between Onsat and Deeth STEWART FUNERAL HOME, Inc. Enter the disaase, or complications that causad it, or heart feilure. List only one cause on each line **Physician** /Medical fmmediate Ceuse (Finel MYOCARDIAL INFARCTION disaase or condition resulting in deeth) Examiner Due to (or es e consequence of): Physician/Medical Examiner CONUMBRY ANTERY DUEASE cons The law requires that the death certificate be axecuted buriel-transit Sequentielly list conditions, if eny, leeding to immediate ceuse. Enter Underlying Ceuse (Diseese or Injury that initiated events resulting In deeth) Lest Due to (or es e consequence of): pue 11 DIMBERT MEUNI Box 68760, the Due to (or es e consequence of): use as P.O. Pert II. Other significant conditions contributing to death but not resulting in the underlying ceuse given in Pert f. 23b. Did tobacco use contribute to the cause of death? 1 Yes 2 No 3 Probably 4 Unknown ACUTERIENAL PAILURE Records, þ 8 page 2 should Completed HYPERPENSION 24a. Was en eutopsy performed? 24b. Were autopsy findings aveilable prior to completion of ceuse of deeth? OBCLITY certificata 2 No 1 ☐ Yes 2 ☐ No Division of Vital or Attending Physicien: 25. Wes cese referred to medical exeminer? Be 26. Piece of Deeth (Check only one) Hospitel: 1 Inpatient 2 ER/Outpatient 3 DOA 213 No Other: 4 Nursing Home 5 Residence 8 Other (Specify) 1 ☐ Yes Certification: To this the funeral 27. Menner of Deeth Date of Injury (Month, Dey Year) 28b. Time of 28c. Injury et Work? 28d. Describe how injury occurred After 1 Naturel 5 Pending investigation death. 2 Accident 24 hours efter deat 6 Could not be determined 3 ☐ Suicide 28e. Place of fnjury - At home, ferm, street, fectory, office building, etc. (Specify) 28f. Location (Street end Number or Rurel Route Number, City or Town, Stete) filled in by 4 Homicide Hospital 1 Certifying Physicien: To the best of my knowledge, deeth occurred et the time, dete end plece, end due to the ceuse(s) end menner es stated.

2 Medical Examiner: On the basis of examinetion end/or investigetion, in my opinion, deeth occurred et the time, dete end place, end due to the ceuse(s) and manner steted. Medicai (Check only To the Vithin 2 29b. Signature and titla of certifiar 29c. Licensa number 29d. Deta signed (Month, Day, Yeer) Septomber 6, 1996 30. Name and address of person who completed cause of deeth (Item 23e) (Type, Print) A GUINS MD 43 43 mont, somen on Buths da MD

State Registrar 31. Date filed (Month, Dey, Year)
SEP 11 1936

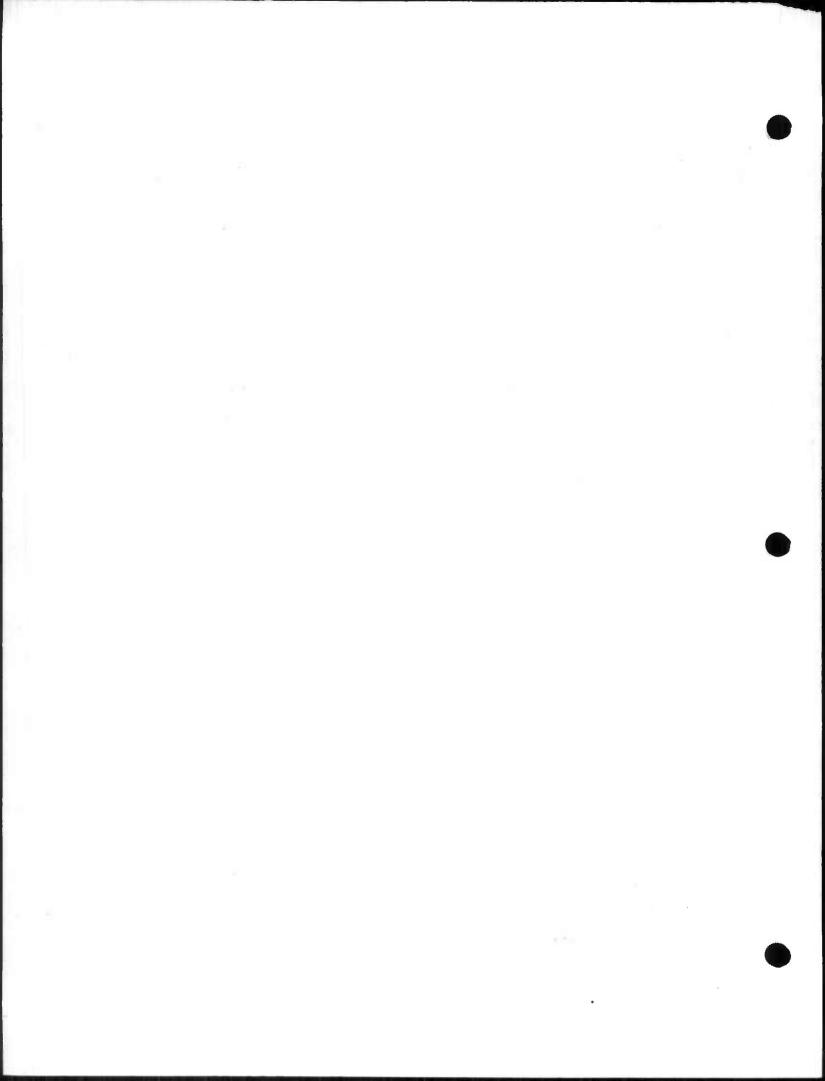


11 By W. Wilsonson

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ngin h.

	FOR 1 - STATE REGISTRAR	STATE OF MARYL		PARTMENT OF I		MENTAL	HYGIENE REG. NO.					
	1. DECEDENT'S NAME (First, Middle, Last) Marie S. Ellw	ood				2. DATE OF MONTH			EAR	TIME OF DEATH		
	4. SOCIAL SECURITY NUMBER 215-32-3535	5. SEX 6. AGE (In yrs. lest birth	MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF (Month, I	BIRTN Day, Year) 3,19	8.	BIRTNPLA Country)	CE (State or Foreign yland		
SR.	98. FACILITY NAME (If not institution, give street and number) 313 Bohemia Avenue 9b. CITY, TOWN OR LOCATION OF DEATH Chesapeake City								9c. COUNTY OF DEATH Cecil			
DIRECTOR	RESIDENCE OF DECEDENT 10a. STATE 10b. COUNTY Md.	Cecil	100	city, town on Local		.,				I. INSIDE CITY LIMITS?		
AL	10e. STREET AND NUMBER	r. ZIP CODE	•		YES 2 NO							
BY FUNER	313 Bohemia Av 11. MARITAL STATUS 1 Nover Married 2½ Merried 3 Widowed 4 Divorced	PONUE 12. WAS DECEOENT EVER IN FORCES? 1 YES GIVE WAR OR ON	2 TV NO	If yes, s	21915 CENDENT OF NISPAI Decify Cuban, Maxica 8 2X NO Specif	in, Puarlo Ric		-	Black, WI	American Indian,		
ETED	15. DECEDENT'S EDUC (Specify only highest grade Elementary/Secondary (0-12)	CATION completed) College (1-4 or 5 +)	(Give kin life. Do N	NT'S USUAL OCCUPATI of af work done during m IOT use retired.)	ON ost of working		INO OF BUSI					
COMPL	12 17. FATNER'S NAME (First, Middle, Lest)	1	Secr	etary	18. MOTHER'S NA	ME (First, Mic		umame)	orp.			
TO BE	John P. Shockley, Sr. Gertrude Lane 199. INFORMANT'S NAME (Topo/Print) 199. MAILING ADDRESS (Street and Number or Burel Route Number of Burel Route Number of Street State Zin Code)									21915 Md.		
	20a. METHOD OF DISPOSITION 1 TyBurlel 2 Cremation 3 Removal from Stale 4 Donestion 5 Online (Specify) 20b. PLACE AND DATE OF DISPOSITION (Name of commentary or other place) Bethel Cemetery 9/19/96 Chesapeake City, Md 21. SIGNATURE 1 THERAL BERVICE LICENSES 22. NAME AND ADDRESS OF FACILITY Gee Funeral Home 259 E. Main St., Elkton, Md. 21921											
	23. PART I. Enter the disease, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line. IMMEDIATE CAUSE (Final disease or condition resulting in death) Over i an Cause of the death of the mode of dying, such as cardiac or respiratory arrest, interval Betwoen the death of the mode of dying, such as cardiac or respiratory arrest, interval Betwoen the death of the mode of dying, such as cardiac or respiratory arrest, interval Betwoen the death of the mode of dying, such as cardiac or respiratory arrest, interval Betwoen the mode of dying, such as cardiac or respiratory arrest, interval Betwoen the death of the mode of dying, such as cardiac or respiratory arrest, interval Betwoen the death of the death											
ERTIFICATION	Sequentially list conditions, if sny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in deeth) LAST b. DUE TO (OR AS A CONSEQUENCE OF): c. DUE TO (OR AS A CONSEQUENCE OF): d.											
EDICAL C	PERFORMED? 1 YES 2 NO CC OF								RE AUTOPSY FINDINGS NILABLE PRIOR TO MPLETION OF CAUSE DEATH?			
AN: M	DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES NO UNCERTAIN 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one)											
IYSICI	EXAMINER? 1 YES 2 NO	HOSPITAL: 1 Inpetient 2 ER/Outp										
ву Рн	27. MANNER OF OEATN 1 Natural 5 Pending (Month, Day, Year) 28c. OATE OF INJURY 28c. TIME OF INJURY WORK? 1 YES 2 NO 28d. DESCRIBE HOW INJ WORK? 1 YES 2 NO											
ETED	3 Suicide 8 Could not be detarmined 28e. PLACE OF INJURY — At home, larm, atreet, lactory, office building, atc. (Specify) 28i. LOCATION (Street and Num. City or Town, State)								Rumii Route	Number,		
OMPLE	one)	CIAN: To the best of my know R: On the basis of examination								d manner es stated.		
O BE C	200. SIGNATURE AND TITLE OF STATIFIES 200. DATE 200. LICENSE NUMBER 200. DATE \$153, 14 \$54								IGNED (Mo	onth, Day, Year) - 17, 1996		
	Henry Furkes,	ng Nort	ATN (ITEM 27)	(Type. Print)	Hospice 2	395 Br	gest.	Elkto	n, r	10 2/92/		
31. DATE FILÉD (Month, Day, Year) SEP 1 7 1996 32. REGISTRAR'S SIGNATURE Signature Signature												



State of Maryland / Department of Health and Mental Hygiene Q 6 28695

			•	Cert	tificate of	Death	R	eg. No.	0 20	0000	
	Dhamis		Decedent's Neme (First, Middle, Last)				2. Dete of Dee		year 3. T	Time of Death	
	Physic /Medi	cal	Carlester EDWARDS September 15 1								
	Examir	ner	Doctors Community Hospital			Lanham	THE PERSON NAMED IN		ce Geor	0014	
Ī	Funeral Director		5. Sociel Security Number 246-26-0844 8. Sex 1№ M 2□ F 7. Age (In yrs 7.	s. lest birthdey) 1 Yrs.	Months Days		8. Dete of Birth (Month, Day Aug 4,	Year)		Stete or Foreign	
	pue *		Usuel Residence of Decedent 10a, Stete 10b. County 10c. C	city. Town or Loc	ation				10d for	side City Limits	
	Meryle a-f sho	tor			t Height	S			1	Yes 2000	
	with the	Director	10e. Street and Number 2127 Harwood Road,		10f. Zip Code	20747		0g. Citizen of V			
	eath ve 23	erai	11. Meritel Stetus 12. Wes Decedent Ever in U	IIS 13 W	les Decedent of I			Jnited	States e - American Ind	llen	
020	72 hours efter death with the Meryland "natural", or items 23s or 28s-f show solicel Examiner must be namined at	by Funeral	1 Never Merried XX Merried 3 Widowed 4 Divorced Yesr or Detes:		Yes, specify Cub	dispanic Origin? (Spen, Mexicen, Puerto Specify:	Ricen, etc.)		k, White, etc.		
5	72 h	eted	15. Decedent's Education (Specify only highest grade completed)	16e. Decede	ent's Usuel Occup	pation during most of work d)	ina	16b. Kind of Bu	usiness/Industry		
21215-0020	filed within Hygiene. ther then ent, p. M.	Completed	Elementary/Secondery (0-12) College (1-4or 5+)	d)	1	Recreat	ion Dep	t.			
Maryland	s 1 end 2 should be filed within 72 ho If Fleath and Mental Hygiene. Item 27 is marked other than "natur other traumatic event, the Medical	To Be C	17. Fether's Neme (First, Middle, Last) Henderson Edwards	18. Mother's Nem Elena ((First, Middle, Melden Sumeme) nris					
Man	2 sho and l		19e. Informent's Neme/Reietionship (Type, Pnnt)	_		end Number or Rui					
	Health Health Sem 27 I		Ola B. Edwards	ZIZ/		Road, Di	19 -1 996	-			
Baltimore,	8 = 5		1 Buriel 2 ☐ Cremetion 3 ☐ Removel trom State	cemetery, creme	etory or other ple	ce)					
Ħ.	Department mportant: any Injury		4 Donetion 5 Other (Specify) Cedar Hill Cemetery Suitland, Maryla 21. Signeture of Funeral Service Licensee 22. Name and Address of Facility Lee Funeral Home, Inc 6633								
Ba	Depariment Department on the concession of the c		154 C 5-4			a Ferry I					
	DI :-!	1	23e. Pert1. Enter the disease, or complications that caused the deel shock, or heart teilure. List only one cause on each line.	ath. Do not enter	r the mode ot dyli	ng, such es cerdiec	or respiretory arr	est,	Appro	oximate val Between et and Death	
	Physician /Medical Examiner		Immediate Cause (Finel disease or condition resulting in death) Due to (elevotic	: J100	out D	is-ecus	C		24/96	
		Jer	Due to (or es e consequ	ence of):	1100-			01	24/96	
	eath certificete be assected attending physician and for use as the burlel-transit	Examiner	Sequentielly list conditions.	(or as e consequ		umor	1191.		01.	27170	
90,	certificate be axecuted Inding physician and Ise as the buriel-transit										
68760,	physic	edicai	thet initieted events resulting in deeth) Lest Due to (or es e consequence of):								
×	certifi ding Jse as	2	d								
Bo.	death	iciar	Part II. Other significant conditions contributing to death but not res	eulting In the up	derhylen enuse ch	on in Port f	22h Did to	phaces use co	ntribute to the c	auna of death?	
P.0	t the	Physician/			ony D	Stax	1 □ Y	- 1	3 Probably		
rds,	sign d be	by	4 /	Jone			24a. Wes e		24b. Were au avellabie	topsy findings	
Vital Record	2 S S	Completed		7			perfor	med?		on ot cause	
al H	T ata		Tracheostomy &	tarru	⊃ .		1 □ Y	es atino	1 🗆 Yes	2 No	
Ĭ,	Physicien: this certific ral director.	o Be	25. Wes cese referred to medicel exeminer? 1 ☐ Yes 2 🕅 No Hospitel: ►☑ Inpatient 2 ☐	7500	2CI DOA Ott	26. Piace of Deel					
of			27. Menner of Deeth 28e. Dete of Injury	28b. Time ot	3□ DOA 28c. inju	4 LI Nursing Ho	ome 5 Reside				
ion	Attending For death. Sctor: After by the funer	atio	Naturet 5 Pending (Month, Dey Year) Injury Work? Continue Con								
Division	al or Attendir s after death. II Director: Af ed in by the fu	Certification:	3 ☐ Suicide 6 ☐ Could not be determined 28e. Piece of Injury - At h building, etc. (Special Could not be determined building, etc. (Special Could not be determined building).		et, fectory, office		28t. Location (S City or Town		er or Rural Rout	le Number,	
	To the Hospital or Atta within 24 hours after de To the Funeral Directo completely filled in by ti	edicai (29e. Certifier (Check only one) Certifying Physician: To the best of my knet (Check only one) Madical Examinar: On the basis of examine end menner steted.	owledge, deeth of etion end/or inve	occurred et the til estigetion, in my o	me, dete and plece, ppinlon, deeth occur	end due to the c red et the time, d	euse(s) end ma lete end piece,	innar as stated. end due to the c	euse(s)	
	To the To the company	M	29b. Signeture and title of certifier Ka Kush ano/	19.M	29c. Licens	2010	8 2	9d. Dete signe	d (Month, Day,)	(ear)	
			30. Name and eddress of person who completed cause of deeth (Itel ROKO) Acros 14200 C	m 23e) (Type, P	rint)	lano.s	rito ?	22 13	Muje M	10 2071	

State

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State of Maryland / Department of Health and Mental Hygiene

Certificate of Death

Physician /Medicai Examiner

1. Decedent's Name (First, Middle, Last) HARVEY

AGUSTUS FLETCHER

7. Age (In yrs. last birthday)

2. Date of Death Month Day

EPT

:30AM

10d. Inside City Limits

4e. Fecility Name (If not institution, give street end number) NURSING HOME 4b. City, Town, or Location of Deeth CAKLAND

County of Death UMBERLAND

Funeral Director

ms 23a or 28a-f show

The Medical Examiner

p

Completed

Be

6

natural',

Hygiena.

If Health and Mental Pages 1 and 2 should be

permit. Pages
Department of I
Important: if the
any injury or of
attice.

Physician

/Medicai

Examiner

for use as the burial-transit

or Attending Physicien: The law requires that the death certificate be axecuted

this

within 24 hours after death fro the Funeral Director: , completely filled in by the

death.

To the Hospital

Box 68760.

Division of Vital Records, P.O.

Examiner

Physician/Medical

þ

Completed

Be

2

Certification:

Medical

other 1 event

the Maryland

death Herns

21215-0020

Maryland

Baltimore,

Usual Residence of Decedent 10a. Stete

10b. County CUMBERLAND

6. Sex

1 XM 2□ F

10c. City, Town or Locetion

Yrs.

If Under 1 Year If Under 24 Hrs. 8. Dete of Birth
Months Days Hours Min. (Month, Day,

Birthplece (State or Foreign Country)

MD

AKLAND

1 ☐ Yes 2 No 10g. Citizen of What Country?

Funeral Director 10e. Street and Number

106 11. Maritei Status

5. Social Security Number

577-24-041

ALBOR ST 12. Was Decedent Ever in U,S. Armed Forces? 1 ☐ Yes 27 No if Yes, Give Year or Dates:

21550 Was Decedent of Hispanic Origin? (Specify Yes or No if Yes, specify Cuban, Mexican, Puerto Rican, etc.)

USA 14. Race - American Indian, Bleck, White, etc.

Never Merried 2 ☐ Married 3 Widowed 4 Divorced

1 ☐ Yes 250No Specify:

10f. Zip Code

Days

Specify: BLACK

15. Decedent's Education (Specify only highest grade completed) Elementery/Secondery (0-12)

Coilege (1-4or 5+)

 Decedent's Usual Occupation
 (Give kind of work done during most of working life. DO NOT use retired) ABORER

INDUSTRIAL

16b. Kind of Business/Industry

12 17. Father's Name (First, Middle, Last)

CEPHAS

FLETCHER

18. Mother's Name (First, Middle, Malden Surname)

19e. informant's Name/Relationship (Type, Print)

MAUDE CARTER 19b. Meiling Address (Street and Number or Rural Route Number, City or Town, Stete, Zip Code)

CHARLES S. FLETCHER, 20e. Method of Disposition

713 20b. Place of Disposition (Name of cemetery, crematory or other piece) WASHINGTON DC 20019 20c. Location - City or Town, State

1 ☐ Buria! 2 ☐ Cremation 3 ☐ Removal from Stete 4 ☐ Donation 5 ☐ Other (Specify)

ARLINGTON CREMATORY

21. Signature of Fugeral Service Lice

AAMAN FUNERAL SVC POB62215 WASH DC lications that caused the death. Do not enter the mode of dying, such as cerdiac or respiretory arrest, one cause on each line.

NE

Approximate 20029 intervel Between Onset end Death

Immediate Cause (Finel disease or condition resulting in death)

a. Acute Myocardial Infarction Due to (or as a consequence of)

l hour

Sequentially list conditions, if any, leading to immediate ceuse. Enter Underlying Cause (Disease or injury that initiated events resulting in death) Last

Due to (or es a consequence of):

Due to (or as a consequence of):

Pert ii. Other significant conditions contributing to death but not resulting in the underlying ceuse given in Part i.

23b. Did tobacco use contribute to the cause of death?

Megacolon, Diabetes Type II, Schizophrenia, Hypertensith 20 No

3 Probably 4 Unknown

24a. Was an autopsy performed?

24b. Were autopsy findings available prior to completion of cause of death?

2 BNO 1 Yes 26. Place of Deeth (Check only one)

1 ☐ Yes 2 ☐ No

25. Was case referred to medical exeminer? 1 Yes 2 No 1 ☐ inpatient 2 ☐ ER/Outpatient 3 ☐ DOA

28c. Injury at Work? 28b. Time of

Other: 4 Nursing Home 5 Residence 6 Other (Specify) 28d. Describe how injury occurred

6 Could not be determined 3 Suicide Place of injury - At home, farm, street, factory, office building, etc. (Specify) 4 Homicide

28a. Date of Injury (Month, Day Year)

28f. Location (Street and Number or Rural Route Number, City or Town, State)

29a. Certifler (Check only one)

27. Manner of Death

2 Accident

1 Neturel

12 certifying Physician: To the best of my knowledge, deeth occurred at the time, dete end place, end due to the cause(s) and manner as stated.
2 Medical Examiner: On the basis of examination and/or investigation, in my opinion, deeth occurred at the time, dete end place, and due to the ceuse(s) and menner stated.

D26650

29b. Signature and title of certified

29c. License number

29d. Date signed (Month, Day, Year) 9/3/96

30. Name and address of person who completed cause of death (item 23a) (Type, Print)

Oakland, MD 21550

1 ☐ Yes 2 ☐ No

State Registrar

SEP 0 9 1986

5 Pending investigation

Margaret A. Kaiser, M.D. PO Box 486
31. Date filed (Month, Day, Year)
32. Fegistrar's Signature

Ser Co and Services Contract

			Please	Type or Print in State of Maryla	and / E	Department		and Mental H	ygiene 9	6 28697			
			Decedent's Name (First, Middle, Las	t)		Oortmoatt	or Doutin	2. Date of (Reg. No.	3. Time of Death			
Н	Physic		11/1// 1.0	*		TARRE	11	Month	nth Day Year				
5	_/Medi		4a. Facility Name (If not institution, give	street and number		MICICE		wn, or Location of De		796 10:30 PM			
<i>*</i>	Exami		Souther Mi	Ry And Inv	About hir	Sp/ Hg/	1 61,	NEW	PRIN	1CC Stete or Foreign			
	Funeral Director		215-60-0277 Usual Residence of Decedent	ĎM 2□F		Yrs. Months	Days Hours	24 Hrs. 8. Date of E (Month, I		Country) VA			
	show show		10a. State 10b. County	10c.	City, Town	or Location				10d. Inside City Limits			
	ter death with the Maryland items 23a or 28a-f show ther must be notified at	Director	MD PRINCE GI	EORGES F1	. WA	SHINGTON 10f. Zip	Code		10g. Citizen of V	1 Yes 2 No			
	23a or unt be		1812 PALMER RD			UNITED S							
	de de	Funeral	11. Marital Status	12. Was Decedant Evar in U,S. Armed Forces? 1 ☐ Yes 220 No If Yes, Give Year or Datas:		 13. Was Decedent of Hispanic Origin? (Sp it Yas, specify Cuban, Maxican, Puarto 			lo- 14. Rac	e - American indian, ck, Whita, atc.			
21215-0020	72 hours after natural", or its dical Examin	þ	1 ☐ Never Married 2 ☐ Married 3 🖔 Widowed 4 ☐ Divorced			1 ☐ Yas 24 No Specify:			Specify: BLACK				
20	72 h	ted	15. Decedent's Edi	ucation		Decedent's Usua	Occupation	t of working	16b. Kind of B	usinass/Industry			
2	within one. then	Completed	Elementary/Secondery (0-12)	College (1-4or 5+)			k done during mos e retired)	or working					
2	Hygler there there		8	0	F	ARMER			AGRICUI				
Maryland	STOR	B	17. Father's Name (First, Middle, Last)				10000	r's Name (First, Midd	le, Ma <i>id</i> an Suman	ne)			
ŝ	당동물	P	FLETCHER FARRELL		1.70			A TUCKER					
Ma	이역부를		19a. informent's Neme/Relationship (T	ype, Print)		And the second second	-	FORESTVIL					
e,	f Health Hem 27 other to		20a. Mathod ot Disposition	20b		Disposition (Nam		Date		City or Town, State			
altimore,	artment of octant: If the injury or o		1 Burial 2 Cremation 3 Removal from State cematary, crematory or other place) ST. MARY S CHURCH CEM. 9/12/96 CLINTON, MD										
Balt	Departi Departi Importi any inj		21. Signature of Funeral Service Licensee 22. Name and Address of Facility ALEXANDER S. POPE FUNERAL HOMES 5538 MARLBORO PIKE FORESTVILLE, MI										
	Dhusialan		23a. Party. Enter the disease, or comp shock, or hear failure. List only of	lightions that caused the de ne cause on each line.	ath. Do n					Approximata Interval Between Onset and Death			
)	Physician /Medical		Immediate Cause (Final	MACCETIE I	VE RIGHT PARIETOTEMPORAL INTRACEREBRAL I								
	Examiner		disease or condition resulting in death)	HEMORRMA		RAL DAYS.							
		Je.		MULTILOBA				RATION.	DION.	DAYS.			
	executed an and riel-transit	Examiner	Sequentially list conditions.	D		onsequence of):							
60,	be executed sicien and burlet-transit	al Ex	Sequentially list conditions, if any, leading to immediata cause. Enter Underlying	ACUTE REI	IAL	FAILURE	2			DAYS.			
	hysic the b	Jica	Causa (Disease or injury that initiated events resulting In death) Last	C. Dua to	(or as a c	onsequence of):							
Box 68	The law requires that the death certificate Lite has been signed by the attending physic page 2 should be detached for use as the b	Physician/Medic	L	d. AMHEROSCI	LERO	YEARS.							
	death e atte	sicia	Part II. Other significant conditions co	ntributing to death but not n	asulting in	the underlying ca	use given in Part i	23b. Di	d tobacco use co	ntribute to the cause of death?			
0.0	res that the de igned by the a be detached to	hy	Part II. Other significant conditions contributing to death but not rasulting in the underlying cause given in Part i. 23b. Did tobacco use contribute in the underlying cause given in Part i. 1 Yes 2 No 3 Pro										
	gned be de	by	history of he										
Š	v raquire baen si should l	Pe	left hemiparesis and seizure disorders. 24a. Was an autopsy performed? 24b. Was an autopsy performed?										
Hecords,	as be	Completed	history of go	uty arthri	tis	of left	great	toe.		completion of cause of death?			
		Con		10	Yas 2 No	1 ☐ Yas 2 ☐ No							
VItal	ysician: The s certificate director, par	Be (25. Was case reterred to medical axaminer?	one)									
0	physic this ca	To	Hospital: A longitude of ED/Output and ED/Ou										
	ding h. After funer	ation:											
DIVISION	2456	Certification:	3 Suicida 4 Homicide 8 Could not be determined 28e. Place of Injury - At homa, farm, straat, factory, office building, etc. (Specify) 28f. Location (Street and Number or R City or Town, State)										
	the Hospital hin 24 hours a the Funeral C	edical C	29e. Certifier 12 Certifying Phy (Check only one) 2 Medical Exami	sician: To the best of my ki iner: On the basis of exami- end manner stated.	nowledge, nation and	death occurred a	t the time, date and in my oplnion, deal	d place, and due to the	e cause(s) and ma a, date and placa,	anner as stated. and due to the cause(s)			
	To the To the Comple	Me	29b. Signature and title of certifier			29c.	Licensa number		29d. Data signe	d (Month, Day, Year)			
	1.1		Dote 1	10 The 2	NO	D D	12884		Sept.6	1996			
/		1	MM	1	41				_	20725			

Registrar

30. Nama and address of person who completed cause of death (liter 23e) (Type, Print)

PETER W.YIM M.D. 7900 OLD BRANCH AVE. SUITE 101, CLINTON, MARYLAND PETER W.YIM M.D.

1 2 4-601 4

State of Maryland / Department of Health and Mental Hygiene 96 28698

_							Cel	TITICAT	e or	Death	7		Reg. No.	- 1-0		
	Discontact		Decedent'a Name (First, Middia, Last)													
ı	Physici /Modi		Joseph N									7:57 A.M.				
}		/Medical Joseph M. Fitzger: Examiner 4a. Facility Name (If not institution, give street and number)					4t			4b. City, To	own, or L	ocation of Deal				
			Laurel Region	al Hospit	spital					Laur	e1		Princ	e Geo	rge's	
	Funeral			6. Sex		yrs. last bii	rthday)	If Under			r 24 Hrs.	8. Date of Bi				
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	7 28 x 28	Director	10e. Street and Number		10f. Zlp Code						10g. Citizen of V	What Count	ry?			
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	deet	Funeral	11. Marital Status	in U,S.	U,S. 13. Wes Decedent of Hispanic Origin? (Sp If Yas, specify Cuban, Maxican, Puarto					pecify Yas or No- 14. Race - A						
	r he		1 Nevar Married 25 Marrie							Hican, etc.)		T 71				
21215-0020	72 hours after deeth with the Meryland natural; or itema 23a or 28a-f show deal Examiner must be notified at	b	3 ☐ Widowed 4 ☐ Divorced	If Yes, G Year or I				I □ Yes	ŻCM/0	Specify	<i>r</i> :		Specify	WI	nite	
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Va	should be and Mental In marked of umatic even	ို	Michael Joseph	Fitzgera	1d					Chr	isti	ne Chis	holm			
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ore	ges 1 and 2 should be filed within 72 hours after deeth with the Merylan at of Heelth and Mental Hygiene. If Item 27 is marked other than "natural", or Itema 23s or 28s-f show or other traumatic event, the Medical Examiner must be notified at		20a. Method of Disposition		20b. Place of Disposition (Nama of cematary, cramatory or other place)						Date	20c. Location -	vn, State			
Ĕ	Pag int: H		1 ☐ Burial 2 ☐ Cremation 4 ☐ Donation 5 ☐ Other (Sp	State						y 9	/6/96	Bowie Maryland				
Baltimore,	permit. Pages 1 an Department of Heel Important: If Item 2 any Injury or other page.		21. Signature of Funaral Sarvice Licensea 22. Name and Address of Facility Robert E. Evans Funeral Home, P.A.									A				
m	Depa Impo any I		Robert E. Evans Funeral Home, P.A. 16000 Annapolis Rd. Bowie Md. 20715													
	-		The second of th											Approximata		
4	Physician	Examiner	shock, or heart failure. List o	only one cause on	aach lina.			1							Interval Between	
	/Medical		Immediate Causa (Finai					(8 ns of						1 Hour		
	Examiner		disease or condition resulting in death) Due to (or as a consequence of);									11048				
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o î	axec an an rial-tr		if any, leading to Immadiate cause. Enter Underlying	4 0 >	Lens							& give				
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89	certificeta be asscuted iding physicien and ise as the burial-transit	Medical	is a source of the second seco									į				
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m	es that the death igned by the atter be deteched for the	Physician	Part II. Other eignificant condition	ns contributing to d	leath but no	t resulting in	n the ur	nderlying c	ause gi	ven in Part	l.	23b. Did	tobacco use co	ntribute to	the cause of death?	
P.0	that the ed by th detech	'n,										1□	Yee 22 No	3 Prob	ably 4 Unknows	
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Division of Vital Records,		Be C	25. Was case referred to medical							28 Plac	e of Deat	th (Check only	1964		1.00 22.00	
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0	Phys or this oral d		27. Menner of Death	28a. Dete	of Injury	28b.	Time of		28c. Inju Wo		orbing 11c		how injury occur		,	
0	oding th. : After e fune	atlo	1 ☑Neturel 5 ☐ Pending 2 ☐ Accident Investiga		nth, Day Ye	27)	Injury	М		rk≀]Yea 2.⊑] No					
SIS	or Attending after death. Director: After I in by the fune	Ifica	3 ☐ Suicida 6 ☐ Could n	ned 289. Place	e of Injury -		arm, str	eet, factory	y, offica	ica 28f. Locati			ion (Street and Number or Rural Routa Number,			
á	affor A Blrow d in b	Certification:	building, etc. (Specify) City or Town, Stata)													
	Hospital 24 hours Funeral staly filled	-	29e. Certifier 1 Certifying	Physician: To the	a best of my	knowledge	e, death	occurred	at the ti	me, date a	nd piace,	and due to the	cause(s) and ma	anner as sta	ated.	
	1 4 E 8	edical	(Check only 2 Medical E	xaminer: On the b	asis of exa	mination en	d/or inv	astigation	, in my o	opinion, da	ath occur	red at tha time	, date and piaca,	and dua to	tha cause(s)	
	To the within 2 formple	Me										lay, Year)				
			bers	1 N	14	11/	1-	Mr.	DI	003	61)	9/2	196		
	1241	- M	30. Name and address of person w	no completed cau	and the	(Item 23a)	(Tyine	Print)					/	110		
	(1)		L. Appel M.D.		erior		-		larv	land	2071	5				
	Sta	te	31. Date filed (Month, Day, Year)	32. F	Registrar'a S	Signetura										
	Registr		31. Date filed (Month, Day, Year)	06 1996	Juli	Shoot	work	021-11	,							
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State of Maryland / Department of Health and Mental Hygiene 96

					Cei	tificate of	Death	Re	eg. No.	
	-		Decedent's Neme (First, Middle, Las	st)				2. Date of Deat	h	3. Time of Death
	Physici /Medi		WILLIAM PREST	ION FOWLER				SEPTEME	ER 14, 19	96 1345
	Examir		4e. Facility Neme (If not Institution, give	e street and number)			4b. City, Town, or	Location of Death	4c. County of De	eeth
			Calvert Memor	ial Hospita	l		Prince	Frederi	ck Calve	ert
Г	Funeral	П	5. Sociel Security Number 6. Sec	ex 7. Age (In yrs.		If Under 1 Year Months Devi	r If Under 24 Hrs	8. Dete of Birth	Voerl 9. E	Birthplace (State or Foreign
	Director		214 26 5202	M 2□ F 67_	Yrs.	MOINTS Deys	Hours Min			Country) Maryland
	pu »		Usuel Residence of Decedent 10a. Stete 10b. County	10- 04	y, Town or Lo	41				
	short short	5	Maryland Calver			Freder	ri ak			10d. Inside City Limits 1 Yes 2 No
	the N	Director	10e. Street end Number		Tilce		ICK		0g. Citizen of What	
	23a or	al Dir	820 Adelina Ro	ad		10f. Zip Code 2067	'8		States	
	r dea	Funeral	11. Marital Stetus	12. Was Decedent Ever in U. Armed Forces?	S. 13. V	Vas Decedent of Yes, specify Cu	Hispenic Origin? (5 ben, Mexican, Puer	Specify Yes or No- to Rican, etc.)	14. Rece - Ar Bieck, W	merican Indian,
020	be filed within 72 hours after death with the Marylend nai Hyglene. ed other than "natural", or items 23a or 28a-f show event, the Medical Examinat must be notified at	by	1 Never Merried 2 Merried 3 Widowed 4 Divorced	1 Tyes 2 □ No If Yes, Give Yeer or Detesunk		I Yes ≥ No		, , , , , , , , , , , , , , , , , , , ,	Specify: V	
5-0	72 h	ted	15. Decedent's Ed (Specify only highest grad		16e. Deced	lent's Usuel Occu	petion during most of wa	delna	16b. Kind of Busines	ss/Industry
21215-0020	within lene. then	Completed	Eiementery/Secondary (0-12)	College (1-4or 5+)	life. L	OO NOT use retir	ed)		retail o	grocery sto
ס	Hyg Hyg He		17. Fether's Neme (First, Middle, Last)		lileat	manag		me (First, Middle, A	felden Surname)	
Maryland	should be and Mental s marked or numetic eve	To Be	William Prestor	n Fowler			Marior	ie Vira	inia Hut	chine
ary	2 should by end Menta is marked sumstic ev	-	19e. Intorment's Neme/Reletionship (7		19b. Mailin	g Address (Stree			City or Town, State	
Ž	(1 - 1 = 1		June E. Fowler			as #1				
ē,	of Health Item 27		20e. Method of Disposition		lace of Dispos	sition (Neme of netary or other pl		Dete	20c. Location - City	or Town, State
E	Peges nent of I int: If Ite		Buriel 2 Cremetion 3 4 Donetion 5 Other (Specify	Hemovel from Stete		Cemete	Sent	17, 19	96Barsto	ow Maryland
altimore,	permit. Peges Department of important: If I any injury or once.		21. Signeture of Funeral Service Licen		-	. Neme end Add	ress of Fecility			
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T.	Physician		Shook, of Hook tollare. Elst only t	one couse on cour mie.						Intervel Between Onsel end Deeth
	/Medicai		Immediate Cause (Finel disease or condition	il Ros	SEPS	15				7 DAYS
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	entificate be executed ding physician and se es the burial-transit	Examiner	Sequentieily list conditions, if any, leeding to immediate	Due to (o	ras a conseq	uence ot):				
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o.	the objective	hys		nitributing to death but not lest	nang in the ur	idenying cause g	IVen in Pert I.	1/2 Y		Probably 4 Unknown
S,	pned e del	ру Р	DIABETES					April 1		Trobbiny 4 distribution
ğ	- w D							24e. Was er		b. Were autopsy findings available prior to
Record	sw requisite parts of the second seco	Completed						perion	1001	completion of cause of deeth?
	0 - 0	Eo						1 □ Ye	8 2 No	1 ☐ Yes 2 ☐ No
of Vital	ician: The certificate rector, pag	Be	25. Wes case referred to medical				26. Place of De	eth (Check only on	9)	
>	5 00	ToE	exeminer? 1 ☐ Yes 2 ☑ No	Hospitei: 1 hpatient 2	ER/Outpetien	t 3 DOA O	ther: 4 Nursing 1	Home 5 ☐ Reside	nce 8 Other (S	pecify)
0	ding Ph h. After th funeral		27. Menner of Deeth 1 ☑Naturel 5 ☑ Pending	28a. Dete of Injury (Month, Dey Year)	28b. Time of Injury	28c. Inj	ury at ork?	28d. Describe ho	w injury occurred	
0	Attending in deeth.	atic	2 ☐ Accident Investigation			M 1[]Yes 2□No			
Division	aftar deeti Director:	Certification:	3 ☐ Suicide 6 ☐ Could not be determined	28e. Plece of Injury - At he building, etc. (Specify	me, fam, stre	et, fectory, office		28f. Location (St. City or Town		Rural Route Number,
	rai D	- 1								
	To the Hospital or Attendi within 24 hours after deeth To the Funeral Director: A completaly filled in by the f	edical	29a. Certifier 1 Certifying Phy (Check only one) 2 Medical Exam	/sician: To the best of my know iner: On the basis of exeminet end menner steted.	vledge, deeth ion end/or inv	occurred at the testigation, in my	time, dete end plece opinion, deeth occi	e, and due to the ce urred et the time, de	use(s) and menner ete end plece, end d	ss stated. lue to the cause(s)
hί<	To the To the comple	Me	29b. Signeture end title of certifier	one monitor stotee.		29c. Licer	nse number	29	9d. Dete signed (Mo	onth, Dey, Year)
1 1-	4- 51- Ö		VIIII	7111 -		1) 1/	0370		9/11/9	L
			30. Neme end eddress ot person who c	completed cause of death (Item	23a) (Tvne I		00.0		1/11/1	
			PETER WISNIE				CK, MD.	20678		
	Sta	te								
	Registr	ar	SEP 17	32. Registrar's Signal	merror N	artall				

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State of Maryland / Department of Health and Mental Hygiene 96 2870

		A Donata da Alemana (Companya) (A			Certificate of	f Death		Reg. No.		
Physicia	an	1. Decadant's Name (First, Middle, Last					2. Dete of Dea Month 8	Day 28	3. Tima of Deat 6:00 AM	
/Medic		JEROME	FORTNEY							
Examin	er	4e. Fecility Nama (If not institution, give		0.4		4b. City, Town, or L				
		6000 Emerson 5. Social Security Number 6. Sa		• C4 e (In yrs. lest birtho	(av) If Under 1 Yea	Bladens ir If Under 24 Hrs.			e Georges	
Funeral Director			X 7. Age ☐ M 2☐ F	45 Yr	Months Days		8. Data of Birth (Month, Day 10/29	/ 50	9. Birthplece (State or Fore Country) Wash. D.C.	
r 28a-f show		Usual Residence of Dacedant 10a. Stata 10b. County		10c. City, Town o				47.1	10d. Insida City Lim	
Ba-f	Director	MD Prince G	eorges	Bladen			1 □ Yea			
\$ 0 B	al Dire	6000 Emerson S	st. Apt.	C4	10f. Zip Coda 207		1	10g. Citizen of W USA	hat Country?	
or Ite	by Funeral	11. Maritel Status 1 Nevar Marriad 2 Merried 3 Wildowed 4 Divorcad	12. Was Decedent I Armed Forces? 1 Yas 2 1 N If Yas, Giva Year or Datas:	100	13. Was Decedent of It Yas, specify Cu 1 ☐ Yas 2 ☒ No		pecify Yes or No- p Rican, atc.)	ecify Yes or No- Rican, atc.) 14. Raca - Amarican Indlen, Bleck, Whita, atc. Specify: Black		
"natural",	Pe	15. Decedant's Edu	ıcation	16a. D	ecedant's Usual Occu	upation		16b. Kind of Bus		
within ene.	Completed	(Specify only highast grade	(a complated) Coilega (1-4or 5	<u>+)</u>	(Giva kind of work dona during most of working life. DO NOT use ratired) Park Service			Govern		
H of H	To Be C	17. Fathar's Nama (First, Middla, Last) Melvin Forrest	na (First, Middla, y Arle		,					
and and s m		19a. Informant's Name/Ralationship (T)			Mailing Address (Street					
4450		Priscilla Dicks	Siste			on St. A	pt. C4	Blad.	MD 20710	
/0 av ()	-	20a. Mathod of Disposition 1 ☑ Burlei 2 ☐ Cramation 3 ☐ F 4 ☐ Donation 5 ☐ Othar (Specify)		cematary,	isposition (Nama of crematory or other pl ood Ceme		17/06	20c. Location - C	City or Town, Stata	
pemit. Peges Department of Important: If I any Injury or once.		21. Signature at the aral Service Licens		1	22. Neme end Addi Austin	ress of Fecility Royster				
Physician /Medical Examiner		23a. Party Effect the disease for complete control of the control	Adva	Dua to (or as a cor	Colon	ying, such as cardiac	or raspiratory arr	rast,	Approximate Intarvel Between Onset and Death	
and transit	Examiner	Sequentially list conditions,	b	Dua to (or as a cor	nsequence ot):					
death certificete be executed e attending physician and of for use es the bunial-transit	Medical E	Sequentially list conditions, if any, laading to Immadiata causa. Enter Undartying Cause (Diseasa or injury that initiated evants reaulting in death) Lest	c	Due to (or es e con	sequence of):					
attendir	an/		d							
uires that the deal	Physician/	Part II. Other significant conditions con	ntributing to death bu	it not rasuiting in th	ne underlying causa g	piven in Part I.	23b. Dld to		ribute to the cause of dea	
th se th	Completed by						24a. Wes a perfor		24b. Wara autopsy finding available prior to complation of cause of death?	
The law ate hes begge 2 s	Ĕ						400			
Slan	Be	25. Was casa retarred to medical axaminar?	Athat				1 □ Y		1 Yes 2 No	
My Sp	ပ္	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		nt 2 ER/Outpe	ILIBITE SEL DON	ther: 4 Nursing H		erice 6 Otha		
Attending Physic death.	ation	27. Mannar Death 1 □ Natural 5 □ Panding 2 □ Accident invastigation	28a. Data of Injur (Month, Day	y Year) 28b. Tim Inju	ry We	ury at ork? □ Yas 2 □ No	28d. Dascribe h	ow injury occurre	d	
To the Hospital or Attending I within 24 hours after death. To the Funeral Director: After completely filled in by the funer	Certification:	3 Sulcide 6 Could not be detarmined	28a. Piace of Inju building, atc	ry - At homa, farm . <i>(Specify)</i>	, street, factory, office	9	28f. Location (S City or Town	itreet and Numbe n, Stata)	r or Rural Routa Number,	
To the Hospital within 24 hours To the Funeral completely filled	Medical	29a. Certifler (Check only one) 12 Certifying Physical Exami	sician: To the best of ner: On the best of and menner ste	examinetion end/o	aath occurred at tha t or invastigation, in my	time, date and place, opinion, daeth occur	and due to the c red at the tima, d	cause(s) and man date and piece, a	ner es atated. nd dua to tha causa(s)	
vithir To th comp	Me	29b. Signature and title of contile	W.	(6)	29c. Licen	b 6 8 3		96 G	(Monthy Oay, Year)	
		30. Name and address of person who ∞ William Paul V	omplated cause of de	eath (Itam 23a) (Ty	pe, Print) D. 8410	Rambler	Dr. Ad	elphi.	MD 20783	

State Registrar 32. Registrar's Signature

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State of Maryland / Department of Health and Mental Hygiene

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21215-0020

Baltimore, Maryland

burial-transit The law requires that the death certificate be axecuted and physician s the burial P.O. Box 68760. for use as signed by the at the detached for Division of Vital Records, has page 2 certificate or Attanding Physician: funeral director. this After

Certificate of Death 1. Decedent's Name (First, Middle, Last) 2. Date of Death 3. Time of Death Day **Physician** 17, 1996 SHARON MARTE GOSSARD September 12:44a /Medical 4a. Facility Name (If not institution, give street and number) 4b. City, Town, or Location of Death 4c. County of Death Examiner Hagerstown WASHINGTON COUNTY HOSPITAL WASHINGTON If Under 24 Hrs. 8. Date of Birth (Month, Day, Year) If Under 1 Year 7. Age (In yrs. last birthday) Birthpiace (State or Foreign Country) 5. Social Security Number 6. Sax Funeral 1□M 2XF Months Days Yrs. Director 38 March 2 1958 Pennsylvania 193-38-4977 Usual Residence of Decedent filed within 72 hours after death with the Maryland 10a. State 10c. City. Town or Location me 23a or 28a-f show 10b. County 10d. Insida City Limits 1 Yes 2 □ No Director Maryland Washington Hagerstown 10e. Street and Number 10f. Zip Code 10g. Citizen of What Country? 1 Leroy Street 21740 U.S.A. Funeral Hems 2 11. Maritai Status 12. Was Dacedant Evar in U.S. Was Dacedent of Hispanic Origin? (Specify Yas or No-if Yas, specify Cuban, Mexican, Puarto Rican, etc.) 14. Race - American Indian Armed Forces?

1 Yas 2 No
If Yes, Give
Year or Dates: 7 is marked other than "natural", or iten traumatic svent, me Medical Examinar Black, White, etc. 1 Never Married 2 Married 1 ☐ Yes 2 No Specify: þ Specify: White 3 Widowed 4 Divorced Completed 16a. Decedent's Usual Occupation 15. Decedent's Education 16b. Kind of Business/Industry (Specify only highest grade completed) Giva kind of work done during most of working life. DO NOT use retired) Hygiane. Elamantary/Secondary (0-12) College (1-4or 5+) Machine Operator 11 Machine Shop 17. Father's Nama (First, Middla, Last) 18. Mother's Name (First, Middle, Malden Surnama) Be Pages 1 and 2 should be nant of Health end Mantel Harry Reese, Sr. Lois B. Besecker 19a. Informant's Name/Relationship (Type, Print) 19b. Mailing Address (Street and Number or Rural Route Number, City or Town, State, Zip Code) Health e Gary W. Gossard / Husband 1 Leroy Street Hagerstown, Maryland 21740 If item 27 or other 1 20b. Piace of Disposition (Name of cemetery, crematory or other place) 20a. Method of Disposition Date 20c. Location - City or Town, Stata 1 ☐ Burial 2 ☐ Cremation 3 ☐ Removal from State 4 ☐ Donation 5 ☐ Other (Specify) permit. Page Department of Important: If any injury or once. 5 ☐ Other (Specify) Cedar Lawn Memorial Park 9-20-96 Hagerstown, Maryland 21. Signature of Edneral Service LicerSee 22. Name and Address of Facility Minnich Funeral Home 23a. Part 1. Enter the disease, or complications that caused the death. Do not enter tha mode of dying, such as cardiac or raspiratory arrest, shock, or heart failure. List only one cause on each lina. Hagerstown, Md. 21740 Approximate interval Between Onset and Death **Physician** /Medical immediata Cause (Final disease or condition resulting in death) Examiner Due to (or as a consequence of) Examiner Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Causa (Disassa or injury that initiated events resulting in death) Last Due to (or as a consequence of) Physician/Medicai Due to (or as a consequence of) Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 23b. Did tobacco usa contribute to the cause of death? 3 Probably 4 Unknown 1 Yes 2 No þ 24b. Were autopsy findings available prior to Completed 24a. Was an autopsy completion of cause of death? 1 Yes 2 □ No 1 ☐ Yes 2 No Be 25. Was case referred to medical examiner? 26. Piace of Death (Check only one) Hospital: 1 ☐ Inpatient 2 XER/Outpatiant 3 ☐ DOA Other: 4 Nursing Home 5 Residence 6 Other (Specify) 1 Yes 2 No Certification: To 28a. Data of injury (Month, Day Year) 27. Manner of Death 28b. Time of 28c. Injury at Work? 28d. Describe how injury occurred 5 Pending investigation 1 Naturai injury Housefire victim 2350 1 Yes 2 No within 24 hours efter death. To the Funeral Director: A 2 Accident 9-16-96 6 Could not be determined 3 ☐ Suicida 28e. Place of injury - At home, farm, street, factory, office building, etc. (Specify) 28f. Location (Street and Number or Rural Route Number, City or Town, State) filled in by 4 Homicide Lerry Hagerstown, Ad Hospital 1 Certifying Physician: To the best of my knowledge, death occurred at the time, data and piace, and due to the causa(s) and manner as stated.

2 Medical Examiner: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and manner stated. 29a, Cartifian Medicai To the 29b. Signature and title of certifial 29c. License number 29d. Data signed (Month, Day, Year) Chute and O.C.M.E. September 17, 1996 30. Name and address of person who complated causa of death (itam 23a) (Type, Print) hute MD 111 Penn Street, Baltimore, Maryland 21201 31. Date filed (Month, Day, Year) 32. Registrar's Signatura State

ali Davidson Revolate

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Registrar

Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene Q C

			State of Maryland / Departmen Certificate	t of Health and I e of Death		giene 96	28/02	
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	Funeral Director		5. Social Security Number 5. 78 - 14 - 5109 6. Sax 7. Age (in yrs. last birthday) Months Usuel Residence of Decedent		8. Data of Bird	h 9.	Birthplace (State or Foreign Country) ARTANSBURG, S, C	
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Box 68760,	law requires that the death certificate be executed es been signed by the attending physician and a Should be detached for use as the burial-transit	in/Medical	that intieled avants resulting in deeth) Last Dua to (or es e consaquance of):					
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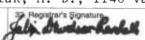
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28a. Place of Injury - At homa, farm, street, factory, offica datarmined building, atc. (Specify) 28a. Place of Injury - At homa, farm, street, factory, offica City or Town, Stata)	1		ned 288. Place of Injul	. (Specify)	i, street, factory,	orrica		City	or Town, S	tata)	r Hurai Houta N	um <i>oer</i> ,		
	န ပြ													
29a. Certifiar (Check only (Ch		29a. Certifiar	Physician: To the best of	my knowledga, d	death occurred a	t tha tim	a, data and	placa, and dua t	to the caus	a(a) and manna	r aa stated.	. (.)		
one) Medical Examinar: On the basis of axamination end/or investigation, in my opinion, death occurred et the time, data end place, and due to the call end manner stated.	Ca	Conserving 2 Medical Examinar: On the basis of examination end/or investigation in my opinion, death occurred at the time, date and place, and due to the course.								end placa, and	due to the cause	à(S)		
2 Accident 3 Suicida 4 Homicida 5 Could not be datarmined 6 Could not be building, atc. (Specify) 29a. Certifiar (Check only one) 29b. Signetura and titla of cartifiar 29c. Licensa number 29d. Date signed (Month, Dey, Ye)	edical	one)			200	Licence	number		294	Date signed //	Ionth Day Year	4		
MO D.C. 16523 919196									200.	Butto digitod (in	ornin, boy, rour,	/		
	Medical		2	MO				23	0	1/9/9	6	,		
30. Nama and address of person who complated causa of daath (Itam 23a) (Type, Print)	Medical	29b. Signetura and titla of cartifian	1	MO	D			23	C	1/9/9	6			

Registrar

State

31. Data filed (*Month, Day, Year*) **SEP 13. 1995**



113 79 mile at a standard harden

/ III MINC

2004

96-5068-033

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				State	of Ma	ryland / Department of Health and Mental H	lvaiene
FilmG740	item 2	3,27	perME	10-2-96	rja	Cortificate of Dooth	, 3

of Marylar	nd / Department of Health and Me	ental Hygiene	00	20701
rja	nd / Department of Health and Me	mairiygione	90	20101
V	Certificate of Death	Reg. No.		

Physician	
/Medicai	
Examiner	

SANDRA D. 4a. Facility Name (If not institution, giva street and number)

1. Decedent's Name (First, Middla, Last)

HORNER

2. Date of Death Day Month Year

ANDREWS AIR FORCE BASE

6. Sex

4b. City, Town, or Location of Death

CAMP SPRINGS

SEPTEMBER 7,1996 2:38P.M. 4c. County of Death

10d. Inside City Limits

PRINCE GEORGES

Funerai Director

28a-f show

ò

items 23a

6

"natural",

Hygiene.

permit. Pages 1 and 2 should be filled a Department of Health and Mental Hygie Important: If flem 27 is marked other a any injury or other traumatic event, if ponce.

must be notified at

Funeral

þ

Completed

Be

2

the Marylend

death

filed within 72 hours after

Baltimore, Maryland 21215-0020

5. Social Security Number 577-72-7514 10a. State Director

10b. County

10c. City. Town or Location

Yrs.

7. Age (In yrs. last birthday) 43

If Under 1 Year If Under 24 Hrs. 8. Date of Birth (Month, Day, Year) Birthplace (Steta or Foreign Country) JAN 17, 1953 WASHINGTON DC

MARYLAND PRINCE GEORGES

FORESTVILLE 10f. Zip Code

Months

1 Yes 2 □ No 10g. Citizen of What Country?

10e. Street and Number

3243 WALTERS LANE

1□ M 21XF

20746

UNITED STATES

11 Marital Status

1 Never Married 2 Married 3 Wildowed 4 Divorced

12. Was Decedent Ever in U.S. Armed Forces? 1 ☐ Yes 2 █ No If Yes, Give Year or Dates:

13. Was Decedent of Hispanic Origin? (Specify Yes or No-lf Yes, specify Cuban, Mexican, Puerto Rican, etc.) 1 Yes 2 No Specify:

14. Race - American Indian, Black, White, etc. Specify: BLACK

15. Decedent's Education (Specify only highest grada complated) Elementary/Secondary (0-12)

12

Coilege (1-4or 5+)

16e. Decedent's Usual Occupation (Giva kind of work dona during most of working lifa. DO NOT use retired) SALES ASSOCIATE

16b. Kind of Business/Industry

17. Father's Neme (First, Middle, Last)

HERBERT BLOUNT SR

18. Mother's Neme (First, Middle, Maidan Sumema) BERNICE MIDDLETON

19b. Mailing Address (Street and Number or Rural Routa Number, City or Town, Steta, Zip Coda)

19a. Informant's Name/Relationship (Type, Print) THOMAS HORNER HUSBAND

20b. Placa of Disposition (Nama of cematary, crematory or other place)

3243 WALTERS LANE FORESTVILLE MARYLAND 20746

PRIVATE

20a. Method of Disposition

1 K Burlal 2 ☐ Cremation 3 ☐ Removal from State 4 ☐ Donation 5 ☐ Other (Specify)

MARYLAND NATIONAL

20c. Location - City or Town, State Date 9-13-96 LAUREL MARYLAND

21. Signaturm of Funeral Survice IA

22. Name and Address of Facilit

ALEXANDER S. POPE FUNERAL HOMES

5538 MARLBORO PIKE FORESTVILLE MARYLAND 20746 constraint at caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, Approximate Interval Between Onset and Death

Physician

Examiner

Physician/Medical

þ

Completed

Be

Certification: To

Medical

physician and s the burial-transit

88 for use as

signed by the ald

page 2 s has

director.

funeral

certificate

After

ours effer death. Heral Director: A filled in by the fo

To the Tre the Complete

/Medical Immediate Ceuse (Finai disease or condittor resulting in death) Examiner

ASTHMA

Due to (or as a consequence of):

Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Ceuse (Disease or injury that initiated events resulting in death) Last

Due to (or as a consequence of):

Due to (or as a consequence of):

Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I.

23b. Did tobacco use contribute to the cause of death? 1 ☐ Yes 2 ☐ No 3 ☐ Probably 4 ☐ Onknown

24a. Was an autopsy

24b. Were autopsy findings available prior to completion of cause of death?

12 Yes 2 No

performed?

1 Yes 2 No

25. Was case referred to medical examiner? 1 Tyres 2 No

27. Manner of Death

2 Accident

3 Suicide

1 XNatural

28e. Date of Injury (Month, Dey Year) 5 Pending

investigation

6 Could not be determined

1 ☐ Inpatient 2 ☐ ER/Outpatient 3 ☐ DOA 28b. Time of

28c. Injury at Work? 1 Yes 2 No

Other: 4 Nursing Home 5 Residence 6 Other (Specify) 28d. Describe how Injury occurred

28e. Placa of Injury - At home, farm, street, factory, office building, etc. (Spacify) 4 Homicide

28f. Location (Streat and Number or Rural Routa Number, City or Town, Stata)

29a, Certifier

Certifying Physician: To the best of my knowledge, death occurred at the time, date and placa, and due to the cause(s) and manner as stated.

Medical Examiner: On the basis of examinetion and/or investigation, in my opinion, death occurred at the time, dete end placa, and due to the cause(s) and manner stated. 29c. License number 29d. Date signed (Month, Day, Year)

26. Place of Death (Check only ona)

29b. Signature and title of certifie lune

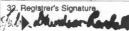
O.C.M.E.

SEPTEMBER 8,1996

30. Name and address of person who completed cause of deeth (Item 23a) (Type, Print)

MORGORIOS - Word LW 111 Penn Street, Baltimore, Maryland 21201

State Registrar 31. Date filed (Month, Day, Year) SEP 10



Hospital or Attending Physician: The law requires that the death certificate be executed
 24 hours effect death.
 Furreral Director: After this certificate has been signed by the man and the control of the con

Box 68760.

P.O.

Division of Vital Records.

1 Sugar Comback 1

Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible.

State of Maryland / Department of Health and Mental Hygiene o

					Certifica				Reg. No.	0 6	20100
Physic		1. Decedent's Name <i>(First, Middla, Li</i> Sharlet	V. Hunt	er				2. Dete of D Month	Dey	Year	3. Time of Daath
/Medi Exami		4a. Facility Name (If not institution, gi				-	4b. City, Town, or Li	Sept.			4:00 A.N
EXAIIII	ner	4907 St. Barnaba		6			Temple Hi		Prince		rno!e
Funeral		Social Security Number	Sex 7. A	ge (în yrs. last bi	minday) If Unde	r 1 Year	If Under 24 Hrs.				plece (Stete or Foreigntry)
Director		CTA SORT, IS ASSESSED TO BE ASSESSED.	10 M XXF 6	3	Yrs. Months	Days	Hours Min.	8. Date of B (Morsth, D 3/27/	33		ington, D.
pue #	7	Usual Residence of Decedent 10s. State 10b. County		10c. City, Tow	m or Location						Ad Incide Ob. Alich
or 28a-1 show or 28a-1 show or notified at	ctor	Maryland Prince G	George's	1 Care 1 Letter 200 Care	e Hills					1	1 ☐ Yas 2(X)No
ath with the 23a or 28s wat be not	ral Director	4907 St. Barnabas	Rd.		123312)748	48		10g. Citizen of What Country? USA		stry?
n 72 hours after death with the Maryla "natural", or items 23a or 28e4 shor edical Examiner must be notified at	by Funeral	11. Marital Status 1 Never Married 2 Married 3 Wildowed 4 Divorced	12. Was Decedent Armed Forces 1 Yes 2K If Yes, Give Year or Dates:	A CONTRACTOR OF THE PARTY OF TH	100000000000000000000000000000000000000	44	Hispanic Origin? (Specify Yes or No- san, Mexican, Puerto Rican, etc.) Specify:		Io 14. Raci Blac Specify	k, White,	
2 hp	Completed	15. Decedent's E	ducation	16a	Decedent's Usu	al Occup	pation				NAME OF TAXABLE PARTY.
within 72 h lane. Than *natur the Medical	ple	(Specify only highest gri Elementary/Secondary (0-12)	college (1-4or	5+1			pation during most of work d)	ing.	CETTE - CETTE		
	Con	00		2.0	Housewij	e			at home		
tal Hyging of other	Be	17. Father's Name (First, Middle, Last)				18. Mother's Name	e (First, Middle	e, Maiden Sumam	e)	
	2	Unknown	Davis					nown			
公司四萬		19a. Informant's Name/Fleiationship (Typa, Print)	1 2			and Number or Run	al Route Num	ber, City or Town,	State, Zip	Code)
os 1 and of Health Nem 27 other tr		John R. Hunter 20a Method of Disposition			ame as I		10	Telesco	1 ***	-	VIII MACKET
0 = 0		1 Donation 5 Other (Specie	Removal from State	cemete	ry, crematory or o	other plac	12	Date	20c. Location -	10000	SWITTENESS
permit. Pages 1 a Department of Hea Important: If Nem: any Injury or othe once.			- / \	Metrop	olitan (rema	atory 9/	11/96	Alexandr	ia,V	a.
permit. Pa Departmen Important: any injury once.		21. Signature of Funeral Service Licer	est!		Georg	e P. Oxor	ssotFacility Kalas Fu Hill Rd.	Oxon	Hill, Md	.207	45
		Part 1. Enter the disease, or com shock, or heart failure. List only	plications that cause one cause on each I	d the death. Do:	not enter the mod	le of dyin	ng, such as cardiac	or respiratory	arrest,		Approximate Interval Between
Physician			1/ _							- }	Onset and Death
/Medical Examiner		Immediate Cause (Final disease or condition	Be	exst	an	or					7 I yen
LABITITIES		resulting in death)	. ,,,	Due to (or as a	consequence of):	-					
B %	Examiner	_	b.							i	
cate be executed physician and s the burial-transit	хал	Sequentially list conditions, if any, leading to immediate		Due to (or as a	consequence of):						
be ex ician buria		Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or injury	0.								
ifficals be g physicia as the bur	fedical	that initiated events resulting in death) Last		Due to (or as a o	consequence of):					- 8	
			d								
自動を	Physician/7		202		151						
that the de ned by the a detached	ysi	Pert II. Other significent conditions of	ontributing to deeth b	out not resulting in	the underlying o	ause giv	en in Pert I.				the cause of death
thet hed b	by Pf							1	Yes 2 No	3 Prot	bably 4 Unknow
law requires thet the ses been signed by the 2 should be detached	Completed b							24e. Wa	s an eutopsy formed?	cor	ore eutopsy findings allable prior to appletion of cause deeth?
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certificate	Be	25. Wes case referred to medical					26. Piece of Deeth	(Check only			
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Attending or death. actor: After by the fune	atio	1 Naturel 5 Pending 2 Accident investigation		7 70017	M		Yes 2 □ No				
al or Attendir s efter death. Il Director: Af ed in by the fu	Certification:	3 Suicide 6 Could not be determined	286. Piece of in	ury - At home, fe c. (Specify)	rm, street, fector	, office		28f. Location City or To	(Street and Number	r or Rura	l Route Number,
ftal or ins effe ral Dir											
To the Hospital or A within 24 hours effer To the Funeral Director Completely filled in b	edical	29e. Certifier (Check only one) Certifying Ph	yelclen: To the best niner: On the basis o and menner st	exeminetion and	, deeth occurred d/or Investigetion	et the tin in my o	ne, date end placa, a pinion, deeth occurr	and due to the ed et the time	cause(s) and mer , dete end piece, a	ner es st nd due to	ated. the ceuse(s)
To the trop of the trop of the trop of the trop of tro	Σ	29b. Signature and title of certifier	1		290	. Licans	e number		29d. Date signed		
		1 Level	1 / Ha	COACA	,	D24	4289		Sept. 11	, 19	96
16		30. Name end eddress of person who	completed cause of c	leath (Item 23a) (, /				
1 1/1 1											
(0)		David T. Isaacs, M 31. Dete filed (Mogth, Dey, Yeer)		Silver H ar's Signeture	ill Rd.	Suit	land,Md.	20746			

DHMH 16 Rev 6/95

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State of Maryland / Department of Health and Mental Hygiene

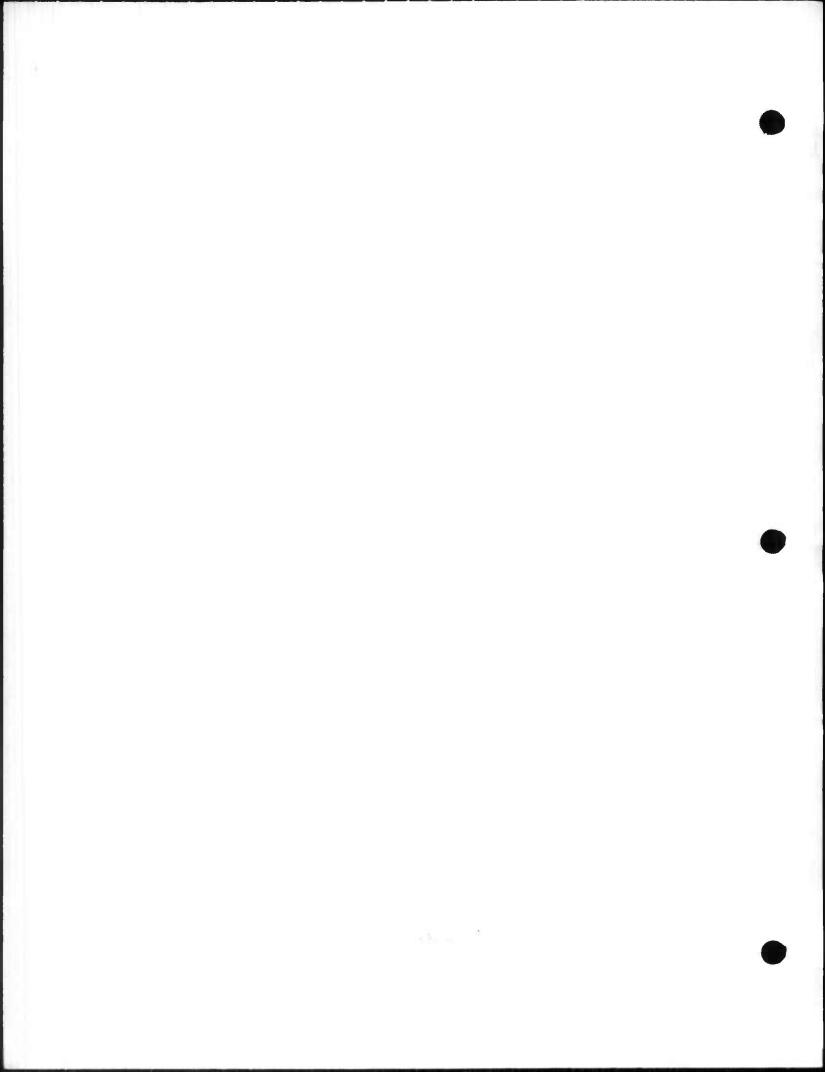
Certificate of Death

28706

							Cert	uncate U	Dealli		Reg. No.			
п	.		1. Decedent's Neme	(First, Middle, La	st)					2. Date of D Month		Vee	3. Tima of Death	
	Physici /Medic		JAME	S CLAI	R HARRIN	IGTON				SEPTEMI	BER 8 1	996	07:40 PM	
	Examir				e street end number)				4b. City, Town,	or Location of Dea				
-	Exami	ici	MATC	OIM CDOU	MEDICAL C	יבאיזיםי			CAMP S	PRINCS			EORGES	
ŀ	Funeral		5. Social Security No	umber 6.5	MEDICAL C	e (In yrs. las	t birthday)	If Under 1 Yes						
	Director		057-14-6	1	M 2□ F	73	Yrs.	Months Dey		lin. (Month, D	rth ay, Year) 27, 1923	Cou	placa (Stete or Foreign	
			Usual Residence of			13				JANUARI	21,1923	Conn	ecticut	
	and M		10a. Stete	10b. County		10c. City, 7	Town or Loc	ation					10d. fnside City Limits	
	dany	ō	Maryland	Prince G	enroe's	For	t Was	hington					1 ☐ Yes 2) No	
	r 28a-f show	ect	10e. Street end Num		00160 0						10- ON	46		
	E 8 8	Funeral Director		larion Rd				10f. Zip Code	744		10g. Citizen of V		ntry r	
	ath w	rai		tar for Mo	,									
	items items	nu	11. Marital Status	3737	12. Was Decedent Armed Forces?		13. W	as Decedent of Yes, specify Cu	Hispanic Origin? Iben, Mexican, Pu	(Specify Yes or N erto Rican, etc.)	0- 14. Red Biad	e - Ameri ck, White,	can Indian, etc.	
20	a a	y F	1 Never Merrie		1 X Yes 2 ☐ I	942-6	4 1	□Yes 2∰N				w Whi	to	
000	Dours Line	d by	3 Widowed	4 Divorced	Year or Detes:	2772 0					Opecing	. MIT	Le	
21215-0020	within 72 hours after death with the Maryland ene. than "natural", or items 23a or 28e-f show he Medical Examinet must be notified at	Be Completed	(Speci	Decedent's Edify only highest gra	ducation ade completed)	1	16a. Decede (Give k	ent's Usuei Occ and of work don	upation e during most of red)	working	16b. Kind of B	usiness/In	dustry	
2	within than	du	Elementary/Secon	ndary (0-12)	College (1-4or 5	5+)								
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Ē	d tal b	Be	17. Father's Name (1.50	Name (First, Middle		ne)		
yla	Mental Mental of meric eve	2	Clair Ha	arrington	1				Ellz	abeth Ga	llagher			
Maryland	and and		19a. Informant's Na							Rural Route Numi				
	other tr		Marian N	4. Harri	ngton		1290	/ Clari	on Kd. I	t. Washi	ngton, M	ld.20	/44	
ore	off Han		20a. Method of Disp		Removal from State	20b. Plac	a of Dispos	ition (Name of atory or other p	(ace)	Dete	20c. Location -			
Ĕ	0 ~ = 0			S ☐ Other (Specifi				tan Cre	matory	9/10/96	Alexandr	ia,	Va.	
Baltimore,	Semit. Pa Sepertmen moortant: kry Injury	ı	21. Signatury of Fur)	22.	Name end Add	ress of Fecility					
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0 ==			23a Part Enter th	ld.20										
			shock, or heer	t fall ire. List only	plications that caused one cause on each li	ne deam. ne.	Do not ente	r the mode of a	ying, such as care	nac or respiretory	errest,		Approximata Interval Between Onset end Deeth	
	Physician /Medical		Immediate Cause /F	nediate Cause (Final RESPIRATORY ARREST										
	Examiner		disease or condition resulting in deeth)		RESPIRA	ATURY	AKKES	1				1	MINUTES	
						Due to (or a	s a consequ	ienca of):						
	De sit	Examiner			b. ASPIRA	TION							MINUTES	
	and	xan	Sequentially list con	iditions,		Due to (or as	s a consequ	enca of):						
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68760,	n certificate be executed anding physician and use as the burial-transit	n/Medical	that initiated events resulting in death) L	est		Due to (or es	e consequ	ence of):						
9 ×	ing p	Me		L.	METASTA	METASTATIC SMALL CELL CANCER MONTH						MONTHS		
Вох	ath c thenc or us			_	0.							1		
0	requires that the death been signed by the atter should be detached for u	Physicia	Pert II. Other signific	cant conditions o	ontributing to death be	ut not resultir	ng in the und	derlying cause	given in Pert I.	23b. Did	tobacco use co	ntribute t	o the cause of death?	
Ρ.	at the	F.								10	Yes 2 No	3 Pro	bably 4 🕅 Unknown	
	8 5 8	þ								-				
Records,	w requires been sign should be	8								24a. Wa	s an autopsy ormed?		ara autopsy findings vallable prior to	
သို့		ple								_	••••••	CC	empletion of cause death?	
æ	The lay	Completed								10	Yes 2 No	1	□ Yes 2□ No	
Vital	cartificata rector, pag	Bec	25. Was case referre	ed to medical					26 Place of I	Death (Check only	100	L	2.00 22.00	
5		0	examiner? 1 ☐ Yes 2 🗓 N	A La Carrier	Hospital:	nt 2DEB	/Outpatient	3□ DOA	ther	Home 5 Res		or /Coopi	6.1	
of	g Phys ar this neral di		27. Manner of Deeth		28a. Date of Inju		b. Time of	28c. In			how Injury occur		91	
on	Attending is death.	to	1 ANatural 2 Accident	5 Pending Investigation		Year)	fnjury		ork? ⊒Yes 2⊒No					
S	dear ctor: y the	Ica	3 Sulcide	6 ☐ Could not be		iny - At home	a farm etro			28f Location	(Street and Numb	ver or Run	al Route Number,	
Division	wher death. Director: Aft	Certification:	4 Homicide	determined	building, etc	. (Specify)	5, Idilli, 3(16)	ot, rectory, onto	9	City or To	wn, State)	701 01 11011	ar riodio riambor,	
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	(1)	18			completed cause of d			rint) 89 MI	OG 1050	W PERIMET	ER RD SI	UITE	C1-7	
					MEYER, MAJ	, USA	F, MC	ANDRI	EWS AIR	FORCE BAS	SE, MD 20	0762-	-6600	
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	Registr	ar	SEL	11 1996	Just 100	No. of Lot, House, etc.,								

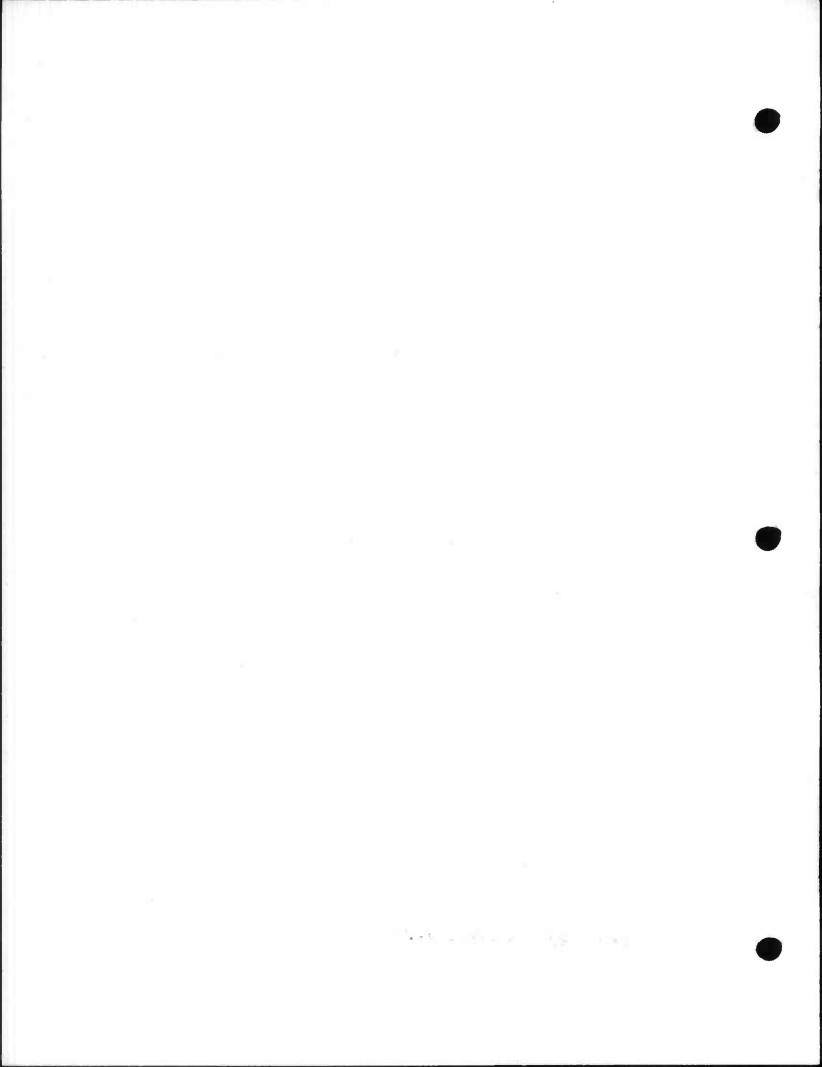
TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within Z4 hours after death. Page 6 may be retained by the hospital or attending physician.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-train	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.	
10	5	2	울	

	1 - FOR STATE REGISTRAR	STATE OF MARYLAN		TMENT OF		MENTAL	HYGIEN BEG. NO.					
	1. DECEDENT'S NAME (First, Middle, Last) Margaret I	Denisar Ho				2. DATE OF MONTH Septe	F DEATH	"3 , 19	56	3. TIME OF DEATH 10:00 A M		
	178-28-7729	□ M 2 X F 88	rs. lest birthdey) YRS.	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS -MIN.	7. DATE OF (Month, I Febru	F BIRTH 1	.908	BIRTH	PLACE (State or Forwigh Altoona, nsylvania		
TOR	9a. FACILITY NAME (If not institution, give street Springbrook Advent RESIDENCE OF DECEDENT		Center		on Location of E	HTA3		Mont		ery County		
FUNERAL DIRECTOR	Maryland Mor	ntgomery		ilver S					T	10d. INSIDE CITY LIMITS? 1 YES 2 NO		
FRAL	3902 Weller Road			,	01. ZIP CODE 20906					States		
ВУ	11. MARITAL STATUS 1 Never Merried 2 Married 3 Widowed 4 Divorced	WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO FYES, GIVE WAR OR DATES 13. WAS DECEMDENT OF HIS If yea, specify Cuben, Men 1 YES 2 NO Specific No. Specific			pecify Cuban, Mexic	ISPANIC ORIGIN? (Specify Yes or No— 14. exican, Puerto Rican, etc.)			t. RACE — American Indian, Black, White, etc. Specify: White			
COMPLETED	15. DECEDENT'S EDUCATI (Specify only highest grade con Elementary/Secondary (0-12)	10N 164 mpleted) 1-4 or 5 +1	(Give kind of w life. Do NOT us	USUAL OCCUPATION OF PORT OF PO	nost of working	1.500	Hospi	SINESS/INDUS				
BE COM	17. FATHER'S NAME (First, Middle, Last) Charles Hamilton	n			18. MOTHER'S N.		idle, Maiden					
TO B	19a. INFORMANT'S NAME (Type/Print) Carol M. Koontz				and Number or Rural Road Wh					906		
	20a METHOD OF DISPOSITION 1 Burial 2 Cremation 3 Ramoval 4 Donation 5 Other (Specify) 21. SIGNATURE OF FUNERAL SERVICE LICENS	rom State cemetery ROS		ber place) Cemete:	ry	9/7	A1		Pe	nnsylvania		
	- Howard A	. Carsan		315		Avenue	, Jun	iata,	A1	Inc. toona, PA		
	23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line. IMMEDIATE CAUSE (Final disease or condition resulting in death) DUE TO (OR AS A CONSEQUENCE OF):											
VIION	Sequentially list conditions, If any, leading to immediate DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF):											
CERTIFICATION	cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST DUE TO (OR AS A CONSEQUENCE OF):											
MEDICAL C	PART II. Other algorificant conditions of Recent Femus	Fracture	, De.	nonti	9,	١.	4a. WAS AN A PERFOR	MED?		WERE AUTOPSY FINDINGS AMILABLE PRIOR TO COMPLETION OF CAUSE		
N: MEC	Poor Vision, C DID TOBACCO USE CONTRIB	UTE TO CAUSE OF D	SIS Y	14/20 to	UNCERTAL	Sm				OF DEATH? 1 YES 2 NO		
PHYSICIAN:		26. F OSPITAL: Inpatiant 2 ER/Outpetier		OTHER:	me 5 🗆 Realdence	6 Other (S	Specify)		_			
ВУ РН	27. MANNER OF DEATH 1 Netural 5 Pending 2 Accident Investigation	28a. DATE OF INJURY (Month, Day, Year)	28b. TIME	JRY W	JURY AT ORK? YES 2 NO	28d. DEŞCR	HIBE HOW IN	JURY OCCUR	ED			
	3 Suicide 8 Could not be datarmined	28e. PLACE OF INJURY — A building, etc. (Specify)	At home, farm, a	ireet, factory, off	Ce		ON (Street a. Town, State)	nd Number or	Rural Ro	oute Number,		
3 Suicide 8 Could not be datarmined 28f. LOCATION (Street and Number or Rural City or Town, State) 29a. CERTIFUER (Check only one) 2 MEDICAL EXAMINER: On the beals of examination end/or investigation, in my opinion, death occurred at the time, data and place, end due to the cause(a) and manner as stated.								ause(a)	end manner as stated.			
TO BE	29b. SIGHATURE AMPATTUE OF CONTINEES	lif ins			29c. LICENSE NU D 3/	E NUMBER 29d. DATE			E CIONED (Month On Month			
	30. NAME AND ADDRESS OF PERSON WHO CO Sturt Turke	Witz MI	(ITEM 27) (Type,	Frint) 750	en bely	Mo	9 y C	71.	Dr	#430		
	31. DATE FILED (Month, Day, Year) SEP 1 1 1996	12 PASSTRAN'S SIGNATUR	A-AM									



STATE	0F	MARYLAND A	/ DEPARTMENT	0F	HEALTH	AND	MENTAL	HYG	IENE
		C	ERTIFICATE	O	F DEAT	"H		REG	NO

	1 - FOR STATE REGISTRAR	STATE OF MARYLA	ND / DEPARTI	MENT OF H	EALTH AND	MENTAL HYGIEN						
	1. DECEOENT'S NAME (First, Middle, Last)					2. DATE OF DEATH		3. TIME OF DEATH				
	ALFRED EUGENE	IZZARD					, 1996	7:41 A. M				
	4. SOCIAL SECURITY NUMBER 5.	s. SEX 8. AGE (III		F UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIRTH	8. 8	SIRTHPLACE (State or Foreign				
	305-28-2784	12 M 2 □ F 76		ONTHS DAYS	HOURS MIN.	(Month, Day, Year)		country) ranklin, Penna				
	9a. FACILITY NAME (If not institution, give street	t and number)	9	b. CITY, TOWN O	R LOCATION OF D	EATH	9c. COUNTY					
HC	WASHINGTON ADVENTI	ST HOSPITAL		TAKOMA	PARK		MONT	GOMERY				
DIRECTOR	RESIDENCE OF DECEDENT											
R	10a. STATE 10b. COUNTY		10c. CITY, 1	TOWN OR LOCAT	ION			10d. INSIDE CITY LIMITS?				
	District of Columb	oia		Washin				NX YES 2 □ NO				
FUNERAL	10e. STREET AND NUMBER			101.	ZIP CODE		10g. CITIZEN	OF WHAT COUNTRY?				
ij	939 Longfellow Str	reet, N. W.,	#10		20011		Unite	ed States				
5		2. WAS DECEDENT EVER IN FORCES? 1 X YES	U.S. ARMED			NIC ORIGIN? (Specify Yearn, Puerto Rican, etc.)	or No 14.	RACE — American Indian, Black, White, etc.				
BY	1 Never Married 2 📉 Married 3 Widowed 4 Divorced	IF YES, GIVE WAR OR DAT	TES		2X NO Specif			Specify:				
	18	3/3/42 - 12/		1				BLACK				
H	15. DECEDENT'S EDUCAT (Specify only highest grade con	npleted)	18a. DECEDENT'S US	k done during mos	N at al working	16b. KIND OF BU	SINESS/INDUST	RY				
Ä	Committee of the Commit	College (1-4 or 5+)	life. Do NOT use r	ŕ								
COMPLETED	12		Manageme	ent Ana.				Labor Dept.				
	17. FATHER'S NAME (First, Middle, Last)					ME (First, Middle, Maiden						
BE	Jarius B. Izzard					ia I. Cart						
5	19a. INFORMANT'S NAME (Type/Print)					Route Number, City or Tow		,				
	Virginia E. Izzard	l - Wife	939 Lor	ngfello	√ Street	, N.W., Was	hingtor	n, D.C. 20011				
	20e. METHOD OF DISPOSITION 1 X Buriel 2 Cremetion 3 Removal		PLACE AND DATE OF I		ne of	OATE 20c. LO	CATION City	or Town, State				
	4 Donation 8 Other (Specify)	Li	ncoln Men	norial (9/17/96	Suitlar	nd, MD				
	21. SIGNATURE OF FUNERAL SERVICE LICENS	SEE			D ADDRESS OF FA	AL HOME, I	nc					
	John Stay	IMAT TI		E .				ington D C				
	23. ATT I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, Approximate											
	anock, or haert failure. List only one cause on each line.											
	IMMEDIATE CAUSE (Final disease or condition NON SMATT CETT TUNC CANCER 18 M											
	resulting in dasth) a		CONSEQUENCE OF:	G CANCE				TO HONTIES				
_	_	000 10 (011 100 11	OUNDEDUCINOE OF).					i				
ō	Sequentially list conditions, b	DUE TO (OR AS A	CONSEQUENCE OF):									
CERTIFICATION	if any, leading to immediate cause. Enter UNDERLYING							j				
딢	CAUSE (Disease or injury that initiated events	DUE TO (OR AS A	CONSEQUENCE OF):									
E	resulting in death) LAST							İ				
CE	d											
AL	PART II. Other algnificant conditions c	ontributing to death bu	t not resulting in	the undarlying	cause given in	Part I. 24s. WAS AN		24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO				
	obstructive pneum	onia, emphys	sema, deg	enerati	ve arth:	TICLS TENTON		COMPLETION OF CAUSE				
¥	Coronary Artery D	isease, Aner	mia due t	o chron	ic illn	ess		OF DEATH?				
ÿ	DID TOBACCO USE CONTRIB	SUTE TO CAUSE OF	DEATH YES	€ NO □	UNCERTAIL	N D						
¥	25. WAS CASE REFERRED TO MEDICAL	2	8. PLACE OF DEATH									
PHYSICIAN: MEDIC	1 ☐ YES 2XXVO	OSPITAL:	tlent 3 DOA 4	THER:	6 Residence	8 Other (Specify)						
<u> </u>	27. MANNER OF DEATH	28a. DATE OF INJURY	28b, TIME C	F 28c. INJU	IRY AT	28d. DESCRIBE HOW I	NJURY OCCURE	D				
	1 Natural 5 Pending	(Month, Day, Year)	INJUR		ES 2 NO							
BY	2 Accident Investigation 3 Suicide & Could get be	28e. PLACE OF INJURY -	- At home, farm, stre	et, tectory, office		261, LOCATION (Street a	and Number or Br	ural Route Number				
	4 Homicide determined	building, etc. (Specify	y)			City or Town, State)		TOUR THORNAY				
COMPLET	29a. CERTIFIER 100											
A N	(Check only 1 E CERTIFYING PHYSICIAL	N: To the best of my knowle	dge, death occurred a	it the time, date	end place, end due	to the cause(s) and mar	ner as stated.					
8	2 MEDICAL EXAMINER: C	In the beels of examination	and/or investigation, i	in my opinion, de	ath occured at the	time, data end place, en	d due to the cau	see(a) and menner as stated.				
BE	296. SIGNATUME AND TITLE OF CERTIFIER	00 1	1		29c. LICENSE NUI			NED (Month, Day, Year)				
10	D01499 ▶ Sept. 11,											
F	30. NAME AND ADDRESS OF PERSON WHO CO											
	Lewis Hillard Denni	s, M.D. 62	01 Greenb	elt Rd.	U-1 C	ollege Par	k, MD	20740				
	31. DATE FILED (Month, Day, Year) SEP 13 1996	32. BEGISTRAR'S SIGNA	TURE									
- 1	SEP 1 3 1996	Jelia delivers	charlell									



STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTA	L HYGIENE
CERTIFICATE OF DEATH	REG. NO.

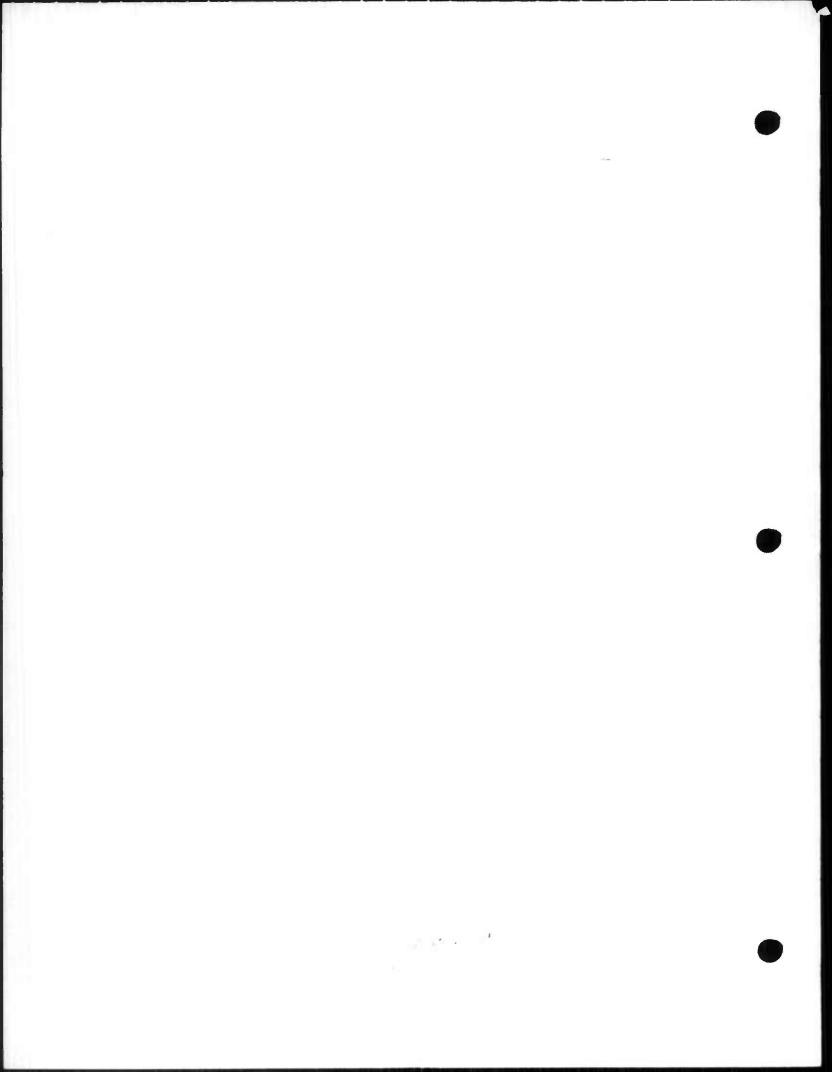
	1 - STATE REGISTRAR	TATE OF MARYLAN	ID / DEPARTM	ENT OF H	EALTH AND I	MENTAL	HYGIEN	E			
	1. DECEDENT'S NAME (First, Middle, Last)				JEAN.	2. DATE	OF DEATH		3	. TIME OF DEATH	
,	FEMALE JACK	SON				MONTH	D/I		YEAR 96	1817 PM	
	4. SOCIAL SECURITY NUMBER 5. SI		rs. last birthday) IF	UNDER 1 YEAR	IF UNDER 24 HRS.		OF BIRTH		1 -	ACE (State or Foreign	
		M 2 X F		THS DAYS	HOURS MIN.	(Month	, Day, Year)		Country)		
	9e. FACILITY NAME (If not institution, give street er				3		. 9, 1			rly, MD	
œ					A LOCATION OF DE	ATH		9c. COUNT		orge's	
DIRECTOR	PRINCE GEORGES HOSP	TIAL CENTER		- CI	neverly			TITHE	e Ge	orge 2	
Ĕ I	10e. STATE 10b. COUNTY		10c. CITY, 10	OWN OR LOCAT	ION				10	Dd. INSIDE CITY	
a	Maryland Prince G	eorge's		Green	elt				1	X YES 2 NO	
	10e. STREET AND NUMBER			101.	ZIP CODE			10g. CITIZE	EN OF WH	AT COUNTRY?	
FUNERAL	8545 Greenbelt Ro	ad			20770			Unite	ed St	ates	
₹	11. MARITAL STATUS 12. V	MAS DECEDENT EVER IN U.	S. ARMED	13. WAS DEC	ENDENT OF HISPAN	IIC ORIGIN	? (Specify Yes			- American Indian.	
		FORCES? 1 YES 2 F YES, GIVE WAR OR DATE		If yes, spe	cify Cuban, Mexica 2X NO Specify	n, Puerto F			Black, \	White, etc.	
B⊀	3 Widowed 4 Divorced	TEO, ON E TONI ON DATE	.5	1 169	ZX_ NO Specin	7 .		1	Ameri	frican	
	15. DECEDENT'S EDUCATION (Specify only highest grade comple	V 18	. DECEDENT'S USU			16b.	KIND OF BUS			can	
틻		lege (1-4 or 5+)	(Give kind of work life, Do NOT use re	done dunng mo: tired.)	et or working						
릴	N/A			N/A				N/A			
COMPLETED	17. FATHER'S NAME (First, Middle, Last)				18. MOTHER'S NA	ME (First, A	Aiddle, Melden	Surneme)		0.00	
BE	Richard Hilliard	Jackson, J	r.		Patr	icia	L. Hu	tchins	S		
	19e. INFORMANT'S NAME (Type/Print)		19b. MAILING AD	DRESS (Street e.	nd Number or Rural i	Route Numb	er, City or Town	n, State, Zip C	Code)		
임	Richard Jackson -	Father	8545 Gr	eenbel	Road,	Apt.	T-2,	greent	elt.	MD 20770	
	20e. METHOD OF DISPOSITION		ACEANDDATEOFD		me of	DATE	20c. LO	CATION - CI	Ify or Town	ı, State	
	1 Donation 6 Other (Specify)	cometer Le	e s Crem	atory		9/13	3/96	Clinto	on, M	1D	
	21. SIGNATURE OF SUMERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY										
	STEWART FUNERAL HOME, Inc.										
_	4001 Benning Road, N. E., Washington, D.C.										
	ahock, or heart failure. Liet only one ceuse on each line.										
- 1	IMMEDIATE CAUSE (Final										
- [disease or condition resulting in death)	Previable,	20 W	ek t	etus					3 hours	
		DUE TO (OR AS A CO	ONSEQUENCE OF):								
2	Sequentially list conditions,										
Ĕ	If any, leading to immediate	DUE TO (OR AS A CO	ONSEQUENCE OF):								
5	CAUSE (Disease or Injury	DUE TO (OR AS A CO	OMEGUENOS OF								
ĒΙ	that initiated events resulting in death) LAST	DOE TO (OH AS A CC	ONSECUENCE OF):								
CERTIFICATION	d										
AL 0	PART II. Other aignificant conditions con	ntributing to death but	not resulting in t	he underlying	cause given in	Part I.	24s. WAS AN		24b. W	ERE AUTOPSY FINDINGS	
						-	PERFOR	MED?		MAILABLE PRIOR TO OMPLETION OF CAUSE	
MEDIC							1 1 163 2	NO NO	1	F DEATH?	
2	DID TOBACCO USE CONTRIBU	TE TO CAUSE OF	DEATH YES	□ NO E	UNCERTAIL				'	YES 2 NO	
A	25. WAS CASE REFERRED TO MEDICAL		PLACE OF DEATH		ONCERIAI						
PHYSICIAN:	EXAMINER? HO	SPITAL:	_ 0	THER:		202 742					
1×8	27. MANNER OF DEATH	Inpatient 2 ER/Outpatie	ent 3 DOA 4		e 5 🗆 Residence		1-1-1-17				
	1 Natural 5 Pending	(Month, Day, Year)	NJURY	WO	RK?	286. DES	CRIBE HOW I	NJUHY OCCU	JRED		
BY	2 Accident Investigation	28e. PLACE OF INJURY -	At home from the				AT1041 (0)				
	3 Suicide 8 Could not be 4 Homicide determined	building, etc. (Specify)	At nome, rarm, street	it, tectory, omic	,		ATION (Street of or Town, Stete)		r Hural Hou	ite Number,	
E	to committee										
AP.	29e. CERTIFIER (Check only one)										
COMPLETED	2 MEDICAL EXAMINER: On	the beels of exemination e	nd/or investigation, i	n my opinion, d	eath occured at the	time, date	end place, en	d due to the	ceuse(e)	end manner es stated.	
BEC	29b. SIGNATURE AND TITLE OF CERTIFIER	,			29c. LICENSE NUI	MBER		29d, DATE	SIGNED (A	fonth, Day, Year)	
	mennue Hor	edmu			D2818	9		D 9	1919	6	
임	30. NAME AND ADDRESS OF PERSON WHO COM	MPLETED CAUSE OF DEATH									
	M. Abedin, M.D.	P.G. H	OSPITAL C	TR. 30	OI HOSPI	TAL	D12.	CHEV	ERU	MD. 20785	
	31. DATE FILED (Month, Day, Year)	32 REGISTRAR'S SIGNATURAL	U25 A								
	SEP 1 3 1996	yeur attended	MANGE.								

1 - FOR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

STATE REGISTRAR

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE REG. NO.

	HEGISTRAH			RIT	CALE	UF	DEAT	н	REG. NO			
	1. DECEDENT'S NAME (First, Middle, Last)	. /		1					2. DATE OF DEATH	AW	YEAR	3. TIME OF DEATN
	EFFIE	H		1014	25				September	7	1991a	1015 PM
	4. SOCIAL SECURITY NUMBER	5. SEX 8. A	GE (In yrs. last	t birthday)	IF UNDER		IF UNDER		7. DATE OF BIRTH (Month, Day, Year)		B. BIRTI	HPLACE (State or Foreign
	578-22- 5494 5493	1 M 2 X F	68	YRS.	MONTHS	DAYS	HOURS	MIN.		928	Was	hington,D.C.
	Se. FACILITY NAME (If not institution, give a				9b. CITY,	TOWN C	R LOCATIO				INTY OF D	
S S	SHADY GROVE ADV	ENTIST HO	OSPIT.	AL	R	ockv	ille			Mon	tgom	ery County
5	RESIDENCE OF DECEDENT 100. STATE 10b. COUNT										0	
DIRECTOR				-	Y, TOWN O							10d. INSIDE CITY LIMITS?
	100. STREET AND NUMBER	comery Coun	ty	R	ockv:	-						1 YES 2 MO
FUNERAL						101	ZIP CODE			10g. CIT	IZEN OF 1	WHAT COUNTRY?
岁	14337 Chesterfie							853				States
	1 Never Married 2 Merried	12. WAS DECEDENT EVEN FORCES? 1 1 1	ES 2 X N		13. \	MAS DEC	ENDENT OF	F HISPANI 1, Mexican	C ORIGIN? (Specify Yes	or No-	14. RACI Bloc	E — American Indian, k, White, etc.
BY	3 Widowed 4 Divorced	IF YES, GIVE WAR O	R DATES							Spec		
	15. DECEDENT'S EDU	CATION	16e DEC	CEDENT'S	USUAL OC	CLIBATIC	N.		141 KIND OF BUIL		D	22401
COMPLETED	(Specify only highest grade Elementary/Secondary (0-12)		(Gh	ve kind of v Do NOT us	vork done o	furing mo	st of working	9	16b. KIND OF BUS	SINESS/IN	DUSTRY	
PL	E-emericary/Secondary (0-12)	College (1-4 or 5+) 5+		octo					Medica	1		
S S	17. FATHER'S NAME (First, Middle, Last)						18 MOTH	ED'S NAM	IE (First, Middle, Maiden			
		Ha11					Mai			Wash	inat	on .
BE	19a. INFORMANT'S NAME (Type/Print)		196	MAILING	ADDRESS	(Street a			oute Number, City or Town			OII
2	Edward W. Jones,	Sr.							ockville,			20853
	20m. METHOD OF DISPOSITION		20h PLACEA	ND DATE (E DISPOSI	TION /No.	mo of		DATE 200 10	CATION	Chi T.	01-4-
	1 Burlai 2 1 Cremation 3 Rem 4 Donation 6 Other (Specify)	oval from State	Metr	ODO 1	her place) itan	Cre	mator	^17 (9/11/96 A	10370	ndrd	o Vo
	21. SIGNATURE OF FUNERAL SERVICE LIC	CENSEE		0,000	22.1	NAME AN	D ADDRES	S OF FAC	ILITY	тела	nar I	a, va.
	► Aller	Lane A	M00	050	A]	Lexa	ander S. Pope Funeral Homes Marlboro Pike, Forestville, Md. 20747					
	23. PART I. Enter the diseases, or about or heart fallure.	IRAU YI			55	38	Marib	oro	Pike, For	estv	ille	
	arrock, or freelt lendle.	List only one cause o	n each lina.	etti. Do n	ot enter	tne mo	de or dylr	ng, auch	as cardisc or reapi	ratory ar	rest,	Approximate Interval Batween
	IMMEDIATE CAUSE (Final disease or condition						L					Onset and Death
ŀ	resulting in death)	a. Diff 70 (OD.	ara, u	d, 40 anest DASEOUENCE OF):							De day	
_	_	502 10 (017)	S A CONSEC	JENCE OF	ry and 3 dy						0.1	
CERTIFICATION	Sequentially list conditions,	b DUE TO (OR /	S A CONSEO	UENCE OF	1:	an	m					804
AT	If any, leading to immediate cause. Enter UNDERLYING											Wilne
Ē	CAUSE (Disease or Injury that initiated events	c. DUE TO (OR A	S A CONSEQ	UENCE OF):	, ,					-	140
E	resulting in death) LAST	o. susa	rach	-	1	e n	~ har	41				9 dup
	PART II. Other algolificant condition	a contributing to deat	h hud a at a					-			-	1
EDICAL	TATE II. Culti algunicant condition	a contributing to deat	n but not re	sulting i	n the uni	Derlying	cause gl	iven in P	Part I. 24a. WAS AN PERFOR		24b.	WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO
à									1 YES 2	No		OF DEATH?
Σ	DID TOPACCO LICE CONTE											1 TYES 2 NO
AN	DID TOBACCO USE CONTI	KIBUTE TO CAUSE					UNCE	RTAIN				
PHYSICIAN:	EXAMINER?	HOSPITAL:			H (Check o	:						
¥	27. MANNER OF DEATH	28e. DATE OF INJUI		26b. TIME	-	ing Home		_	Other (Specify)			
- 10	1 Netural 5 Pending	(Month, Day, Ye	4	INJ	URY	WOR			28d. DESCRIBE HOW IN	JURY OC	CURED	
BY	2 Accident Investigation	28e. PLACE OF INJ	JEY — A1 box	ne ferm m	tract facto			_	an Location of	7	0	
	4 Homicide 6 Could not be determined	building, etc. (Specify)	, , , , ,	V/	17	-		281. LOCATION (Street of City or Town, State)	/ ID	or Hural H	loute Number,
COMPLET	290. CERTIFIER								10	1		
MP.	(Check only one)	CIAN: To the best of my ki	nowledge, dea	th occurre	d at the Hr	ne, date	end place,	end due 1	o lhe cause(s) end men	ner ee elat	ted.	
8		R: On the basis of examin	etton end/or in	rveatigation	n, in my op	Hnlon, de	eth occure	d at the ti	me, date end place, and	d due to th	re ceuse(e) end menner se stated,
B	296. SIGNATURE AND TITLE OF CERTIFIER	11					29c. LICEN	ISE NUMB	BER	29d. DAT	E SIGNED	(Month, Day, Year)
6	/ Walu	Win		M	R		03	26	83		9/7	191
	30. NAME AND ADDRESS OF PERSON WHO		DEATH STEM				//	11	2.0	_	1	C
	31. DATE FILED (Month, Day, Year)	11 (. dry	3pl	- 66	o M	1-1	4/1	N	1082	31		
	SEP 12 MOC	37 REGISTRAR'S S	GNATURE									
	45 836		-	14								



Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible.

State of Maryland / Department of Health and Mental Hygiene 0 C

1		1. Decedent's Name (First, Middle, I	ast)			rtificate	J, L		2. Date of De		V	3. Time of	Death
Physicia /Medic		ROSE Helon	J	<i>TENRETTE</i>	<u> </u>				SEPT.	Day 11	96	1:45	P.M
Examin	_	4a. Facility Name (If not institution, of Mercy Hospital,			Place.		4	Baltimo		h 4c. County	of Death		
Funeral Director		5. Social Security Number 249-04-1535	Sex 1□M 2ÀF	7. Age (In yr. 43	s. last birthday) Yrs.	If Under 1 Months	Yeer Days	if Under 24 Hrs. Houre Min.	8. Dete of Bir Januar	y 16,19	9. Birthp	lace (State of try) umbus	Cou
2 2		Usual Residence of Decedent 10a. Stete 10b. County		100.0	City, Town or Lo	nontion					1.	04 114- 01	444
r 28a-f show	5	Designation	Centres		rel, Mai		207	07			1	Od. inside Ci	
288-f	ecto	Maryland Prince (corges	Lac	11617	10f. Zip C				40- Ohless of	Mark Cours		
23a or	io ie	14708 4th Stree	t Apt.	101.			2070)7		10g. Citizen of What Country? U.S.A.			
or items	by Funeral Director	11. Meritei Status 1 □ Never Married 2 ☑ Married 3 □ Widowed 4 □ Divorced	12. Wes De Armed F 1 Tas If Yes, G Yeer or	cedent Ever in Forces? S XX No Give		Wes Decede if Yes, specif 1 ☐ Yes 2		spanic Origin? (S n, Mexican, Puert Specify:	pecify Yes or No o Rican, etc.)	}	e - Americ ck, White,	etc.	
n 72 hours natural', edical Exc	PQ P	15. Decedent's		Detes:	16a Dece	dant's Usual	Occupa	tion		AITI 16b. Kind of B		erica	n
e filed within 72 al Hygiena. I other than "na vent, the Medic	Completed	(Specify only highest g Elementary/Secondary (0-12) 11 Grade	rade completed	d) (1-4or 5+)	(Give	kind of work DO NOT use Wife	done d	uring most of wor	Own Home				
Hyg other ont,	Be C	17. Father's Name (First, Middle, La	st)		nouse	WIIC		18. Mother'a Nan	ne (First, Middle				
should be nd Mental marked o	To B	Frank Reaves						Arnetha	a Fari	ris			
2 sho and h is me		19e. Informant'a Name/Relationship		-		nd Number or Ru							
1 and 2 Health em 27 i		Margie A. Verene						et Apt.	101,Lau	rel,Mary	land,	20707	•
semil. Pages 1 and 2 should be file. Department of Health and Mental Hyg important: If Rem Z7 is merked othe any injury or other treumstic event, other.		20a. Method of Disposition 1 → Burial 2 □ Cremation 3	☐Removel from	n Stete	Placa of Dispo cometery, crea	osition (Name matory or oth	e of ner place	1	Date	20c. Location -			
tmen tant:		4 Donetion 5 Other (Spec	-	Fa	ulk Cer			1.0		96.Doth	-		63
permit. Pages 1 and 2 Department of Health a Important: If Item 27 is any Injury or other tra once.		21. Signature of Funeral Service Lic	lw.	2 es				s of Facility W. 1 Street, N D.C. 200		n Funera	1 Hom	ie,	
hysician		23a. Part1. Enter the disease, or co shock, or heart failure. List on	mplications that ly one cause on	causad tha dad aach iina.						rrest,		Approximate interval Better Onset and I	a ween Death
/Medical		Immediate Ceusa (Final disease or condition		LAM	YNGEA	2 6	MAN	CER			İ	3 4	an
Examiner	_	rasulting in death)	8		(or as a conse						I	-	
uted ansit	mine		b	Due to	·								
icate be axecuted physician and s tha burial-transit	edical Examiner	Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or injury that initiated events Dua to (or es a consequence of):											
2 21 10	100												
death e atten	clar	Dark II. Other plan Manual and stellar		4		- 4- 4 4		-1- 8-41	ant Did	A-b		46	-4 -4 4
tha c	y Physician/N	Part ii. Other significant conditions	contributing to	death but not re	suiting in the u	inderlying cat	use give	n in Part I.		tobacco use co Yes 2□ No			
requires been sign should be	Completed by									an autopsy ormed?	COI	are autopay f allable prior t mpletion of c death?	0
Tha is	Con								10	Yes XX No	10	Yes 2	No
certific rector	Be	25. Was case referred to medical examiner? 1 ☐ Yes 2 ☑ No	Hospital:	Inpatient 2[☐ ER/Outpatier	at 20 004	Othe	up's		one) STELLA idenca 6 200th			
rai c	tion: To	27. Manner of Death 1 Natural 5 Panding 2 Accident investigati	28a. Date (Mo	e of injury onth, Day Year)	28b. Time o		c. tnjury Work			how injury occur		,, 11001	.02
to the heaptsa or Attending Ph within 24 hours after does hi. To the Funeral Director After thi completely filled in by the funeral	Certification:	3 Suicide 3 Suicide 4 Homicida 28e. Piece of injury - At home, farm, street, fectory, office building, etc. (Specify) 28f. Location (Street and Number or City or Town, State)							er or Rura	l Route Num	ber,		
Hospital 24 hours Funeral iataly filled	edicai		miner: On the					e, data end place inion, death occu)
within 2 To the comple	Me	29b. Signeture end title of certifier				29c.	License	number		29d. Date algne	d (Month,	Day, Year)	
		D. 0	Rem	2006			040	0480		8901.	12,	1996	
//	- 1	30. Name and address of person wh	complated cau	usa of death (Ita	am 23a) (Type,	Print) 58	10	BELAN	21206				
6		FERNANDO	V. FE	RAD MI	0	12	4210	MAN	21201				

B.1 (1)

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			Certificate of Death	iu ivieritai m	Reg. No.	20112
	J	3	Decedent's Name (First, Middle, Last)	2. Date of D	eath	3. Time of Death
	Physici /Medic		Anna D. Jones	Month 09	09 19	96 7:50am
*	Examin			, or Location of Dee	th 4c. County of E	Death
				rederic		ert
	Funeral Director		5. Social Security Number 6. Sex 124-24-1910 1- M 2 F 6. Sex 65 Yrs. 65 Yrs. 65 Yrs. 65 Yrs.	Min. 8. Dete of B (Month, D May 09	irth ey, Year) 1931	Birthplaca (State or Foreign Country) Maryland
	pu ,		Usual Residence of Decedent	,,	,	
	Aaryla F show	or	10e. Stete 10b. County 10c. City, Town or Location			10d. inside City Limits 1 ☐ Yes 2 1 No
	28e	Director	Maryland Calvert Lusby 100. Street and Number 101. Zip Code		10g. Citizen of Wha	
	3a or	D	11547 HG Trueman Road 20657		USA	,
	death	Funeral	11. Maritel Stetus 12. Wes Decedent Ever in U.S. Armed Forces? 13. Wes Decedent of Hispanic Origin if Yes, specify Cuban, Mexican, P	? (Specify Yes or N		American indien,
020	within 72 hours after death with the Maryland ene. than "natural", or items 23s or 28s-f show the Medical Exeminer must be notified at	by Fu	1 ☐ Never Married 2 ☐ Married 1 ☐ Yes 2 ☒ No If Yes, Give Yeer or Dates:	uerto Hican, etc.)	Specific	Vhite, etc. 1ack
0-0	2 hou				16b. Kind of Busine	
Baltimore, Maryland 21215-0020	ges 1 and 2 should be filed within 72 hc t of Health and Mental hygiene. If Item 27 is marked other than "natur or other treumatic event, the Medical	Completed	15. Decedent's Education (Specify only highest grade completed) Elementery/Secondary (0-12) College (1-4or 5+)	working		
2	il Hygiene. other than	Co	11 Cook 17. Father's Name (First, Middle, Last) 18. Mother's	Name (First Middle	Restaur	ant
an	should be filed vand Mental Hygie marked other t vurnetic event, til	o Be		z Goff	s, maideri Surrieme)	
ary	2 should be and Mental ie merked reumetic ev	To	19a. tnformant's Neme/Relationship (Type, Print) 19b. Meiling Address (Street and Number of		ber, City or Town, Ste	te, Zip Code)
Σ	1 and 2 Health a ern 27 is		Anna B. Jones 2959 Chester Grove			
ore	of He of He I Item r othe		20a. Method of Disposition 20b. Place of Disposition (Neme of cametery, cremetory or other place)	Date	20c. Location - City	or Town, Stete
Ē	Pag ment ant: if ury o		1 ☑ Burlel 2 ☐ Cremetion 3 ☐ Removal from State 4 ☐ Donation 5 ☐ Other (Specify) Patuxent Church Cem.	9/13/96	Huntingt	own, Md
Ball	permit. Pages 1 and 2 Department of Health of Important: if Item 27 is any injury or other tre		21. Signature of Funeral Service Licensee 22. Name end Address of Facility		Dares Beac	
			Sewe11 Funera1 Ho 23a. Part1. Enter the disease, or complications that caused the death. Do not enter the mode of dying, such as car			Approximate interval Between
	Physician		shock, or heert failure. List only one cause on eech line.			interval Between Onset and Death
7	/Medical Examiner		Immediate Cause (Final disease or condition resulting in death)			3405
	LAdillile		Due to (or as a consequence of):			
Т	nsit	Examiner	DIABETES			
ó	that the death certificate be executed of by the attending physician and detached for use as the burfal-transit		Sequentially list conditions, if any, leading to immediate cause. Einter Underlying Cause (Disease or Injury that initiated events Due to (or as a consequence of):			
68760,	ate be nysicia	edical	Cause (Disease or Injury that initiated events resulting in deeth) Last Due to (or es a consequence of):			
-	certifica nding pl use as t		d			
Вох	death c	Physician/M	V			
P.O.	the de	ysic	Part It. Other significant conditions contributing to death but not resulting in the underlying causa given in Part t.			outs to the cause of death?
	law requires that the as been signed by th 2 should be detache	by Ph	HYPERTENSION	1	Yes 2 700 3	Probably 4 Unknown
rds	w requires that been signed is should be det		VASCULAR DISEASE	24a. We	s an autopsy 2-	4b. Were autopsy findings sveilable prior to
ecc	e law re has be ge 2 sho	Completed	VASCUARE DISERSE	_	omiled?	completion of cause of death?
<u>=</u>	The page	Con		10	Yes 2 No	1 Yes 2 No
Vita	sicien: The certificate rector, pag	Be	examiner	Death (Check only		
of		2			idence 8 Other (S	Specify)
Division of Vital Records,	To the Mospital or Attending Ph within 24 hours after death. To the Funeral Director: After th completely filled in by the funeral	Certification:	DENatural 5 Pending (Month, Dey Year) Injury Work? 2 Accident Investigation M 1 Yes 2 No	200. Describe	now injury occurred	
ivis	or Atte	ortho	3 Suicide 6 Could not be determined 28e. Placa of injury - At home, farm, street, factory, offica building, etc. (Specify)	28f. Location City or To	(Street and Number of own, State)	r Rural Route Number,
	To the Hospital or within 24 hours after To the Funeral Dir completely filled in		29a. Certifier 11 Certifying Physician: To the best of my knowledge, deeth occurred at the time, date end pi	lace, and due to the	CAUSA(s) and manne	v es stated
	Hoy Hoy Hoy Hoy Hoy Hoy Hoy Hoy Hoy Hoy	edical	(Check only one) 2 Medicat Examiner: On the besis of examination and/or investigation, in my opinion, death of end manner stated.	occurred at the time	, date and place, and	due to the cause(s)
	To the Hospital within 24 hours a To the Funeral Completely filled	M	29b. Signature and title of certifier 29c. License number		29d. Dete signed (M	Ionth, Day, Year)
			Church a 02965	7	7/9/	46
-	2		30. Name end address of person who completed caused death (Item 23a) (Type, Print)			
			Charles A. Judge Prince Frederick, M	id 20678		
	Sta Registra		31. Date filed (Month, Dey, Year) 32. Registrar's Signature Sturvisor Randall			

the species of the same and the

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				State of M		Cer	tificate	e of	Death		Reg. No.		
		1. Decedent's Name (First, A	Aiddla, Las	1)						2. Date of I		Mari	3. Time of Death
Physic /Medi		James		Stephen		Kempto	n			Septer	mber 7,	1996	7:00 A.M.
Exami		4a. Facility Name (If not instit	tution, give	street and number)		7		4	4b. City, Town, o	r Location of De		inty of Deat	h
		307 Ellswo	rth Pi	lace					Oxon H	i11	Pri	nce G	eorge's
Funeral Director		5. Social Sacurity Number 272–26–8541		X 7. Ag X M 2□ F	10 (In yrs.	last birthday) Yrs.	If Undar Months		If Under 24 H Hours M	8. Date of E (Month, March	Day, Year)	9. Birt Co Oh:	hplaca (Stata or Foraigr untry) 10
*		Usual Residenca of Deceder 10a. Slate 10b. Co			10c Ci	ity, Town or Loc	ration						10d Inside City Limite
of a	5	Maryland Prin		oorgo!s		Oxon Hi							10d. Inside City Limits 1 √ Yes 2 No
288	ect	10e. Street and Number	ice de	eorge s		OXOII III	10f. Zip	Code			10- 03:	-4.14Pr-1. Co	
0 8	ā	307 Ellswort	-h D1/	260				2074	5		10g. Citizen		unity /
78 20 ITM	era	11. Marital Status	_11 1 1.0	12. Was Decedent	Ever in U	J.S. 13.W				Specify Yes or I			rican Indian,
amine	by Funeral Director	1 Nevar Married 2 3 Widowed 4 Divo		Armed Forcas? 1 ☐ Yes 2 ☐ I If Yes, Give Year or Dates:	No		Yas, speci		Specify:	(Specify Yes or I arto Rican, etc.)		Black, White	e, atc.
E E			edent's Edu				ontio Heuri	al Camin	ation		40h Kinda	White	
Pedic	Completed	(Specify only h	ighest grad	le completed)		(Give k	kind of wor	nt's Usual Occupation ad of work done during most of working NOT use retired)			16b. Kind of Business/Indus		industry
2	оше	Elementary/Secondary (0-	12)	College (1-4or 5	5+)	Mechan			,		Unive	city	of Marylan
T,	BeC	17. Father's Name (First, Mic	Idle, Last)			riectian	ıcaı	DIIR		ame (First, Midd			Or harytan
ic ev	To B	Stanley Pau	ıl Ken	npton					Mar	y E. Pet	erson		
nume	-	19a. informant's Name/Relai				19b. Maiting	g Address	(Street		Rural Route Nun		wn, State, 2	Zip Code)
r tra		Kathleen J.	Kemp	pton/wife		307	E11sw	wort	h P1.,	Oxon Hil	1, Md.2	20745	
Department of Heelth and Mental Hygiene. Important: If item 27 is marked other than "natural", or items 23s or 28s-f show any Injury or other traumatic event, the Heologia Examines must be notified at once.		20a. Method of Disposition			20b. I	Place of Dispos cemetery, crem	ition (Nam	ne of	ne)	Date	20c. Locatio	on - City or	Town, State
		1 ☐ Burial 2 Ӂ Cremat 4 ☐ Ponation 5 ☐ Othe	ion 3 ∐F er <i>(Specify)</i>	Removal from Stata						/9/96	Alexand	iria,	Va.
		4 ponation 5 Other (Specify) Metropolitan Crematory 9/9/96 Alexandria, Va. 21. Signature of Funeral Survice Ligensee 22. Name and Address of Facility											
		George P. Kalas Funeral Home 6160 Oxon Hill Rd. Oxon Hill, Md.20745											
		HOMA	14	1 La 1	2	22.	Name and	d Addres		Funeral	Home	M4 20	77/5
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State Registrar Louis V Kau man, 31. Date filed (Month, Dey, Year) SEP 11 1996

M.D. 8926 Woodyard Rd., #602, Clinton, Md. 20735

32 Registrer's Signature

July Wheeler Reveal

Approximately Approximately

96-5154-047

Physici

Funerai Director

/Medic Examin Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible.

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Dini	ITEMS:	23 PART I, 27,	PErState of Maryland / Department of Health and Mental Hygie						
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Approximate Interval Between Onset and Death

Baltimore, permit. Peges 1 en Department of Heal Important: If Item 2. eny Injury or other	Baltimore, Maryland 21215-0020 permit. Peges 1 end 2 should be filed within 72 hours after death with the Maryland Department of Health and Mental Hygiene. Important: If fam 27 is marked other than "natural", or items 23e or 28e-f show any injury or other traumatic event, its Modest Example may be notified.
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.U		TLW 6-740 10/9/96 t.t Certificate of Death Reg. No.												
an ai	1. Decedent's Nama (First, Middle, Last) Ocean Skylander SUMUNDAR KHAN 2. Date of Death Month SEPT. 11, 199										1996	3. Time of Death 7:25 AM		
er	4a. Facility Name (If not institution, give street and number) 517 BAY STREET APT.C-1D								4b. City, Town, or Location of Dea BERLIN			ath 4c. County of Death WORCESTER		
Completed by Funeral Director	5. Social Security Nu None	6. Sex 1 ☑ M 2 ☐ F	7. Aga (In yrs. lest birthday) If Under Months Yrs.			Days 5		24 Hrs. Min.	8. Date of Bir (Month, De June	y, Year) Col		thplace (Stata or Foreign ountry) ryland		
	Usual Residence of Decedant 10a. State 10b. County Md. Worcester				10c. City, Town or Location Berlin					10d. tnside Ci 1 X 9 Yes				
	10e. Street and Num 517 Bay S		10f. Zip Code 10g. Citize US						en of What Country?					
				orces? 2 No ive	r in U.S. 13. Was Decedent of Hispanic Origin? (S If Yes, specify Cuban, Mexican, Puerl 1 Yes 2 No Specify:					(Specify Yas or No- erto Rican, atc.) 14. Raca - American Indian, Black, White, etc. White Specify:			etc.	
	15. Decedent's Education (Specify only highest grade completed) Elementary/Secondary (0-12) College (1-4or 5+)				16a. Decedent's Usual Occupation (Giva kind of work done during most of work life. DO NOT use retired)				16b. Kind of Business/Industry					
EO	Elementary/Secondary (0-12) College (1-40r 5+)	none						none			
To Be C	17. Father's Name (First, Middle, Last) Abdul S. Khan					18. Mother's Name (First, Middle, Maiden Surneme) Mary Nunn								
	19a. Informant's Name/Relationship (Type, Print) Mary M. Khan					19b. Mailing Address (Street and Number or Rural Route Number, City or Town, State 2718 (19de) 517 Bay St., Apt. Clo, Berlin, Md. 21811								
	15 Burlat 2 Cramation 2 DRamauel tram State C6					Place of Disposition (Name of comatary, cremetory or other piece) vergreen Cemetery 9-14-96 Berlin, Md.						7.01		
	21. Signatury of Funeral Service Licenses 22. Name and Addrass of Facility The Burbage Funeral Home 108 Williams St., Berlin, Maryland 21811													
	23a Parti. Enter the disease or complications that caused the death. Do not enter tha mode of dying, such as cardiac or respiratory arrest, Approximate Interval Between Organizations that caused the death. Do not enter tha mode of dying, such as cardiac or respiratory arrest, Approximate Interval Between Organizations that caused the death. Do not enter that mode of dying, such as cardiac or respiratory arrest, Approximate Interval Between Organizations that caused the death. Do not enter that mode of dying, such as cardiac or respiratory arrest, Approximate Interval Between Organizations that caused the death. Do not enter that mode of dying, such as cardiac or respiratory arrest, Approximate Interval Between Organizations that caused the death. Do not enter that mode of dying, such as cardiac or respiratory arrest,													

SUDDEN INFANT DEATH SYNDROME

Examiner

Immediate Cause (Final disease or condition resulting In death)

	Date to (or as a correspondence or).	
b. ———	Due to (or as a consequence of):	
c	Due to (or as a consaquence of):	
l d		

Sequentially list conditions, if any, leading to immediate cause. Entar Underlying	Due to (d	or as a consequence of):		1116	
Cause (Disease or Injury that Initiated events resulting in death) Last	Due to (c	or as a consaquence of):			
Part II. Other significant conditions or	ontributing to death but not res	sulting in the undarlying	cause given in Part I.		ntribute to the cause of death?	
				1 ☐ Yes 2 ☑ No	3 Probably 4 Unknown	
				24a. Was an autopsy performed?	24b. Were sutopsy findings available prior to completion of cause of death?	
				1. Yes 2 □ No	1 ☑ Yes 2 □ No	
			26. Place of De	ath (Check only one)		
25. Was case referred to medical examiner?		ER/Outpatient 3 D	ne XX Residence 6 □Other (Specify)			
examiner? XXYes 2 No	Hospital: 1 ☐ Inpatient 2 ☐	EN Outpatient 3 L		Tradition of man	,	
examiner?	28a. Date of Injury (Month, Dey Year)		28c. Injury at Work? 1 Yes 2 No	28d. Describe how Injury occur		

 Hospital or Attending Physician: The lew requires that the death certificete be executed
 24 hours after death.
 Funeral Director: After this certificate has been signed by the ettending physician end signed by the ettending physician end I be deteched for use as the burial-transit Division of Vital Records, P.O. Box 68760, filled In by the funeral To the Within 2 To the

29b. Signature and title of cartifier

29c. License number O.C.M.E 29d. Date signed (Month, Day, Year) SEPT. 12, 1996

30. Name and address of person who completed cause of death (Item 23a) (Type, Print)

Name and address of person who completed cause of death (Item 23a) (Type, Print)

Street, Baltimore, Maryland 21201

State Registrar

Medicai

31. Date filed (Month, Dey, Year)

32. Registrar's Signature This Saveler Redall

Please Type or Print in Black Indelible ink. Assure All Copies Are Legible.

State of Maryland / Department of Health and Mental Hygiene 96 287

Certificate of Death 1, Decedent's Name (First, Middia, Last) 2. Date of Death 3. Time of Death Month **Physician** Maurice B. Kina 12 1996 4:50 AM \$eptember /Medical 4a. Facility Nama (If not Institution, give street and number) 4b. City, Town, or Location of Death 4c. County of Death Examiner Salisbury Wicomico Wicomico Nursing Home If Under 1 Yaar | If Under 24 Hrs. 8. Date of Birth (Months Days Hours Min. (Month, Day, Year) 5. Social Security Number 6. Sex 7. Aga (In yrs. last birthday) Birthplace (State or Foraign Country) **Funeral** Months Days 1 M 2□ F 82 Yrs Director 203-01-1559 01-22,1914 Maryland Usual Rasidence of Deceden deeth with the Mandend parmit. Peges 1 and 2 should be filed within 72 hours effer deeth with the Marylen Department of Heelth and Mentel Hygiene. Important: if item 27 is marked other than "naturel", or flems 23a or 28a-f show any injury or other traumatic avent, the Medical Examiner must be notified at once. 10a. State 10b. County 10c. City, Town or Location 10d. Inside City Limits 1 □ Was 2 □ No Directo Md. Worcester Pocomoke City Maryland 10e. Street and Number 10f. Zio Code 10g. Citizan of What Country? 302Linden A venue 21851 United States Funeral 12. Was Decedent Evar in U,S. Armed Forces? 11. Marital Status Was Decedent of Hispanic Origin? (Specify Yas or No-if Yas, specify Cuban, Mexican, Puerto Rican, etc.) 14. Race - American Indian, Black, White, etc. 1 Yas 2 No 1 Nevar Married 2 Married altimore, Maryland 21215-0020 1 Yas 2 No Specify: Black Specify: þ 3 Widowed 4 Divorced Yaar or Datas: Completed 16a. Decedent's Usuel Occupation (Give kind of work done during most of working life. DO NOT use retired) 15. Decedent's Education (Specify only highast grade completed) 16b. Kind of Business/Industry Elementary/Secondary (0-12) College (1-4or 5+) Grade Laborer Feed Company 17. Father's Name (First, Middle, Last) 18. Mother's Name (First, Middle, Melden Sumame) Be Benjamin King Hattie Ann Beston 2 19a. Intormant's Name/Relationship (Type, Print) 19b. Melling Address (Street and Number or Rural Route Number, City or Town, State, Zip Code) 1330 N.54th StreetPhiladelphia, Pa. 19151
lace of Disposition (Nema of Dete 20c. Location - City or Town, Stata Rosie King Sister 20b. Place of Disposition (Nema of cemetery, crematory or other place) 20a. Method of Disposition
1 □ Rurial 2 □ Cremation 3 □ Removal from State James Cemetery 9/17/96 Pocomoke ,Md.21851 4 ☐ Donation 5 ☐ Other (Specify) ma and Addrass of Facility

12 Davis Ravage

Church V

Bo not antar tha mode of dying, such as cardiac or respiratory 21. Signature of Funeral Service Licensee Funeral Home Va . Part1. Enter the disease, or complication shock, or heart tailure. List only one can Approximate triterval Between Onsat and Death **Physician** Immediate Cause (Final disease or condition resulting in death) /Medical Examiner Examiner physician and the buriel-transit the deeth certificate be executed Sequentielly list conditions, if any, leading to immadiete cause. Enter Undarfying Cause (Disease or Injury that initiated events rasulting in death) Last Division of Vital Records, P.O. Box 68760, Physician/Medical Due to (or as a consequence ot): 68 980 ò ed by the e Part ti. Other aignificant conditions contributing to death but not resulting in the undarlying cause given in Part I. 23b. Did tobacco use contribute to the cause of death? signed by the 1 Yes 2 No 3 Probably 4 Unknown þ 24b. Ware autopsy tindings available prior to completion of causa of death? 24a. Was an autopsy performed? Completed D990 page 2 certificate has 1 ☐ Yes 2 ☑ No 1 ☐ Yes 2 ☐ No director. 25. Was casa reterred to medical examiner? Be 26. Place of Death (Check only one) Hospital: Other: 4 Nursing Home 5 Residence 6 Other (Specify) P 1 Yas 2 No 1 Inpatient 2 ER/Outpatient 3 DOA After this 28a. Date of Injury (Month, Day Year) funerai 27. Manner of Deeth 28b. Time of Injury 28c. Injury at Work? 28d. Describe how Injury occurred Certification: Attending 1 Natural 2 Accident 5 Pending investigation i or Attending after death. Director: After 1 Yas 2 No 3 Suicide 6 Could not be determined Hospital or Atte
 24 hours after de
 Funeral Directo 28f. Location (Street and Number or Rural Route Number, City or Town, Stete) 28e. Place of Injury - At home, tarm, street, tactory, office building, etc. (Specify) 4 Homicide 29e. Certifier Medical 1 🔀 Certifying Physician: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(s) and manner as stated. To the Hosp within 24 ho To the Fune completely f (Check only one) 2 Madical Examiner: On the basis of examination and/or invastigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and manner stated. 29b. Signatura and title of cartillier 29c. Licanse number 29d Data signed (Month, Day, Year) D02026 30. Name and address of person who completed cause of death (Item 23a) (Type, Print) 1622A Ocean Pines, Berlin, Md. 21811 F.G. Arthes, MD 31. Date tiled (Month, Dey, Year) 32. Registrar's Signature State SEP 16 1996 all Sandyor Revelate Registrar

DHMH 16 Ray 6/95

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State of Maryland / Department of Health and Mental Hygiene

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	Funeral Director		5. Social Security Number 214-10-4030 Usual Rasidance of Decedant	6. Sax 7. Ag 1⊠M 2□ F	a (In yrs. 89	last birthday Yrs.	Months Days		lin (Month	Birth Day, Year) L5, 1907	9. Birthpl Count	laca (Stata or try) MARYL	r Foreign AND				
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			Dr. Vasant 1				ceet, Hag	erstown	, Maryla	nd 21740)						
	Sta		31. Data tiled (Month, Day, Year)	32. Registra	ar's Signa	tura	A 44										
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DHMH 16 Rev 6/95

State of Maryland / Department of Health and Mental Hygiene 96 287 | 7

				Ce	rtificate of	Death		Reg. No.	0 2	.0111		
Dhuais	ion	1. Decedent's Neme (First, Middle, La	st)				2. Dete of D Month		Yeer	3. Time of Deeth		
Physic /Medi		Cynthia Sue			Lantz		September 10, 1996		4:00 PM			
Exami		4e. Fecility Neme (If not institution, giv	·	16.		4b. City, Town, or						
		12216 Hollybank	Drive			Ft. Wash	ington	Prin	ce Ge	orge's		
Funeral Director		237-00-7020	Sex 7. Age (In yrs. 52	last birthday, Yrs.	If Under 1 Year Months Deys		(Month D	irth ay, Year) 31,1944	9. Birthpl Count Cali	ece (State or Fore lry) fornia		
DU &		Usuei Residence of Decedent 10e. Stete 10b. County	100 CH	Town ort	a antion				Т.,			
short short	-			y, Town or L					10	od. Inside City Lim		
8a-f	Scto		George's I	t. Wa	shington					TESTOS ZUI		
86	P P	10e. Street end Number			10f. Zip Code		10g. (Citizen of Whet Country?			
238	<u>a</u>	12216 Hollybank D	rive		20744		0.5		USA			
s 1 and 2 should be filed within 72 hours after death with the Maryland if Health end Mental Hygiene. If Health end Mental Hygiene. Item 27 is marked other than "naturel", or items 23a or 28a-f show other traumatic event, the Medical Exercites must be inclined at	by Funeral Director	11. Marital Stetus 1 Never Married 2 Married 3 Widowed 4 Divorced	12. Wes Decedent Ever in U, Armed Forces? 1 ☐ Yes 2 ② No If Yes, Give Yeer or Dates:	S. 13.	Was Decedent of I If Yes, specify Cub 1 ☐ Yes 2 🏋 No		Specify Yes or N to Ricen, etc.)		14. Rece - American Indian, Black, White, etc. Specify: White			
S Inc	ted	15. Decedent's Ed	ducetion	16e. Dece	dent's Usuel Occup	petlon		16b. Kind of B	usiness/ind	ustry		
9 9	Completed	(Specify only highest gra Elementery/Secondary (0-12)	College (1-4or 5+)	life.	dent's Usuel Occup kind of work done DO NOT use retire	during most of wo	rking					
T the	EO	Ziomoniory/Secondary (S-12)	4	Cert	ified Pub	lic Acco	untant	nt Accounting				
of the state of th	Be	17. Fether's Neme (First, Middle, Last,			-	18. Mother's Ne	me (First, Middle	e, Maiden Surnan	10)			
ked ked	ToB	William Alfred	Vogelsang			Claud	ia Mae (Chapman				
z snould be fried within end Mental Hygiene. Is marked other than raumatic event, the M	-	19e. Informent's Neme/Relationship (Type, Print)	19b. Maili	ing Address (Street	t and Number or R	ural Route Numi	ber. City or Town.	State. Zin	Code)		
The train		Thomas J. Lantz	71-1		Hollyban							
t of Health If item 27 or other t		20e. Method of Disposition	20b. P	lace of Dispo	osition (Neme of		Dete					
		1 ☐ Buriei 2 ☐ Cremetion 3 ☐	Removel from Stete	emetery, cre	stery, crematory or other place)							
Department of Important: If any injury or once.		4 □ Donetion 5 □ Other (Specif					13/96	Clinton	, Mar	yland		
Department Important: I any injury o		21. Signature of Euneral Service Licer	1500		2. Name and Addre		norel H	000				
105 2 3		George P. Kalas Funeral Home 6160 Oxon Hill Rd. Oxon Hill, Md. 20745 23e. Pent. Enter the disease, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory errest, Approximate										
		23e. Pert1. Enter the disease, or complications that caused the death. Do not enter the mode of dying, such as cerdiac or respiratory errest, shock, or heart feilure. Ust only one cause on each line.										
hysician		shock, or neert reliure. List only one ceuse on each line.										
/Medical		Immediate Cause (Final	A - + 1						126			
xaminer	disease or condition resulting in death) Asthma Due to (or es a consequence of):									onths		
	ē		· ·			D:						
nsit	듵		Chronic Ob		1	Disease						
ettending physician and for use as the bunal-trensit	i Examiner	Sequentielly list conditions, if eny, leeding to immediate cause. Enter Underlying Cause (Disease or Injury that Initiated events	Due to (o	r es e conse	quence of):							
he b	edicai	that Initieted events resulting in deeth) Lest	Due to (or	as e consec	quence of):							
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ned by the etter	Physician/	Pert II. Other significant conditions of	ontributing to deeth but not rest	liting in the u	inderlying cause giv	ven in Pert I.		tobacco use co				
deta deta		Hypertension, Va	sculitis, Diab	etes.			1□	Yes 2 No	3 Prob	ably 4 Unkn		
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been si	Completed	Hvpercholestero1	emia				24a. Wes	s en eutopsy ormed?	949	re autopsy finding lable prior to		
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dentifica rector, p	Be	25. Wes case referred to medical				26. Place of De	eth (Check only	onel	1			
S Cer	ToB	exeminer? 1 Yes 2 No	Hospitel: 1 Inpatient 2	ER/Outpeties	nt 3 DOA Oth	hor		idence 6 Oth	or (Coorib)	1		
sth. r: Atter this e funeral o		27. Menner of Deeth		28b. Time o			7	how injury occur		/		
18 P	to	1 Neturei 5 Pending investigation	28e. Dete of Injury (Month, Day Year)	Injury	Wo	rk? Yes 2 □ No		,,				
865	Certification:	3 Suicide 6 Could not be				2 2 110	20f Location	(Ctroot and Numb	or or Gural	Davida Alventras		
Direct Direct 5 in by	닅	4 ☐ Homicide determined	28e. Piece of Injury - At ho building, etc. (Specify	me, term, sti	reet, rectory, office		City or To	(Street end Numb wn, State)	er or murar	House Wulliber,		
	T 1											
24 hours Funeral tely filled	edicai	29e. Certifier Check only 2 Medical Exam	ysician: To the best of my know linar: On the basis of examinet	viedge, deetl	h occurred et the tir	me, dete end plece	and due to the	ceuse(s) and ma	nner as sta	ited.		
		one)	end menner steted.	ion enach in	vestigetion, in my c	opinion, deeth occi	arred of the thire	date end piece,	and due to	(tie canse(s)		
To the Domple	2	29b. Signature end title of certifier	$\sim M_{\rm c}$		29c. Licens	se number		29d. Date signe	d (Month, D	ley, Year)		
-	1	11/1lean	k. (lotion.	, m	D-16	129		9/10/	/96			
1		w.willy)	· Lugari									
15)	30 Name and address of	completed anima of the state	2201 /	Daint\							
25		30. Neme end eddress of person who				11.60-						
25 Sta)	30. Name and address of person who william J. Oetg. 31. Date filed (Month, Day, Year)		Piscat	away Rd.	#600, C	linton,	Md . 2073	5			

DHMH 16 Rev 6/95

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State of Maryland / Department of Health and Mental Hygiene Certificate of Death 1. Dacadant's Name (First, Middla, Last) 2. Date of Death 3. Time of Death **Physician** Month Year Curtis Edward Lewis Sept
4b. City, Town, or Location of Death :28 PM 01, 1996 4c. County of Daath /Medicai 4a. Facility Nama (If not institution, give street and number) Examiner Prince George's Hospital Prince George's Cheverly If Under 1 Year | If Undar 24 Hrs. | Months Days Hours Min. 5. Social Sacurity Number 7. Aga (In yrs. last birthday) 8. Data of Birth (Month, Day, Year) Birthplace (State or Foreign Country) **Funeral** Days 10XM 2□ F 577-96-2634 Yrs Director 33 09-16-62 Washington_DC Usual Rasidance of Decedant the Meryland 10e State 10b. County 10c. City, Town or Location 10d. Insida City Limits 28a-f show 7 is marked other than "natural", or items 23s or 28s-f shov treumatic event, the Medical Examiner mansible notified as Maryland Prince George's Seat Pleasant Director 1X Yas 2 No 10e. Street and Number 10f. Zip Code 10g. Citizan of What Country? 905 Cedar Heights Drive 20743 deeth Funeral USA 12. Was Dacedent Ever In U,S. Armed Forcas? 14. Raca - American Indian, Black, White, etc. 13. Was Dacedant of Hispanic Origin? (Specify Yas or No-If Yas, specify Cuban, Maxican, Puerto Rican, etc.) 72 hours efter 1 ☐ Yes 2 TNo If Yas, Giva Yaar or Dates: 1 Navar Married 2 Married permit. Pages 1 and 2 should be filed within 72 hours eft Department of Haalth and Mental Hyglene. Important: If item 27 is marked other than "natural", or 1 any Injury or other treumatic event, the Medical Examinance. Baltimore, Maryland 21215-0020 1 ☐ Yas → XNo Specify: Black by 3 ☐ Widowed 4 ☐ Divorced Completed 15. Decedant's Education (Specify only highast grada complated) 16a. Decedant's Usual Occupation (Giva kind of work dona during most of working lifa. DO NOT usa ratired) 16b. Kind of Business/Industry Elamantary/Secondary (0-12) Collaga (1-4or 5+) 8th Private Laborer 17. Fathar's Nama (First, Middla, Last) 18. Mothar's Nama (First, Middla, Maldan Sumama) Rufus Lewis Lucille Turner 19a. Informant's Name/Ralationship (Type, Print) 19b. Mailing Addrass (Straat and Number or Rural Routa Number, City or Town, Stata, Zip Code) Edward Ijeomah/Stepfather 905 Cedar Heights Drive, Seat Pleasant MD 20743 20a. Mathod of Disposition 20b. Placa of Disposition (Nama of cematary, cramatory or other placa) 20c. Location - City or Town, Stata 1 ☐ Burlal 2 ☐ Cramation 3 ☐ Ramoval from Stata 4 ☐ Donation 5 ☐ Othar (Spacify) 9/7/96 Chesapeake Crematory Beltsville, Maryland 21. Signature of Funeral Sarvica Licensee 22. Nama and Addrass of Facility J. B. Jenkins Funeral Home Nance 23a. Part 1. Enter the discussed the death. Do not anter the mode of dying, such as cardiac or respiratory arrast, Approximate shock, or heart failure. List only one cause on each line. Percentre **Physician** /Medical Severe Gerebral anoxia tmmediata Causa (Final disaasa or condition rasulting In daath) Examiner bneumonitis physician and s the burial-transit thet the daeth certificate be axecuted Sequentially list conditions, if any, laading to Immadiata causa. Entar Undarlying Cause (Disease or Injury that initiated avants rasulting in death) Last P.O. Box 68760, Physician/Medical ettending Cardiomyopaflig Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 23b. Did tobacco was contribute to the cause of death? à 1 Yes 2 No 3 Probably Unknown been signed I should be det Records, þ Completed 24b. Wara autopsy findings available prior to completion of cause of death? 24a. Was an autopsy performed? page 2 certificate 1 PYas 2 No 1 Yes 2 No Division of Vital To the Hospital or Attending Physician: within 24 hours after death.

To the Funeral Director: After this certifica completaly filled in by the funeral director; p. 25. Was casa rafarred to medical axaminar? Be 28. Placa of Death (Check only ona) Hospital: 1 Inpatlant 2 ER/Outpatient 3 DOA 1 Yas 2 No Other: 4 Nursing Homa 5 Rasidance 6 Othar (Specify) edical Certification: To 27. Mapmer of Death 28a. Data of Injury (Month, Day Year) 28b. Time of 28d. Dascribe how Injury occurred 28c. Injury at Work? 5 Panding Manst 25/1946 1 ☐ Yas 2 ☐ No Invastigation 2 Accidant 6 Could not be datarmined 3 Sulcida 28a. Place of Injury - At homa, farm, streat, factory, offica building, atc. (Specify) 28f. Location (Street and Number or Rural Route Number, City or Town, Stata) 4 Homleida 1 Cartifying Physician: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(s) and manner as stated.
2 Medicat Examiner: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and manner stated. 29a. Certifian 29b. Signatura and titla of certifian 29d. Data signed (Month, Day, Year) 29c. Licensa number Sept 01,1996 wy 30. Nama and addrass of person who completed causa of death (Itam 23a) (Type, Print) Williams Prince Georges Cheverly Souce 32 Registrar's Signature 31. Data filed (Month, Day, Year) State SEP 0 9 1996

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State of Maryland / Department of Health and Mental Hygiene

						Certificate of	Death		Reg. No.	0 6	20/19
			1. Decedent's Neme (First, Middle, La	st)				2. Dete of De Month		Year	3. Time of Death
	ysicia Jedic		Naomi Theresa L	AWLESS				Septem		1996	12:10 AM
	amin	_	4a. Facility Neme (If not Institution, giv				4b. City, Town, or L	ocation of Deeth	4c. County	of Death	
			Doctors Communi	ty Hospital			Lanham			ice G	eorges
Fun Dire			5. Social Security Number 577–26–5239 Usual Residence of Decedent	DM 053.5	n yrs. last birt 77	hday) If Under 1 Yee Months Days		(Month, Da	b, Year) 5, 1918	9. Birthpl Count Wash	lace (State or Foreign try) nington, D(
ylend	旨		10a. State 10b. County	10	c. City, Towr	or Location				10	Od. Inside City Limits
Mer Mer	Della	Director	MD Prince (George's	Greenb	elt					1 No 2 No
章 5 9 2 8	g a	Dire	10e. Street and Number			10f. Zip Code			10g. Citizen of V	Vhat Count	try?
eth w	Aug .	ral	7010 Greenbelt	Road		20770			U.S.A.		
ar der	MEL	Funeral	11. Maritel Stetus	12. Wes Decedent Eve Armed Forces?	r in U,S.	13. Was Decedent of If Yes, specify Cu	Hispanic Origin? (S) ban, Mexican, Puert	pecify Yes or No o Rican, etc.)	- 14. Rac Biad	e - America k, White, e	
ire, Maryland 21215-0020 s 1 end 2 should be filed within 72 hours after deeth with the Menylend Fleath and Mental Hygiene. then 27 is marked other than "natural", or items 23s or 28s-f show	Exami	Š	1 ☐ Never Married 2 ☐ Married 3 🕅 Widowed 4 ☐ Divorcad	1 Yes 2 XNo If Yes, Give Year or Dates:		1 ☐ Yes 2 🕅 No	Specify:		Specify	Whi	.te
5-0 72 hc	dical	Completed	15. Decedent's Ed (Specify only highest gre	ducation de completed)	16a.	Decedent's Usuai Occu (Give kind of work done	upation e during most of wor	kina	16b. Kind of Bu	usiness/Ind	lustry
Ne signing	a Me	Jd III	Elementery/Secondary (0-12)	College (1-4or 5+)		(Give kind of work done life. DO NOT use retir	ed)		1		
laryland 212. 2 should be filed within and Mental Hygiene. 5 marked other than	n, E	ပ္ပ	10 17. Father's Name (First, Middle, Last,	<u> </u>	Ва	bysitter	18. Mother's Nem	o /Firet Middle	Day Ca		enter
Maryland 12 should be file h and Mental Hy is marked othe	>	Be C	Joseph McClosky				Queenie		Welder Surrain	9)	
laryi	meti	To	19e. Informant's Name/Relationship (19h	Mailing Address (Stree	•		er City or Town	State Zin	Code
end 2 s end 2 s ealth ar	tran	Í	Gerald McBride			620 Juneau					,
re, N s 1 end 2 f Health tem 27	othe		20a. Method of Disposition	1		Disposition (Name of y, crematory or other pl		Date	20c. Location -		
Page mt: H	7 0		1 A Burial 2 ☐ Cremation 3 ☐ 4 ☐ Donation 5 ☐ Other (Specif	Helliovel from Stele		ngton Nat'1		9/10/96	Suitla	nd. M	arvland
Baltimore, permit. Pages 1 en Department of Heal Important: If item 2	any inju	ŀ	21. Signature of Funeral Service Lice	1540		22. Name and Add	ress of Facility Gasch's Se	7/20/50	1 11	,	
n &&E	E 8		Henry	Eo. ()		4739 Ral	timore Av	ons rune	ral nom	e, P.	A.
			23a. Part1. Enter the disease, or comshock, or heert fatture. List only	pilcations thet caused the	death. Do n	ot enter the mode of dy	ring, such as cardiac	or respiratory a	rest,	ie, r	Approximate interval Between
Physic /Med			Immediate Cause (Fine)	Const		C. 1-	Λ	. 1	,01		Onset and Death
Exami	ner		disease or condition resulting in death)	a. Wright	/ (consequence of):	my)	nd lles	1 Loula.	e /	Ma 2 ()
		ner		Mari	0.4	consequence of):	an - 1-	Nisese		(1.000
L BOX 68760, death certificate be executed e attending physician and	rensi	Examiner	Sequentially list conditions, if any, leading to immediate	b. Due	to (or as a c	onsequenca of):	Jew-				1 4000)
50, 8 exe	nie l		if any, leading to immediate cause. Enter Underlying Cause (Disease or injury							i	
68760 ficete be e	the	edical	that initiated events resulting in death) Last	Due	to (or es e c	onsequence of):					
X 6 Sentific ding p		Σ	L	d							
Box eath cert	for use	clan									
IS, P.O. I res that the de- signed by the a	ached	Physician	Part II. Other significant conditions of			the underlying cause g	iven in Part i.				the cause of death?
S that	e det	by R	Mishate, Ma	Utus ty	- IL			10	Yes 2□No	Prob	pably 4 Unknown
I RECORDS, P.O. The law requires that the ste has been signed by the	q pin								en eutopsy	24b. We	ere autopsy findings allable prior to
av re	2 sho	Completed						perio	medr	con	mpletion of cause death?
The law	page	E						10	res 200 No	1 🗆	Yes 2 No
		Be	25. Was case referred to medical examiner?				26. Place of Dea	th (Check only o	ne)		
<u>e</u> ≥ .e	al dire	2	1 □ Yes	Hospital: Inpatient	2 ER/Out	patient 3 DOA	ther: 4 Nursing H	ome 5 Resid	denca 6 □Oth	er (Specify)
ng P	<u> </u>	 	27. Manner of Death 1 ☐ Ivatural 5 ☐ Pending	28e. Date of injury (Month, Day Ye	28b. T	ijury W		28d. Describe	now Injury occur	ed	
SION tending Fleath.	the	cati	2 Accident investigation 3 Suicide 6 Could not b	A			Yes 2 No				
DIVISION or Attending after death. Director: After	D D	Certification:	4 Homicide determined	28e. Place of Injury building, etc. (S	- At home, far Specify)	m, street, fectory, office		281. Location (3 City or Tox	Street and Numb vn, State)	er or Rural	Route Number,
DIVISION To the Hospital or Attendin within 24 hours after death. To the Funeral Director: Aft	ely tille	edical C	29a. Certifier Check only 2 Medical Exam	ysician: To the best of m	y knowledge,	death occurred at the t	time, dete and place	, and due to the	cause(s) and ma	inner as sti	ated.
the H	plet		one)	and manner stated							
PEP	00	Σ	29b. Signature end title of certifier	1.		29c. Licer	se number		29d. Date signer		
(1)	-		Como		1)}	6161		1 - 1	-95	•
U			30. Name and address of person who		(item 23a) (Type, Print) ANNABO	ind	LANK		, 7.	0)06
	Sto	_	31. Date filed (Month, Day, Year)	32. Registrar's		1 1/2 / 2/01/01	- 1				, ,
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State of Maryland / Department of Health and Mental Hygiene 96

						Cei	rtificate	of L	Death			Reg. No.	20	. 0 1 . 0
		1. Decedent's Nam	e (First, Middle, L	.ast)							2. Dete of De		7111	3. Time of Death
Physici			HA	WNAH		LUCAS					Month QFP77	MSLX	4 - 1996	8:30Am
/Medic Examin		4a. Facility Name (If not institution, g	ive street and nu				4	b. City, To	wn, or L	ocation of Deet		unty of Death	
LAGIIII	E	0		MANI		400 200	74/		PI	1.	201	-	MINE	P=0.150
		5. Social Security N		Sex		. last birthday)	if Under 1 Y	ear	If Under	24 Hrs.	8. Date of Bir			CA CA OLS
Funeral				1□M 21 F	85	Yrs.		eys	Hours	Min.	(Month, De	ay, Year)		place (Stete or Foreign
Director		252-30-6 Usuai Residence o			0.0					L	3/10	/11	Edg	efield,SC
pue *		10a. Stete	10b. County		10c. C	ity. Town or Lo	cation							10d. Inside City Limits
sho	7	MD		0										1 X Yes 2 □ No
r 28a-f show	Sct	MD		Georg	es	linto								1107 117 - 117
death with the Meryland ms 23a or 28a-f show f must be notified at	Director	10e. Street and Nu	mber				10f. Zip Co	de				10g. Citizer	of What Cou	ntry?
23 av		924 St	tuart L	ane			207	735	5			U	SA	
9 4	Funeral	11. Marltai Status		12. Wes Dec Armed F	edent Ever in I	U,S. 13.	Wes Decedent	of Hi	spanic Or	igin? (Sp	ecify Yes or No Rican, etc.)) - 14.	Race - Ameri Biack, Whita,	
5-0020 72 hours after of natural, or itea		1 Never Man	ied 2 Merried		2X No		1□Yes 2□	_	Specify:		, , , , , , , , , , , , , , , , , , , ,			
Mr. Par	by	3	4 ☐ Divorced	Year or [Detes:		10 100 20	1410	Spacity.			Sp	ecify: B	lack
5-0020 72 hours at netural", or use Exem	Completed	(600	15. Decedent's I	Education		16a. Deced	dent's Usuai O	ccupa	ition	A = 6		16b. Kind	of Business/In	dustry
within one.	ple	Elementary/Seco	ondery (0-12)		1-4or 5+)	life.	kind of work d DO NOT use r	etired,)	SE OF WORK	ung			
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	BeC	17. Father's Name	(First, Middle, Las	st)							e (First, Middle			
T T T T T	9	Peter	Cohen						Ed	ith	Crawf	ord		
aryida should b nd Menta marked imetic e	2	19a. informant's N		(Type Print)		19b Mailir	on Address (S	troot o	nd Numb	or or Pur	ral Route Numb	or City or To	oum State 7	n Codel
Maryia d 2 should th and Mer the marke traumatic			L. Coh		d+r		-							
2 2 2 4 7				en Gin		Piece of Dispo			LIE.	Dr.				D 20748
0 00		20a. Method of Dis	Cremetion 3	□Removai from		cemetery, crer	natory or other	rplace	Θ)	1	Date 0		ion - City or T	
Pag Pag nent ant: I			5 Other (Spec			Washi	ngton	Nε	at 10	nal	9/7/96	Was	h., D	. C.
DESIGNATION OF PAGES 1 8 Department of He Important: If New any Injury or other once.		21. Signeture of Fu	neral Service Lice	ense <i>e</i>	1000	22	. Name and A	ddres	s of Facili	ty	Funera	1 11 -	_	
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Physician /Medicai		Immediate Cause	(Final		11									A 1. A
Examiner	81	Immediate Cause disease or condition resulting in death)	n (rinai	a	1 YOSE D	515				_				14den
		resenting in death)		6		or as a consec	uence of):	12						1 1
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nd trans	Examiner	Sequentially list co	nditions,		Due to	oras a consec	uence of):	P			ntia			
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A COLOU, entificate be axecuted ding physician and se as the bunal-transit	Medical	triat initiated events		c	Due to (or es a conseq	uenca of):	0	CEV	VW	vaca			101
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the death of the offer u	Ca													
ires that the death signed by the etter d be detached for	Physician	Part II. Other signif	icant conditions	contributing to d	eath but not re	sulting In the u	nderlying caus	e give	n in Pert I	l.	23b. Did	tobacco us	contribute t	o the cause of death?
that the led by th detache	듄										10	Yes 20	No 3 Pro	bebly 4 Unknown
he law requires the hes been signed as should be considered.	þ													
v requires been sign should be	Completed											an autopsy ormed?	8/	ere autopsy findings
law n	pie												/ cc	ompletion of cause death?
The law ate hes page 2	E										10	Yes 201	do 1	□Yas 2□No
sicien: Tr certificate linector, pa		25. Was case refer	red to medical	T									40	□ 169 2□ 140
Physicien: The this certificate ral director, pag	Be	axaminer?	/	Hospitai: 🗸	/			Othe	96.		th (Check only			
- S 00	2	1 Yes 2 2		1 1		ER/Outpatien			40190	ursing Ho	ome 5 Resi			fy)
Attending Phr or death. ector: After thi	0	1 Natural	5 Pending		of injury th, Dey Year)	28b. Time of Injury		Injury Work			28d. Describe	now injury o	ccurred	
or Attending efter death. Director: After	cat	2 Accident	investigati				М	101	/es 2□	No				
ler d	=	3 ☐ Suicide 4 ☐ Homicide	6 Could not determine	d 200. Place	of injury - At h	nome, farm, str	eet, factory, of	fice			28f. Location (City or To		lumber or Run	al Route Number,
To the Hospital or Attention within 24 hours effect desired to the Funeral Directors: completely filled in by the	Certification:			23/10	J (2000)	**					, - , , -			
hour hour ners y fills		29a. Certifier	1 Certifying P	hysician: To the	best of my kn	owiedge, death	occurred at th	ne tim	e, date en	nd place,	and due to the	cause(s) an	d manner as a	stated.
To the Hospital within 24 hours of the Funeral completely filled	edicai	(Check only one)	2 Medicai Exa	miner: On the b	asis of examin- iner stated.	etion end/or Inv	estigation, in	my op	inion, dee	th occur	red at the time,	date and pla	ace, and due t	o the cause(s)
of the composite of the	Me.	29b. Signatuse end	title of certifier		i a	0.0	29c. Li	cense	number		/	29d. Date s	Igned (Month,	Pay, Year)
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Sta	te	31. Date filed (Mon		37	legistrar's Sign	ature								/
Registr	ar	3E	P1 0 19	50 /4	al limited	ALDRANT TE								

Burney Commencer

Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene 6 Certificate of Death 1. Decadant's Nama (First Middle Last) 2. Data of Daath **Physician** Month Day Year

September 13 1994

4b. City, Town, or Location of Deeth 4c. Count of Death Month ABAN ODERT 5:05 Am /Medicai 4a. Facility Name (If not Institution, giva street and number) Examiner P.G. Gen. Hospital Cheverly If Under 1 Year 5. Social Sacurity Number 7. Age (In yrs. last birthday) 9. Birthplaca (State or Foraign Country) **Funeral** 00 M 2□ F Days Hours Yrs. Director 38 Usuel Rasidance of Decedant 10a State 10b. County 10c. City, Town or Location 10d. Insida City Limits 28a-f show traumatic event, the Medical Examiner must be notined at 5981 Steven Reid Rd., Huntingtown 1 ☐ Yes 2 ☑ No Director MD CALVERT 10e. Straat and Number 10f. Zip Coda 10g. Citizen of What Country? Herrs 23a 5981 Steven Reid Rd. Funeral 20639 USA 12. Wes Dacedant Ever in U,S.
Armed Forces?

1 Yas 2 No
If Yes, Give
Yaar or Datas: Was Dacedent of Hispanic Origin? (Specify Yes or No-If Yas, specify Cuban, Mexican, Puerto Ricen, atc.) 14. Race - American Indian, Black, Whita, atc. 1 Never Married 2 ☐ Married Baltimore, Maryland 21215-0020 "natural", or 1 ☐ Yas 2 ☑ No Specify: þ 3 ☐ Widowed 4 ☐ Divorced Specify: Black Completed 15. Decedant's Education (Spacify only highest grada complated) 16a. Decedant's Usual Occupetion (Giva kind of work dona during most of working lifa. DO NOT usa retired) 16b. Kind of Business/Industry Auto Salesman permit. Pages 1 and 2 should be filed within Deportment of Health and Mental Hygiene. Important: if item 27 is marked other than "any Injury or other traumatic event, the Magnes. Elemantary/Secondary (0-12) Collaga (1-4or 5+) Handy Man 12th Grade 17. Fether's Name (First, Middla, Last) 18. Mothar's Nama (First, Middle, Maiden Sumama) John Long Pearline Steele 19a. Informant's Name/Ralationship (Type, Print) 19b. Mailing Addrass (Straat and Number or Rural Routa Number, City or Town, Stata, Zip Coda) 5981 Steven Reid Rd. Hubtingtown, MD 20639 John Long 20a. Mathod of Disposition 20b. Place of Disposition (Nama of cematary, cramatory or other place) 20c. Location - City or Town, State 1 ☐ Burial 2 ☐ Cremetion 3 ☐ Ramovel from Stata 4 ☐ Donation 5 ☐ Othar (Spacify) Fun. Home Clinton, MD Lee's 21. Signature of Ethneral Service Ligetia 22. Nama and Addrass of Fecility 20639 Berry Fun. Home 3690 Solomons Island Rd.

Do not anter the mode of dying, such as cerdiac or respiratory arrest, List only one cause on each line. Island Rd. Huntingtown, Md Approximata Intervel Batwaan Onset egd Death **Physician** /Medicai Immediate Ceusa (Final diseasa or condition rasulting in daath) Examiner Physician/Medical Examiner nding physician and use es the buriel-transit or Attending Physician: The law requires that the death certificate be executed Sequantially list conditions, if any, laading to immadiata causa. Entar Undarlying Causa (Disaasa or Injury that initiated evants rasulting in daath) Last Dua to (or es a consequence of): P.O. Box 68760, Dua to (or as a consequance of): Part II. Other significant conditions contributing to death but not rasulting in the undarlying ceusa givan in Part I. 23b. Did tobacco use contributa to the cause of death? 1 Yes 2 No 3 Probably 4 Unknown Division of Vital Records. Be Completed by 24b. Wara autopsy findings eveileble prior to completion of cause of daath? 24a. Was an autopsy performed? 2 No 1 ☐ Yes 2 ☐ No s case reterre 28. Placa of Death (Check only ona) Othar: 4 Nursing Homa 5 Rasidance 8 Othar (Specify) 2 No 1 inpatiant Certification: To 2 ER/Outpatient 3 DOA this illed in by the funeral To the Hospital or Attending Ph within 24 hours efter death. To the Funeral Director: After th completely filled in by the funeral 27. Manyler of Death 28a. Data of Injury (Month, Day Year) 28b. Time of 28d. Dascribe how Injury occurred 28c. Injury at Work? 1 Natural 5 Panding invastigation 1 Yes 2 No 2 Accidant 6 Could not be datarmined 3 Suicide 28a. Place of Injury - At homa, farm, streat, factory, offica building, atc. (Specify) 28f. Location (Street and Number or Rural Routa Number, City or Town, Stata) 4 | Homicida

Medical

29s. Certil

29b. Sign

LEWIS 31. Data filed (Month, Day, Yaar) State Registrar SEP

and title of certifie

30. Nama and addrass of person who completed ceusa of death (Itam 23a) (Type, Print)

1996

M.D DENNIS 6201 32. Registrer's Signatura Julia Dhuilem Radall

DHMH 16 Rev 6/95

29c. License numbe

417

Greenbelt Rd.

1 Certifying Physician: To tha best of my knowledge, death occurred at the time, data and place, and due to the ceuse(s) and manner as stated.
2 Medical Examiner: On the basis of examination and/or invastigation, in my opinion, death occurred at the time, data and place, and due to the ceuse(s)

29d Date signed (Month, Day, Year)

TOTAL THE STREET, A STREET, THE LAND TOTAL AND A STREET,

Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene Amended #10e, 19a, 9/24/96, M.T., Cal. Co Certificate of Death 1. Decedant's Nama (First, Middla, Last) 2. Data of Death 3. Time of Death **Physician** SEPTEMBER 14, 1996 1705 CHARLES G. LAZARZ /Medical 4b. City, Town, or Location of Death 4a. Facility Nama (If not Institution, giva street and number) 4c. County of Death **Examiner** Prince Frederick Calvert Calvert Memorial Hospital If Under 1 Year If Under 24 Hrs.
Months Days Hours Min. 5. Social Security Number 7. Aga (In yrs. last birthday) Birthplace (Stata or Foreign Country) 8. Data of Birth (Month, Day, Year) **Funeral** 1 M 2 □ F 73 167 24 0342 Yrs. **Director** February 7 1923 Pennsylvania Usual Rasidence of Dacedant with the Maryland 10a. Stata 10b. County 10c. City, Town or Location ral", or items 23a or 28a-f show Examiner must be notified at 10d. Inside City Limits 1 ☐ Yas 2 XNo Maryland | Calvert Director Lusby 10e. Street and Number 604 Peace Pipe Court 10f. Zip Coda 10g. Citizen of What Country? 20657 United States 804 Peace Pipe Court Pages 1 and 2 should be filed within 72 hours after death a ment of Health and Mohall Hygiene.
metric filed 27 is marked other than "natural", or items 23a ury or other traumatic event, the Medical Exercition mail Funeral 12. Was Decedant Evar in U,S. Armed Forcas? Was Decedant of Hispanic Origin? (Specify Yas or No-If Yas, specify Cuban, Maxican, Puarto Rican, atc.) 14. Race - Amarican Indian, Black, Whita, atc. 11. Marital Status 1 Yas 2 No If Yas, Giva Yaar or Datas: 41 – 49 1 Navar Marriad 2 Married Baltimore, Maryland 21215-0020 1 ☐ Yas 2 ☐No Specify: Specify: white 2 3 Widowed 4 Divorced Completed 16a. Decedant's Usuai Occupation (Giva kind of work dona during most of working lifa. DO NOT use retired) 15. Decedent's Education (Specify only highast grada complated) 16b. Kind of Businass/Industry Elementery/Secondery (0-12) Collega (1-4or 5+) construction Steamfitter 11 17. Fathar's Nama (First, Middla, Last) 18. Mothar's Nama (First, Middla, Maidan Sumama) Stella Goucosnie George Lazarz DOTOCHY Name/Ralationship (Type, Print) 19b. Mailing Addrass (Street and Number or Rural Routa Number, City or Town, State, Zip Code) same as #10 Dorohy H. Lazarz 20b. Place of Disposition (Nama of comatary, cramatory or other placeptember 16 1996 20c. Location - City or Town, State Metropolitan Funeral Service Alexandria, Virginia 20a. Mathod of Disposition permit. Pages
Department of
important: If Its
eny injury or o 1 ☐ Burial 2 ☐ Cramation 3 ☐ Ramoval from Stata 4 ☐ Donation 5 ☐ Othar (Specify) 21. Signatura of Funaral Service Licensee 22. Nama and Addrass of Facility Rausch Funeral Home, PA 4405 Broomes Is. Rd. POrt Republic Maryland 20676 23a. Pert1. Entar tha diseasa, or complications thet causad tha daath. Do not enter the moda of dying, such as cardiec or respiretory arrest, shock, or haart feilura. List only ona causa on aach lina. Approximete tntarval Between Onset and Deeth **Physician** /Medical Immediata Cause (Final MYELOGENOUS ALUTE LaukimIA Z WEEKS disaasa or conditior resulting in death) Examiner Dua to (or as a consequence of): Physician/Medical Examiner ician and burial-transit The lew requires that the death certificate be executed Sequantially list conditions, if any, leading to immadiata cause. Entar Underlying Causa (Diseasa or injury that initiated surgers) Dua to (or as a consequence of): Records. P.O. Box 68760, physician tha buria that initiated evants rasulting in death) Last Dua to (or as a consequence of): 88 usa signed by the e Part II. Other significant conditions contributing to death but not rasulting in the underlying causa givan in Part I. 23b. Did tobacco use contribute to the cause of death? 1 Yss 2 No 3 Probably 4 Unknown þ 24a. Wes an autopsy performed? 24b. Wara autopsy findings available prior to completion of cause of deeth? Completed paga 2 1 ☐ Yas 2 ☐ No certificate 1 Yas 2 No Division of Vital Hospital or Attending Physician: funeral director, 25. Was casa rafarred to medical axaminar? Be 26. Place of Death (Check only ona) Hospital: Othar: 4 Nursing Homa 5 Rasidance 8 Othar (Specify) Medical Certification: To 1 Yas 1 ☐ Inpatiant 2 ☐ ER/Outpatient 3 ☐ DOA 210 No this 28a. Data of Injury (Month, Day Year) 27. Manner of Daath 28b. Time of 28d. Dascribe how injury occurred 28c. Injury at Work? After 5 Panding invastigation 1 Neturai after death. 1 Yas 2 No 2 Accident tha 8 Could not be datarmined 3 Sulcida 281. Location (Street and Number or Rural Routa Number, City or Town, Stata) 28a. Place of Injury - At homa, farm, straat, factory, office building, atc. (Specify) filled in by 4 Homicide 24 hours a Funeral C 29e. Cartifian 1 Certifying Physician: To the best of my knowledge, deeth occurred at tha tima, data and place, and dua to tha causa(s) and mannar as stated. (Check only one) 2 Medicat Examiner: On the basis of examinetion end/or invastigation, in my opinion, deeth occurred at the time, date and place, and due to the cause(s) and manner stated. Tothe within 2 To the 29b. Signatura and title of certifiar 29c. Licansa number 29d. Data signed (Month, Day, Year)

M.D., PRINCE FREDERICK, MD. 20678

32. Ragistrar's Signatura.

26

State Registrar

30. Name and addrass of person who complated causa of daath (Item 23e) (Type, Print)

1996

PETER WISNIEWSKI,

SEP

31. Data filed (Month, Day, Year)

State of Maryland / Department of Health and Mental Hygiene 9 6

28723

1. Decedant's Nama (First, Middla, Last) 2. Data of Death Month Day Year	
	3. Tima of Death
/Medical KWOK Chong Lee Sept 5, 1996	4:00 P,M
Examiner 4a. Facility Name (If not institution, give street and number) 4b. City, Town, or Location of Death 4c. County of Death	
SHADY GROVE ADVENTIST HOSPITAL ROCKVILLE MONTGOM	
Director Sept 19, 1933 Chi	thplace (Stata or Foreign ountry) na
Usual Rasidance of Decedant 10a. Steta 10b. County 10c. City, Town or Location	10d. Insida City Limits
6 Maryland Montgomery Germantown	1 Yas X No
10e. Street and Number 10f. Zip Coda 10g. Citizan of What C	puntry?
Maryland Montgomery Germantown 10e. Street and Number 10f. Zip Coda 10g. Citizan of What Company 20876 2087	
11. Marital Status 12. Wes Decedent Evar in U,S. Armed Forces? 13. Wes Decedent of Hispanic Origin? (Specify Yea or No-lif Yas, specify Cuban, Maxican, Puerto Rican, etc.) 14. Rece - Am	erican Indien,
Armed Forcas? 1 □ Nevar Married 2 □ Merried 1 □ Nevar Married 2 □ Merried 1 □ Yas, Give 1 □ Yas, Specify Cuban, Maxican, Puèrio Rican, etc.) Black, Whi	ta, atc.
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Hing Toy Lee Chu Wai Chun Lee 19a. Informant's Name/Ralationship (Type, Print) 19b. Mailing Addrass (Street and Number or Rural Routa Number, City or Town, State, 20333 Watkins Meadows Drive, Germantown	Zip Code)
Wong Kit Man Lee 20333 Watkins Meadows Drive. Germantown	
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Stan Sou E. Marsolm Old Alexandria Ferry Road, Clinton, M.	aryland 207
23a. Part1. Enter tha diseasa, or complications that caused tha death. Do not antar the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line.	Approximata Intarvai Batween
Physician Pt C C C C C	Onset and Deeth
/Medical Immediata Causa (Final disease or condition fastilition in death) Examiner (Assisting in death) a. a.	2 days
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Sequentially list conditions, if any, leading to immadiate cause. Entar Underlying Cause (Disease or Injury C.	
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24a. Was an autopsy performed?	completion of cause of daath?
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E S O 1 Matural 5 □ Panding (Month, Day Year) Injury Work?	
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SEPT 6	1996
30. Name and addrass of person who complated causa of daath (New 23a) (Type, Print)	
State 31. Data filad (Month, Day, Year) 32. Registrar's Signatura	
Registrar SEP 1 7 1996 Lin Dawdson Randell	

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DIVISION OF VITAL RECORDS, P.O. BOX 68760	HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page
5	90
	HOSPITAL
	8.6.7

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE STATE REGISTRAR CERTIFICATE OF DEATH 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 3. TIME OF DEATH (Laude ewis 2321 SEPTEMBER 14. 1996 4. SOCIAL SECURITY NUMBER 6. AGE (In yrs. lest birthday) IF UNDER 1 YEAR | IF UNDER 24 HRS. 7. DATE OF BIFTTN 8. BIRTNPLACE (State or Foreign March 28, 225-40-2692 1 M 2 - F Virginia 67 YRS. Pages 1, 2, 3 should as. FACILITY NAME (If not institution, give street and number 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATN WICOMICO DIRECTOR PENINSULA REGIONAL MEDICAL CENTER SALISBURY RESIDENCE OF DECEDENT 10a. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY Viiginia Wattsville Accomack 1 X YES 2 NO permit. 10e. STREET AND NUMBER FUNERAL 10f. ZIP CODE 10g, CITIZEN OF WHAT COUNTRY? 33053 (ollins Lane Jeath, Page 6 may be retained by the hospital or attending physician, funeral director, page 5 should be detached for use as the buriat-transit 23483 S. A 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO IF YES, GIVE WAR OR DATES 11. MARITAL STATUS 13. WAS DECENDENT OF NISPANIC ORIGIN? (Specify Yea or NoIf yes, specify Cuben, Mexican, Puerto Rican, etc.)
1 YES 2 NO Specify: 14. RACE — American Indian, Black, White stc. Specify: White 1 Never Married 2 Married BY 3 Widowed 4 Divorced COMPLETED 15. DECEDENT'S EDUCATION (Specify only highest grade complet 16a. DECEDENT'S USUAL OCCUPATION 16b. KIND OF BUSINESS/INDUSTRY (Give kind of work done life. Do NOT use retired.) nentary/Secondary (0-12) College (1-4 or 5 +) Line Worker Eastern Shore Seafood notified at once. 17. FATHER'S NAME (First, Middle) Last) 16. MOTNER'S NAME (First, Middle, Maiden Surname) Lewis Anna Maude Timmons BE 19a. INFORMANT'S NAME (Type/Print) 9 Barbara Lewis 33053 Collins Lane, Wattsville, Virginia 23483 20e, METHOD OF DISPOSITION
1 DE Buriel 2 Cremation 3 Removal from State
4 Donation 5 Other (Section 2) must be 20b. PLACE AND DATE OF DISPOSITION (Name of DATE 20c. LOCATION -- City or Town, State Temperanceville, John Taylor (emetery 9-17-96 22 NAME AND ADDRESS OF FACILITY HOME medical examiner 21. SIGNATURE OF FUNERAL SERVICE LICENSEE Gonslan (hinco teague, Virginia 23336 filled in by the 23. PART I. Enter the diseases, or complications that ceused the deeth. Do not enter the mode of dying, such as cardiac or respiratory arrest, Approximata shock, or heert failure. List only one ceuse on each ilne. Interval Batween 6 IMMEDIATE CAUSE (Fine) Onset and Death cremation, or other traumatic event, the disease or condition and completely for burial, cremation ou (aucev resulting in death) DUE TO (OR AS A COMSEQUENCE OF): nestou CERTIFICATION Sequentially list conditions, DIE TO (OR AS A CONSEQUENCE OF): Hygiene prior to If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury signed by the attending physician Health and Mental Hygiene prior to DUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in death) LAST item 23 shows any injury, PART II. Other significent conditions contributing to deeth but not resulting in the underlying ceuse given in Part i. 24a. WAS AN AUTOPSY PERFORMED? MEDICAL 24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE 1 YES 2 NO 1 YES 2 NO been t. of h DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES NO UNCERTAIN PHYSICIAN: Dept. 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 26. PLACE OF DEATH (Check only one) the State I HOSPITAL:
1 [Il Inpetient 2 | ER/Outpetient 3 | DOA OTHER: 1 YES 2 NO 4 Nursing Home 5 Residence 6 Other (Specify) 6 27. MANNER OF DEATH 28a. DATE OF INJURY 28b. TIME OF INJURY 28c. INJURY AT WORK? 26d. DESCRIBE NOW INJURY OCCURED this c 28 is marked, 1 Natural After the death w 1 YES 2 NO BY 2 Accident Investigation 26a. PLACE OF INJURY - At home, farm, street, factory, office 281. LOCATION (Street and Number or Rural Route Number, City or Yown, State) 3 Suicide COMPLETED 8 Could not be DIRECTOR: hours after 4 Nomicide If Item 29a, CERTIFIER CERTIFYINO PNYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(s) and manner as stated. FUNERAL within 72 1 2 __ MEDICAL EXAMINER: On the basis of exemination end/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and manner as stated. TO THE HOSPITA
TO THE FUNERA
De filed within 72
IMPORTANT: I 296. SIGNATURE AND TITLE OF CENTIFIER 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Ybar) BE Lien 5 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

mu100

38. REGISTRAR'S SIGNATURE

wer

SA,

sclon

SEP 16 1996

C

Film G740 item 23,27 per ME State of Maryland / Department of Health and Mental Hygiene 10-2-96 rja Certificate of Death

Columbia

Hours

If Undar 1 Yaar | If Undar 24 Hrs.

Deys

Months

10f. Zlp Code

21044

4b. City, Town, or Location of Deeth

Birthpleca (Steta or Foreign Country)

10d. Inside City Limits

1⊠ Yas 2□ No

1914 Washington, D.C.

3. Tima of Deeth

Physiclan
/Medical
Examiner

MERRIKEN, JR. JOHN **EDGAR** 4e. Facility Neme (If not institution, give street and number)

1⊠M 2□ F

2. Dete of Death Month Day SEPT.11,1996

6. Date of Birth (Month, Dey, Feb. 28

15:33 P 4c. County of Deeth

HOWARD

Funeral Director

rel', or items 23s or 28s-f show Examiner must be nutfied at

lid be filed within 72 hours after de ental Hygiene. ked other than "naturel", or Item ic event, the Mad cal Example I

7 is marked other treumatic event, t

. Pages 1 and 2 should be file timent of Health end Mental Hi tant: If item 27 Is marked oth jury or other treumatic even

permit. Page Department of Important: If any Injury or once.

Completed by

Be

the Maryland

with

death

21215-0020

Baltimore, Maryland

579-52-7727

Usuel Rasidenca of Decedent 10a, State 10b. County Director Maryland Howard 10e. Street and Number 10802 Hunting Lane Funeral

5. Sociel Sacurity Number

1. Decedent's Neme (First, Middle, Last)

10802 HUNTING LANE

12. Wes Decedent Evar in U,S. Armed Forces? 1X Yes 2 □ No If Yes, Give Yeer or Dates:1932-1960

 Was Dacedent of Hispenic Origin? (Specify Yas or No-if Yas, specify Cuban, Mexican, Puarto Ricen, etc.) 1 Yes 2 No Specify:

14. Race - American Indian, Bleck, Whita, atc. Specify: White

10g. Citizan of What Country?

USA

15. Decadent's Education (Specify only highest grade completed) Elemantary/Secondery (0-12)

College (1-4or 5+)

7. Aga (In yrs. lest birthday)

Yrs.

10c. City, Town or Location

Columbia

82

16a. Decedent's Usuel Occupetion (Give kind of work done during most of working life. DO NOT use retired) Officer

U.S. Army

20c. Location - City or Town, State

16b. Kind of Businass/industry

17. Father's Name (First, Middla, Last)

1⊠ Never Merried 2□ Married

3 ☐ Widowed 4 ☐ Divorced

John E. Merriken, Sr.

Wilhelmina Tuerre

19e. Informent's Name/Reletionship (Type, Print)

19b. Meiling Addrass (Street and Number or Rural Route Number, City or Town, State, Zip Code) 20905 Lynne Tuerke Merriken Barb/Niece 2141 Briggs Chaney Road, Silver Spring, Maryland

Dete

18. Mother's Neme (First, Middle, Maiden Surnama)

20b. Plece of Disposition (Neme of cemetary, cremetory or other plece) 20e. Method of Disposition 1 ☐ Burlel 2 ☑ Cramation 3 ☐ Removel from Stete 4 ☐ Donetion 5 ☐ Other (Specify) 21. Signatura of Funerel Service Licensee

Fort Lincoln Crematory 9/14/96 Brentwood, Maryland 22. Name end Address of Facility Hines-Rinaldi Funeral Home

11800 New Hampshire Avenue Silver Spring, Maryland 23a. Part1. Enter the diseasa, or complications that caused the deeth. Do not enter the moda of dying, such as cardiec or respiretory arrest, shock, or hear feilure. List only one cause on each line.

Physician /Medical Examiner

burial-transit

88 for use

physician the

the

signed by t

page 2 should

certificate

lal or Attending Physicien: The sefter death.

al Director: After this certificate ed in by the funeral director, pa

within 24 hours efter dea To the Funeral Director completely filled in by th

Hospital 24 hours e

To the

The law requires that the deeth certificate be executed

P.O. Box 68760,

Records,

Division of Vital

Physician/Medical Examiner

þ

Completed

Be

O_L

Certification:

Medical

Sequentielly list conditions, if eny, laading to immediata cause. Entar Underlying Cause (Diseesa or Injury that initiated avants rasulting in deeth) Lest

ATHEROSCLEROTIC CARDIOVASCULAR DISEASE

Due to (or es a consequance of):

Due to (or es a consequence of)

Due to (or as a consequance of):

Immediate Ceuse (Final

diseese or condition resulting in daeth)

ert II.	Other significant of	anditiona contributing to deeth but not rasulting in the underlying cause given in Pert I.
	PARKINSON'S	DISEASE

23b. Did tobacco use contribute to the cause of death? 1 ☐ Yes 2 ☐ No 3 ☐ Probably 4 ☐ Unknown

24e. Was an eutopsy performed? Limited Head and Live

28d. Describe how injury occurred

24b. Were autopsy findings availabla prior to completion of ceusa of deeth? 1 ØYes 2 □ No

Approximata rval Bet Onsal and Death

1 2 Yes 25. Wes case referred to medical 26. Place of Deeth (Check only one) Other: 4 Nursing Homa 5 Residence 6 Other (Specify)

XX as 2 No 27. Menner of Deeth 1 X Naturel 2 Accident

3 Suicide

4 Homicide

5 Panding investigation 6 Could not be determined

28e. Dete of Injury (Month, Dey Year) 28e. Plece of tnjury - At home, ferm, street, factory, offica building, etc. (Specify)

1 ☐ Inpatiant 2万ER/Outpatient 3 ☐ DOA 28b. Time of

28c. Injury et Work? 1 TYes 2 □ No.

28f. Location (Street and Number or Rural Routa Number, City or Town, Stete)

29a, Cartifiar (Check only one) 1 Certifying Physician: To the best of my knowledge, deeth occurred at the time, deta end place, end due to the cause(s) and manner as steted.

**Comparison of the cause (s) and manner as steted.

**Comparison of the cause (s) and manner as steted.

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29b. Signetura end title of certifier

29c. Licanse number

OCME

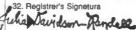
29d. Deta signed (Month, Dey, Year) SEPT.12,1996

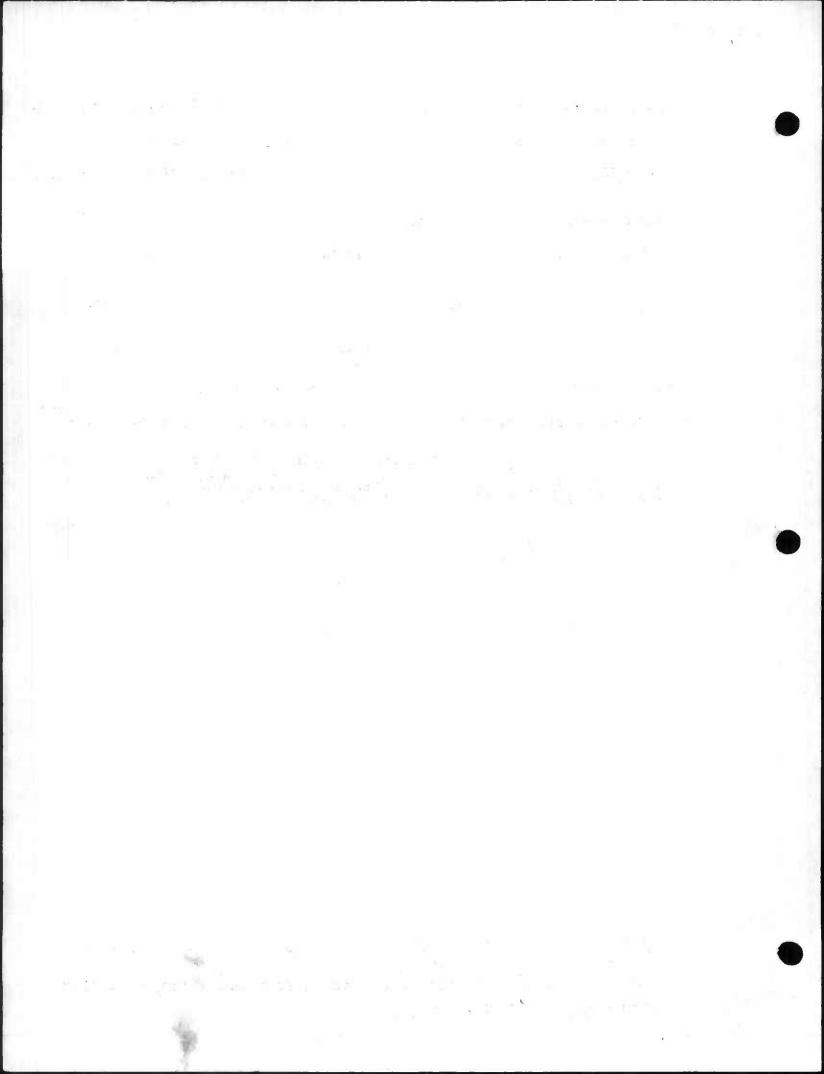
30. Neme and address of person who complated cause of deeth (Itam 23a) (Type, Print)

Stephen Radentz 50 111 Penn Street, Baltimore, Maryland 21201 31. Data filed (Month, Day, Year)

State Registrar

SEP 1 6 1996





State of Maryland / Department of Health and Mental Hygiene 96 28726

					Certificat	e of	Death		R	eg. No.	0 1	0720
		1. Decadant's Nema (First, Middle, La	st)						2. Data of Dear	th		3. Tima of Death
Physic /Med		Fran	nces Lillia	an MILLS	S				September 17, 1996 8:55			8:55 AM
Exami		4a. Facility Nama (if not institution, giv	a straat and number)			4b. City, Town, or Loc						0.33 711
		Ravenwood Luth	eran Villa	ge			Насе	rsto	พท	Wash	ingto)n
Funerai	П	5. Social Sacurity Number 6. S	ax 7. Age	(In yrs. last bin	thday) If Under Months	1 Year Days	If Under	24 Hrs. Min.	8. Data of Birth (Month, Day			laca (Stata or Foreign try)
Director		214-09-9251	□M 2只F 9:	3	Yrs.	Days	nours	win.	May 10		Mary	
Du *		Usual Rasidance of Decedant 10a. Stata 10b. County		10c. City, Town								
sho	5	Maryland Washin									10	0d. Insida City Limits
tha N	Director	10a. Streat and Number	gcon	Hager	stown							41
with be					10f. Zlp				1	0g. Citizan of		try?
s 23	eral	1000 Mulberry Av		harin III O		2174		1.0.10	W M	U.S.		
ary land 21215-0020 should be filed within 72 hours after death with the Maryland nd Mental Hygiene. marked other than "natural", or items 23s or 28s-f show umatic event, the Medical Exercices must be notified at	Funeral	11. Marital Status 1 Navar Married 2 Marriad	12. Wes Dacedant E Armed Forcas?		If Yas, spec	eify Cub	an, Maxicer	gin? (Spa n, Puerto I	cify Yes or No- Rican, atc.)		ce - Amarica ck, White, a	
JZU irs af	by	3 ☑ Widowed 4 ☐ Divorced	1 ☐ Yas 2 ☐ No If Yes, Giva Yaar or Datas:	0	1 ☐ Yas	2 🛛 No	Specify:			Specif	V: TTL 2	
21215-0020 d within 72 hours af jiana. r than "naturat", or		15. Decedant's Ed		168	Decedant's Usua	al Occur	nation			16b. Kind of B	Whi	
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Z Z With	E	0-12	Coilege (1-4or 5-		ookkeepe	er				Chem	ical	Company
Maryland d 2 should be file th and Mental Hy 7 is marked othe traumatic event,	Bec	17. Fethar's Nama (First, Middia, Last)					18. Motha	r's Nama	(First, Middle, I			oomparij.
uld b Menta	10	James Walter Pryo	r				Oliv	e 0.	Wolfe			
Marylanc 12 should be fi h and Mental H is marked ot traumatic ever		19a. informant's Name/Relationship (Typa, Print)	19b.	Mailing Addrass	(Street	t and Numbe	er or Rura	Routa Number	City or Town,	Stata, Zip	Coda)
CZNL		Catherine Delaut	er/Sister	18	405 Waga	amar	Road	Hag	gerstown	n, Mary	land	21740
D - = 5 5		20a. Mathod of Disposition 1 to Burial 2 ☐ Crametion 3 ☐	Domousi from State	20b. Placa of cematar	Disposition (Nan y, cramatory or of	na of thar pla	ice)			20c. Location -		
Pagas mant of land. If Ite		4 Donation 5 Othar (Specify			Hill Ce			9-20-	96 H	agerst	own, l	Maryland
baltimo permit. Pagas Department of Important: If It any injury or once.		21. Signature of Funeral Sarvica Lican	Sea		22. Nama an							
n aaeea		Fred LN	whet		Minnic				Hager	atorm	Ma o	1740
		23a. Part1. Enter tha disaasa, or comp shock, or haart failura. List only	plications thet caused to	tha death. Do n	ot anter tha mode	a of dyl	ng, such es	cardiac o	r raspiratory erro	est,	Mu - Z	Approximata Intarval Between
Physician			1									Onset and Death
/Medical Examiner		immediate Causa (Final disease or condition	. 60	16 m C	Cauc	en					1	o pais
LAGIIIIICI	Ų.	resulting in death)	C	Dua to (or as a c	onsequanca of):							
be as	-lue		b	Mulle	dirile	2~					1	-Weeks
and al-trar	Examine	Sequentially list conditions, if any, leading to immediata ceusa. Enter Undarlying	/6	ua to (or es a c	onsequance of):							
ficate be aviants the buriants the buriants												
os box correction, as death certificate be associted the attending physician and hed for use as the bunial-transit	edical	rasulting in daeth) Last Due to (or as a consequence of):										
certing usa a	M		d									
vrequires that the death cert been signed by the attendin should be detached for use	Physician	Part ii Other elgalficent conditions or	entributing to death but	not reculting in	the underlying or		en in Doct i		non Bides	A		
ache ache	hys	Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part i.								1 Yes 2 10 No 3 Probably 4 Unknown		
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vician: The lav	Bec	25. Was casa rafarred to medical					26. Place	of Death-	(Check only on			100 2010
Physici this ca	70	axaminar? 1 ☐ Yes 2 ☐ 150	Hospital: 1 ☐ inpatian	t 2 ER/Out	patient 3 DO	A Oth	or:		na 5 🗆 Rasida		ar (Specify)
Attending Physician: Ir death. ector: After this cartific by the funeral director,		27. Mannar of Death 1 ■ Natural 5 ■ Pending	28a. Data of Injury (Month, Day		ma of 28 jury	Bc. injui Wo	ry at rk?	2	8d. Dascribe ho	w Injury occur	ed	1015013
tending leath. tor: After the funa	catl	2 Accidant invastigation			М		Yas 2□t	No				
or Att	Certification:	3 Suicida 6 Could not be detarmined	28e. Place of Injur- bullding, atc.	y - At homa, fan (Specify)	m, streat, factory,	, office		2	8f. Location (St. City or Town		er or Rural	Routa Number,
oltal oral Defi			1		•							
Hosy 24 ho Fund Really f	edical	29a. Cartifier 1 Certifying Phy (Check only one)	sician: To the bast of iner: On the basis of a	xemination and	daath occurred a or invastigation,	it tha tir in my c	ma, data and opinion, daat	d piace, and hoccurre	nd dua to tha ca d et tha tima, da	iusa(s) and ma ata and piace, a	nnar as sta and dua to	ited. tha cause(s)
To the Hospital or Attending Physician: The law within 24 bours after death. To the Funeral Director: After this cartificate has completely filled in by the funeral director, page 2	Me.	29b. Signatura and title of certifier	and mannar stete	7u.			sa number			9d. Data signed		
F≱Fŏ		Dana. v	(Cha.		250.		2/1/2	55	2.	9/1	7/6	-, , , ,
		30 Name and address of	wew		5-mare 1 - 1	9	100	//		1//	176	7
		30. Nama and address of person whole	AFT N/A	un (item 23a) (1	TISCO	2/-	trun	no	0 2	17/10	16.19	
Sta	te	31. Data filed (Month, Day, Year)	32 Registrati	s Signatura	0	/	,/	111	0	, , ,		
Registr		SEP 1	0 1990) Jul	in alkurda	ertertally							

THE RESIDENCE OF STREET College To the 1998 was a long of the college of th

State of Maryland / Department of Health and Mental Hygiene

28727 Certificate of Death 1. Decedent's Neme (First, Middle, Last) 2. Deta of Death 3. Time of Death **Physician** 5:10 AM MESSERSMITH Sarah Jane 4b. City, Town, or Location of Death 1996 15 /Medical 4a. Facility Nama (If not institution, giva street end number) 4c. County of Death **Examiner** Washington County Hospital Hagerstown Washington ff Undar 1 Year | If Under 24 Hrs. | 8. Date of Birth (Month, Day, Year) 5. Sociel Sacurity Number 6. Sax 7. Age (In yrs. lest birthday) Birthplaca (Stata or Foreign Country) **Funeral** Months 1□ M 2X F Yrs. Director 214-09-6836 78 May 23 1918 Maryland Usuel Residence of Decedent the Meryland 10a. Steta 10b. County 10c. City, Town or Location 10d. Inside City Limits 7 is marked other than "naturel", or items 23a or 28a-f show traumetic avent, the Medical Examiner mast be notified at 1 Yes 2 No Directo Washington Maryland Hagerstown 10e. Street and Number permit. Pages 1 and 2 should be filed within 72 hours after death with the Department of Heelith and Mental Hygiene. Introprant: if them 27 is marked other than "natural", or items 23a or 2 any injury or other traumatic event, the Mental Exercises or 2000. 10f. Zip Code 10g. Citizen of What Country? 13917 Northmeadow Road U.S.A. 21742 Funeral 12. Was Decedent Evar In U,S. Armed Forcas? Was Decedent of Hispenic Origin? (Specify Yas or No-If Yes, specify Cuban, Mexican, Puarto Rican, etc.) 14. Rece - American Indian, Black, White, etc. 1 Navar Married 2 Merried 1 ☐ Yas 2 ☐ No If Yes, Give Å Yeer or Detes: Baltimore, Maryland 21215-0020 1 ☐ Yes 2 No þ Specify: White 3 ☑ Widowed 4 □ Divorced Completed 16a. Decedent's Usuel Occupation (Giva kind of work done during most of working life. DO NOT use retired) 15. Decedent's Education (Specify only highest grade completed) 18b. Kind of Business/Industry Elementary/Secondery (0-12) College (1-4or 5+) 0 - 12Housewife Her own home 17. Father's Neme (First, Middle, Last) 18. Mother's Neme (First, Middle, Meidan Surneme) Be 0 Roy Hare White Sarah Edith Martin 19b. Meiling Address (Street end Number or Rural Route Number, City or Town, Stete, Zip Code) 34737 19e. Informent's Neme/Relationship (Type, Print) 706 S. Lake Shore Blvd. Howey-in-the-Hills, Fla. Richard L. Messersmith/Son 20b. Piece of Disposition (Name of cematary, crematory or other piece) 20e. Method of Disposition 20c. Location - City or Town, Stata Dete 1 ☐ Buriel 2 ☐ Cremation 3 ☐ Removel from State 4 ☐ Donation 5 ☐ Other (Specify) Rest Haven Cemetery 9-18-96 Hagerstown, Maryland 21. Signeture of Funerel Sarvica Licensee 22. Neme end Addrass of Facility Minnich Funeral Home annes L. suce 23a. Pert1. Enter the disaasa, or complications that caused the deeth. Do not entar the mode of dying, such as cardiec or respiratory arrest, shock, or heert feilure. List only one cause on each line. 21740 Approximate Interval Between Onset end Deeti **Physician** /Medical Immedieta Ceusa (Final disaesa or condition resulting in death) hour Examiner Examine To the Hospital or Attending Physician: The law requires that the death certificate be executed within 24 hours after death.

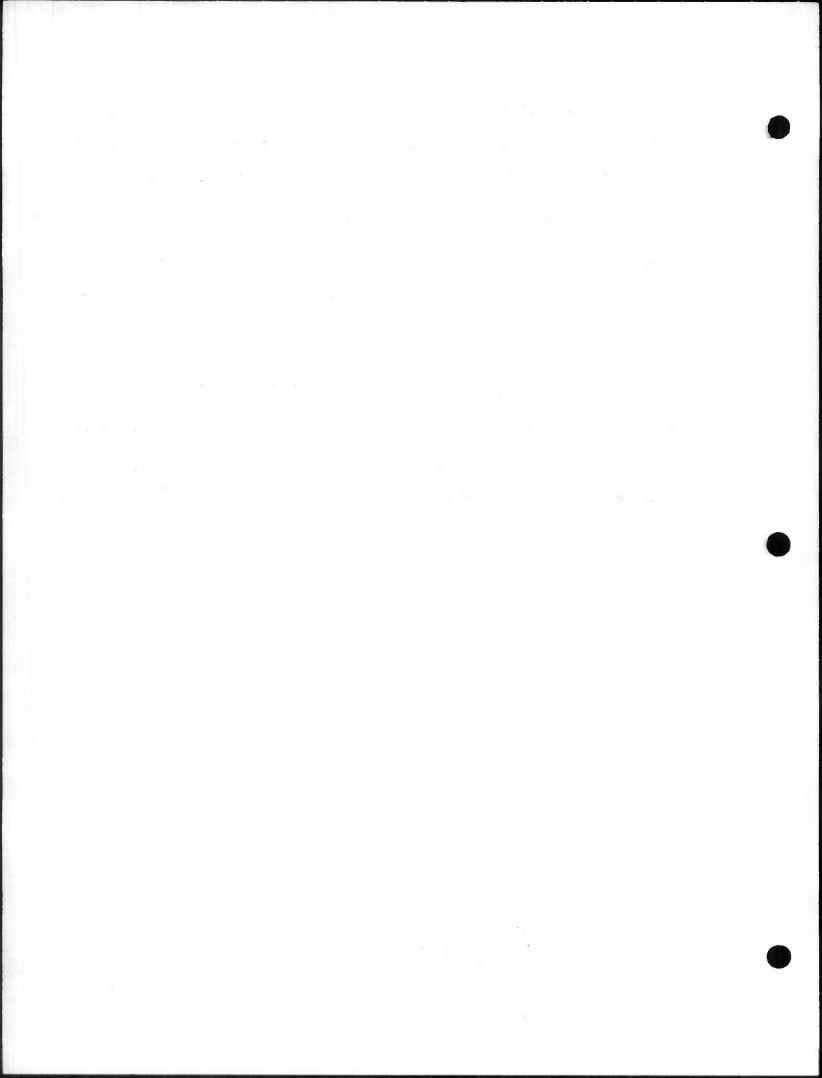
To the Fureral Director: After this certificate has been signed by the ettending physician and completely filled in by the funcered interctor, page 2 should be deteched for use as the burlet-transit completely filled in by the funcered interctor, page 2 should be deteched for use as the burlet-transit Sequentielly list conditions, if eny, leeding to Immediete cause. Enter Underlying Cause (Diseese or Injury that Initieted events resulting in death) Lest Due to (gries e consequence DURENIOSCICUTA DUONAV Division of Vital Records, P.O. Box 68760, Physician/Medical Dua to (or as a Pert II. Other significant conditions contributing to death but not resulting in the underlying cause given in Pert I. 23b. Did tobacco use contributs to the cause of death? 1 | Yes 2 | No 3 Probably 4 Unknown þ 24a. Wes en autopsy performed? 24b. Were autopsy findings available prior to completion of cause of deeth? Completed 1 Yas 2 No 1 ☐ Yes 2 ☐ No 25. Wes case referred to predical examiner? Be 28. Piece of Deeth (Check only one) Hospitel: Other: 4 Nursing Home 5 Residence 8 Other (Specify) 1 Yes 2 ₩ 2 1 Dimpatient 3 DOA 2 ER/Outpatient 28e. Dete of Injury (Month, Dey Year) 27. Menner of Deeth Certification: 28c. Injury et Work? 28d. Describe how Injury occurred 28b. Time of 5 Pending Investigetion 1 Yes 2 No 2 Accident 8 Could not be determined 3 Suicide Location (Street and Number or Rural Route Number, City or Town, Stete) Place of Injury - At home, ferm, straet, fectory, office building, etc. (Specify) 4 Homicide 12 Certifying Physician: To the best of my knowledge, deeth occurred at the time, dete end piece, end dua to the cause(s) and manner as stated. 29e. Certifier Medical 2 Medical Examiner: On the best of axaminetion end/or investigation, in my opinion, deeth occurred at the time, date end place, and due to the cause(s) end menner steted. 29b. Signature and title of certifier 29c. Licansa number 29d. Deta signed (Month, Dey, Year) mac 31. Dete filed (Month, Day State

Registrar DHMH 16 Rev 6/95

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Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene

			State of Maryland / Department of Health and N Certificate of Death		31	5 28	3728
			Decedent's Name (First, Middle, Last)	2. Date of Dee			3. Time of Death
	Physici /Media		RITE MAY MILES	Sept.	Day 14 10	196 1	13:33
	Examir		4- E- 35 At M t- m -t t t t t	cation of Death	4c. County		
			Washington County Hospital Hagerst	cown,	Wash	ingto	n
	Funeral		5. Social Security Number 6. Sex 7. Age (In yrs. last birthdey) 1 ☐ M 2 ▼ F 7. Age (In yrs. last birthdey) Months Deys Hours Min.	8. Dete of Birtl (Month, De)	Year)	9. Birthpiac	e (Stete or Foreign
	Director		217-18-7445 74 7rs.	Sept.2	3,1921	MD	
	and w		Usual Residence of Decedent 10e. Stete 10b. County 10c. City, Town or Location			10d.	Inside City Limits
	Many	5					1 ☐ Yes 2 ☒ No
	the 128s	Director	10e. Street and Number 10f. Zip Code		Og. Citizen of W	/hat Country	?
	3a or				U.S.A	-	
	death	Funeral	11. Maritei Stetus 12. Wes Decedent Ever in U.S. 13. Was Decedent of Hispanic Origin? (Spe	ecify Yes or No-	14. Race	a - American	
Maryland 21215-0020	within 72 hours after death with the Maryland ilen. than "natural", or items 23a or 28s-f ahow the Medical Examiner must be incided at	by Fu	Armed Forces? If Yes, specify Cuban, Mexican, Puerio 1 Never Married 2 Married 1 Yes 2 No Specify: 3 X Widowed 4 Divorced Year or Dates:	rican, etc.)		k, White, etc. Whit	
0-10	2 hox	ted	15. Decedant's Education 16e. Decedent's Usual Occupation		16b. Kind of Bu	siness/Indus	try
218	within 7 ena. than "n	Completed	(Specify only highest grade completed) (Give kind of work done during most of work) Elamantary/Secondery (0-12) College (1-4or 5+)	ing			
2	filed withir Hyglena. rther than	Con	12 years 0 Homemaker		Home		
pu	should be filed vind Mental Hygie marked other turnatic event, in	To Be	17. Father's Neme (First, Middle, Last) 18. Mother's Name			*	
yla	should be ind Mental in marked or umatic eve	P		Victor	ia Wil	son	
Mar	12 sh h and le m reum		19a. Informant's Name/Relationship (Type, Print) 19b. Mailing Address (Street end Number or Rura				
e,	s 1 and 2 should f Heelth and Mer ttem 27 le marke other treumatic		Eleanor J. Burgan 12737 Spickler Rd. 20a. Method of Disposition 20b. Placa of Disposition (Name of		Spring 20c. Location -		
Baltimore,	Peges nent of l ant: If its arry or or		1 ☐ Buriei 2 Commention 3 ☐ Removel from State cemetery, cremetory or other plece) Septem	ber			
Hin	Departmen Important: any Injury		4 Donation 5 Other (Specify) Smithsburg Crematory 21. Signature of Funeral Service Library 22. Neme and Address of Fecility	17,199	6 Smit	hsbur	g,MD
Ba	permit. Peges 1 an Department of Heei Important: If item 2 any Injury or other once.		Thompson Funera	1 Home	, Inc.		
			P.O.BOX 310 Cle 23a. Parl1. Enter the disease, or complications that caused the deeth. Do not enter the mode of dying, such as cardiac of shock, or heert feilure. List only one cause on each line.	ar Spr	ing, M	D. 21	722 proximata
	Physician [*]		shock, or heart feilure. List only one cause on each line.	or respiratory an	001,	tnt	tarval Batween
	/Medical		Immediate Cause (Final disease or condition	1 .1		- \	\wedge
ı	Examiner		resulting in death) Due to (or as a consequence of):				U
	D #	iner	. Acute Large Myocardial	Infac	ction	2	days
	icata be executed physician end s the burial-transit	Examiner	Sequentially list conditions, If any leading to immediate				
68760,	be est ician buria	ai E	Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Ceuse (Disease or Injury				
587	phys the	dicai	thet initiated events resulting in deeth) Last Due to (or es a consequança of):			i	
Box	eath certific ettending p I for use es	M	d				
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0	the che	Physician/M	Part I. Other significant conditions contributing to death but not resulting in the underlying cause given in Pert I.				e cause of death?
S, D		ру Р			20110	0_7700=0	iy 4 Donasowii
Records,	been should	Completed		24e. Was a perfor	in eutopsy med?	svaile	sutopsy findings ble prior to letion of cause
æ	The lew ate has t page 2 s	E O		18Y	es 2 No	1 1 1	,
Vital	iclan: Th certificate rector, par	BeC	25. Was case referred to medical 26. Place of Deeth				2010
	5 00	To E	exeminer? 1 Yes 2 No Hospitel: 1 Inpatient 2 ER/Outpatient 3 DOA Other: 4 Nursing Hol			or (Specify)	
n of	fing Ph After thi funeral		27. Manper of Death 1 ☑ Natural 5 ☐ Panding 28e. Dete of Injury (Month, Dey Year) 28b. Time of Injury Work? 28c. Injury at Work?	28d. Describe h	ow injury occurr	ed	
sio	Attending or death. ector: After by the fune	catio	2 Accident investigation M 1 Yes 2 No				
-	7 - C	Certification:	3 Suicide 4 Homicida 6 Could not be determined 28a. Place of Injury - At home, ferm, street, fectory, office building, etc. (Specify)	28f. Location (S City or Tow		er or Rural Ro	oute Number,
	To the Hospital or within 24 hours after To the Funeral Dir completely filled in	edical	29a. Certifier (Check only one) 1☐ Cartifying Physician: To the best of my knowledge, death occurred at the tima, date and placa, and manner stated. 2□ Medical Examiner: On the basis of examinetion and/or investigation, in my opinion, death occurred and manner stated.	end dua to the c	ause(s) and mai ate end piece, a	nnar as state	d. e cause(s)
	ompi	Me	29b. Signature end title of pertifier 29c. License number	2	9d. Date signed	(Month, Day	r, Year)
	- > - 0		Da 1 40 W/ N 3781E		9.17	-91	
			30. Name and address of person who completed cause of death (Item 23a) (Type, Print)		1	16	
			Gary Papuchis M.D. 11110 Medical Campus 1	Ed. 40	gers to	op Y	nd.
	Sta Registra		31. Date filled (Monin, Day, Year) 32. Registrar's Signeture			1	



State of Maryland / Department of Health and Mental Hygiene

Certificate of Death

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28729

						Ce	entificate d	or Death	<u> </u>	R	eg. No.		
П	Physic	ian	Decedent's Nema (First, Middla, La	,						2. Dete of Deet Month	h Dey	Yeer	3. Time of Death
N.	/Medi	cal		rles	e	Mentze:			September 13 199			6:50 AM	
	Exami	ner	4a. Facility Name (If not institution, gi FREDERICK MEMO)						EDERIC	cation of Death			RICK
	Funeral Director			Sax 7. 1⊠M 2□F	Age (In yrs.	lest birthdey Yrs.	Months De	aar If Under bys Hours	Min	8. Data of Birth (Month, Dey, MAY 19,	Year) 1933	9. Birthpli Count MA	ace (State or Foreign try) ARYLAND
	pud *		Usuel Residence of Decedant 10a. Stata 10b. County		10c Ci	ity, Town or I	ocetion					14	Od. Inside City Limits
	e Menyle	Director	,	INGTON	100.01			GAPLANI)				1 ☐ Yes 2 ☑ No
	10 P	Dire	10e. Street end Number				10f. Zip Coo			1	0g. Citizen of 1		
	s 23a		3212 GAPLAND ROAD					21779				U.S.A.	
20	filed within 72 hours efter death with the Merylend Hygiene. ther than "natural", or flems 23a or 28a-f show ord, the Medical Examinet must be notified at	by Funeral	11. Maritel Stetus 1 ☐ Nevar Married 2 ☑ Married	12. Was Decede Armed Force 1 X Yes 2 If Yes, Give	as? □ No 19!	If Yes, specify Cuben, Maxican, Puerto Rican, etc 1 ☐ Yes 2 2 No Specify:				cify Yas or No- Rican, etc.)		ce - America ck, White, e	etc.
8	natural,		3 Widowed 4 Divorced	Yeer or Deta	as: 195	1 100	edentia Havel Os	an and an				V	WHITE
21215-0020	d within 72 h jiene. r than "natur ne Medical	Completed	15. Decedent's E (Specify only highast gr Elamantary/Secondery (0-12)	ade completed) Collage (1-4	or 5.1	(Giv	edent's Usuel Oc a kind of work do DO NOT use re	ne during mos	st of workin	9	16b. Kind of B	usiness/ind	ustry
	filed within Hygiene. ther then ent, the Me	E O	5	Collage (1-4	OF 5+)	HEAVY	EQUIPM	ENT OPE	ERATOI	R	CEME	INT PI	ANT
Maryland	\$ F E S	To Be	17. Fathar's Nama (First, Middla, Last CLARENCE MENTZ)						er's Nema [E LO]	(First, Middle, A	Meiden Suman	na)	
ary		-	19a. Informant'e Neme/Reletionship			19b. Mai	ling Address (Str				City or Town,	Stete, Zip	Code)
	and 2 selth a n 27 is		JANICE A. MENT	ZER/SPOUS	SE	3212	GAPLAN	D ROAD,	, GAPI	LAND, M	ARYLAND	217	179
ore	of Hear		20e. Method of Disposition 1 ☑ Burlai 2 ☐ Cremetion 3 ☐	Damoual from St		Plece of Disp cemetary, cri	oosition (Neme o emetory or other	f plece)	9/	16/96	20c. Location -	n - City or Town, State	
Ē	Pe la la la la la la la la la la la la la		4 ☐ Donetion 5 ☐ Other (Speci		BR	OWNSV1	ILLE HGT	S. CEME	ETERÝ		ROWNSV	ILLE,	MARYLAND
Baltimore,	permit. Peg Department Important: It sny Injury o		21. Signature of Funeral Service Lies		1 M. D		22. Neme end Ad BAST FUN		OME	7606 Ol			
-	_		23a. Pert1. Enter the disaase, or com shock, or heert feilure. List only	plications thet cau	sed the deel	th. Do not e	nter tha mode of	dying, such as		Boonsbo raspiratory arre			Approximate Interval Between
	Physician /Medical Examiner	Examiner	Immediate Ceusa (Finel disease or condition rasulting in deeth)		vere		aquence of):		10,0				34-3
·	n and	Exan											
c 68760,	certificete be executed nding physician and use as the burial-transit	n/Medical	Cause (Dissesse or injury that initiated events rasulting In deeth) Last Due to (or es a consequence of):										
ROX		lan		d									
	uires thet the der signed by the a ld be detached f	Physicia	Part II. Other significant conditions contributing to death but not resulting in the underlying causa given in Pert I. 23b. Did tobacco use contribute to										the cause of death?
Vital Records,	The law requires thet the deeth ste hes been signed by the atte page 2 should be detached for	Completed by	1102- 10	7 = 6 25	60	5-5				24a. Wes a	n autopsy ned?	ava	ra autopsy findings illable prior to appletion of cause
ě	The law ate hes page 2	du									_		leath?
O			25. Wes casa referred to medical					26 Place	e of Death	1 Ys		10	Yes 2□ No
>		o Be	exeminer?	Hospital: Inp	atient 2	ER/Outpatie	ent 3D DOA	Othor		(Check only on na 5 ☐ Raside		er /Specifu	4
10 0	After this funeral d	n: T	27. Manner of Death	28a. Date of I	Injury Dey Year)	28b. Tima Injury		njury at Work?		8d. Describe ho			,
5	Attending or death. ector: After by the fune	catic	Neturel 5 Pending 2 Accident Investigatio 3 Suicida 8 Could not b	n		,,		I □ Yas 2 □	No				
	tel or Attend is after death al Director: / ed in by the f	Certification:	3 Suicida 8 Could not be determined	289. Piece of	Injury - At h , etc. (Specif	oma, farm, s y)	treet, fectory, off	ce	2		Location (Street end Number or Rural Route Number, City or Town, Stete)		
	To the Hospital or within 24 hours after to the Funeral Dirto completely filled in	edical	29e. Certifier (Check only one)	nysician; To the be miner: On the basis and menner	s of axamine	wiedga, dea tion and/or l	th occurred at the	e time, date an ny opinion, dee	nd plece, ar oth occurre	nd dua to tha ca d at the time, de	ause(s) and ma ete end piece,	inner as sta end due to	ited. the cause(s)
	To the within 2 To the Complete	¥	29b. Signatura and titla of certifier	71				ensa number			9d. Deta signe		
,			30. Name end eddress of person who	completed cause of	of daath (Iten	n 23a) (Tvne		146 2	_	3	s-pc	1	776
			PG VINU	,	•		522700	7 70	- F.	red m.	1 2	10	2170/
	Sta		31. Data filed (Month, Day, Year)	32. Reg	istrer's Signa	ature		-					
	Registr	ar	SEP 1 6	1996	hi atte	charle	rdall						
DAM	#11 40 Day 000												



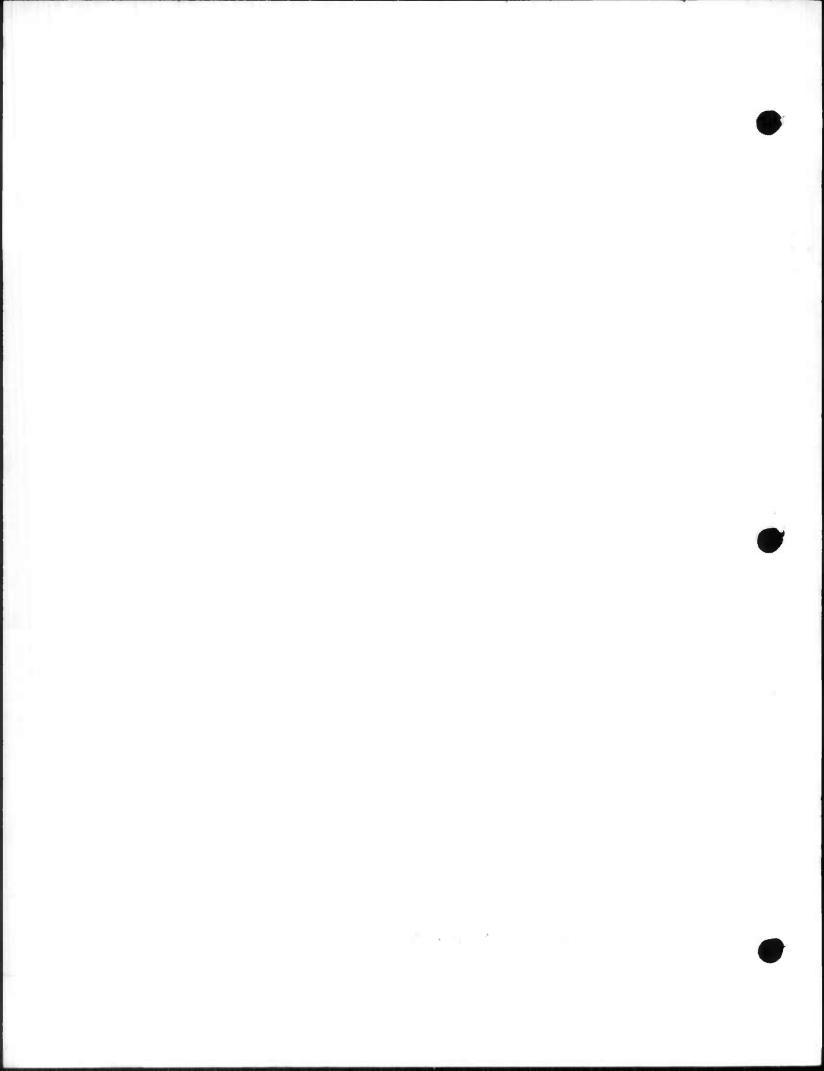
2, 3 should

DIVISION OF VITAL RECORDS, P.O. BOX 68760 BALTIMORE, MARYLAND 21215-0020

	permit. Pages 1.	
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1. be filed within 72 hours after death with the State Dept, of Health and Mental Hydiene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND ME	NTAL HYGIENE
CERTIFICATE OF DEATH	BEG. NO

	FOR STATE REGISTRAR	STATE OF MARYL	AND / DEPARTI			MENTAL	HYGIEN REG. NO.					
	1. DECEDENT'S NAME (First, Middle, Last) Dorothy		cIntyre					eroz	YEAR 3.	TIME OF DEATH OGISAM		
	4. SOCIAL SECURITY NUMBER 579-38-3126 90. FACILITY NAME (If not Institution, give si	1 🗆 M 2 💢 F	65 YRS.	F UNDER t YEAR DAYS	IF UNDER 24 MRS, HOURS MIN.	July	Day Year)	1931	Washi	ngton, DC		
CTOR	99. FACILITY NAME (If not institution, give street end number) SHADY GROVE ADVENTIST HOSPITAL Residence of Decement 96. CITY, TOWN OR LOCATION OF DEATH Montgome:											
DIRECTOR	None None None		washington, b.					1	d. INSIDE CITY LIMITS? X YES 2 NO			
FUNERAL	10e. STREET AND NUMBER 72 O Street NW 11. MARITAL STATUS				20005					d States		
BY	1 Never Married 2 Merried 3 Wildowed 4 Divorced	12. WAS DECEDENT EVER IN FORCES? 1 YES IF YES, OIVE WAR OR DA	2 XXVO	If yes, sp	ENDENT OF HISPAI ecify Cuben, Mexica 2XXNO Specif	in, Puerto Ri	(Specify Yes ican, etc.)	or No—	Black, V	American Indian, Thite, etc.		
COMPLETED	15. DECEDENT'S EDUC (Specify only highest grade Elementary/Secondary (0-12)	CATION completed) Coflege (1-4 or 5+)	16a. DECEDENT'S US (Give kind of word) life. Do NOT use in Secret	k done during mo etired.)	18b. KIND OF BUSINESS/INDUSTRY Health Care							
BE COM	17. FATHER'S NAME (First, Middle, Last) Charlie Williams		500100	<u>y</u>	18. MOTHER'S NA Ruth		iddle, Melden					
TO B	190. INFORMANT'S NAME (Type/Print) Alice Williams -	Sister			nd Number or Rural 21 By-Pa					olina		
	20s. METHOO OF DISPOSITION 1	20a. METHOO OF DISPOSITION 1 Burlal 2 X Termetton 3 Removal from State 20b. PLACE AND DATE OF DISPOSITION (Name of camelery, gremeton) os other place 20c. LOCATION — City or Town, State										
J	21. SIGNATURE OF FUNERAL SERVICE LIC	#M00690	\	1	Box 817		right k, So					
	IMMEDIATE CAUSE (Final disease or condition resulting in death)	B. Respire	CONSEQUENCE OF:	fail	ure			ratory arre	et,	Approximate interval Between Onset and Death		
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): CONGESTIVE HEART Failure											
A	PART II. Other algorificant condition	a contributing to death be	ut not resulting in	resulting in the underlying ceuse given in			Part I. 24a. WAS AN AUTOPSY PERFORMEO? 1 YES 2 NO		24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE DF DEATH?			
PHYSICIAN: MEDIC	DID TOBACCO USE CONTR				UNCERTAIN	NA			11	YES 2 NO		
IYSICI	EXAMINER?	HOSPITAL:	26. PLACE OF DEATN (Check only one) OTHER: 4 \(\mathbb{L}\) Nursing Home 5 \(\mathbb{R}\) Residence				8 Other (Specify)					
ВУ РН	27. MANNER OF DEATH 1 Netural 5 Pending 2 Accident Investigation	28a. DATE OF INJURY (Month, Day, Year)	28b. TIME O	y wo	URY AT RK? 'ES 2 NO	28d. DESC	RIBE NOW IN	INJURY OCCURED				
	3 Suicide 8 Could not be 4 Nomicide determined	28e. PLACE OF INJURY building, atc. (Speci	— At home, term, stre	e, term, street, factory, office			281, LOCATION (Street and Number or Rural Route Number, City or Town, State)					
COMPLETED		CIAN: To the best of my knowlers: On the basis of examination								d manner se stated.		
TO BE C	290 STONATURE AND TITLE OF CERTIFIER 36. NAME AND ADDRESS OF BEHSON WRO	ulen	ATH (ITEM 27) (Type, Pri	int)	29c. LICENSE NUN	T9		29d. DATE	SIGNED (MC	onth, Day, Year)		
	Deburn Shi	enrill mo	9901 M		al Cer	ter	Dr. 1	Rod	(4)	e,md. 2085		
	SEP 12 1996	32 REGISTRAR'S SIGNA	-Randall									



Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene

ende	a #/.8	23	Part 1. P.G.C. 9-12- 1. Decedent's Name (First, Middle, L		Certificat	5 01	Dodaii	2. Date of De			3. Tima of Death		
	Physici		CEODCE MODDINE CI			Month	Day	Year	08:50 A.M				
	/Medic Examin		GEORGE MCBRIDE SE 4a. Facility Name (ff not institution, g				4b. City, Town, or Le				100:30 A.M		
	Examin		MALCOLM GROW MEDI	CAL CENTER			ANDREWS A	FR	PRINC	E GEO	RGES		
	Funeral			Sex 7. Age (fn yrs.	last birthday) If Under	1 Yaar	If Undar 24 Hrs.	8. Data of Birt (Month, Da					
L	Director		579-20-1809 Usual Residence of Decedent	1XM 2□ F 71	72. Yrs. Months	Days	Hours Min.	FEB 05		Washii	place (State or Foreign http) ngton D.C.		
	Maryland -f ahow	tor	10a. State 10b. County		ty, Town or Location					1	0d. Insida City Limits 1 Yas 2 □ No		
ē.	r 28a	Director	MARYLAND PRINCE O	GEORGES FORE	STVILLE 10f. Zip	Code			10g. Citizen of	What Cour	ntry?		
3	3a o		7420 MARLBORO PIK	7 F	2074	7			DATTED	COL V ALIE	C		
1	deed deed	Funeral	11. Maritel Status	12. Was Dacedant Ever in U	.S. 13. Was Deced	dant of	Hispanic Orlgin? (Sp	ecify Yas or No		ce - Amaric	an Indian,		
Baltimore, Maryland 21215-0020	72 hours effer deeth with the Maryland natural, or items 23a or 28a-f show deal Examiner must be notified at	by	1 ☐ Nevar Married 2 ☐ Married 3 ☐ Widowed 4 ☐ Divorced	Armed Forcas? 1 ▼Yes 2 □ No If Yes, Give Year or Dates:	1 ☐ Yes		ban, Maxican, Puèrto Specify:	Hican, atc.)		ck, White,			
5-0	72 ho	sted	15. Decedent's t (Specify only highest g	Education	16a. Decedent's Usua (Give kind of wor	al Occu	ipation	ina	16b. Kind of B	usineas/in	dustry		
21		Completed	Elementery/Secondary (0-12)	College (1-4or 5+)	life. DO NOT us	se retin	ed)	y					
V .	Hygiene. Ither than and, the Me	Co	12th		ENGIN	VEE			BUILI				
7	d oth	Be	17. Father's Name (First, Middla, Las	st)			18. Mother's Nam		Maiden Sumer	ne)			
	should be nd Mental marked o	O L	IVORY MCBRIDE				MARY E						
			19e. Informent's Name/Relationship GEORGE MCBRID	E		E A	VE CAPIT	'AL HEI	GHTS,	4D 20	0743		
	permit. Peges 1 and 2 Department of Heelth 2 Important: if Item 27 is any Injury or other tra		20a. Method of Disposition 20b. Place of Disposition (Name of cemetery, crematory or other place) 20c. Location - City or Town, State 20c. Location - City or Town, State 20d. Mary Land Veteral 20d. Mary Land Veteral 20d. Place of Disposition (Name of cemetery, crematory or other place) 20d. Mary Land Veteral 20d. Location - City or Town, State 20d. Mary Land Veteral 20d. Location - City or Town, State 20d. Mary Land Veteral 20d. Location - City or Town, State 20d. Location - City or Town, State 20d. Location - City or Town, State										
<u>a</u>	Depart Importu any Inj		21. Signature of Funeral Service Licensee 22. Nama and Address of Facility RALPH WILLIAMS FUNERAL HOME										
ם	Physician /Medical Examiner		* (ne me)	William	517 110	TT							
			517 11TH ST S.E. WASHINGTON D.C. 20003 Sa Part Effect the disease, or complications that caused the death. Do not enter the mode of dying, auch as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line.										
P			shock, or heart failure. List only one cause on each line. Intervel Between Onsat and Death										
			Immediate Cause (Finel diseasa or condition	CADDIAC ADDE	C T								
E			resulting In death)	a. CARDIAC ARRE	or as a consequenca of):					1			
1	0 5	Examiner											
4	executed n and ial-transit	ше	b.PNEUMONIA COMPLICATING ORGANIC BRAIN DISEASE. Sequentially list conditions, Dua to (or as a consequence of):										
	ye ex		if any, leading to immediate cause. Enler Underlying										
4	incata be executed physician and is the burial-transit	edical	Cause (Diseese or Injury that initiated events resulting in death) Last Due to (or as a consequence of):							1			
	F FD 60			DISEASE. PEN	DISEASE, PENDING FULL EXAMINATION O								
dand	inat the death certed by the attending detached for use	Physician/M	Part II. Other significant conditions	contributing to death but not see	ulting in the underlying o	allee c	iven in Part I	23h Did	obacco una cr	ntribute to	the cause of death?		
1000	by the	hys	and and any and any and any any and any any any any any any any any any any	The state of the s	and a trace of the state of the	anod B	STATE OF THE		Yes 2□ No	3 □ Proi			
- Sha	signed b									22110	XX		
	Autenting Instituent: The law requires that the death cert is death. •cfor: Affer this certificate hes been signed by the attending by the funeral director, page 2 should be detached for use e	Completed by						24a. Was perlo	an autopsy med?	av	ere autopsy findings allable prior to mpletion of cause		
The less	s certificate hes b director, paga 2 s	duo						100	ras 2□No	of	death?		
Assessment Discontinued and an analysis of the state of t	tifica tor, p	BeC	25. Wes case referred to medical				26. Place of Deat						
John	s cel	10	examiner? 1 → Yes 2 □ No	Hospital: 1 Inpatient 2	ER/Outpatient 3000	OA OI	ther: 4 Nursing Ho			ner (Specif	(v)		
dQ w	After this funeral d		27. Manner of Death	28a. Date of Injury (Month, Day Year)		8c. Inju		28d. Describe					
a collect	eth.	atio	1 ☑ Naturel 5 ☐ Pending 2 ☐ Accident Investigation	on	Injury M		Yes 2 No						
ne Atten	글루즈드	Certification:	3 Suicide 6 Could not determined	be 28e. Placa of Injury - At he building, etc. (Specif		28f. Location (Street and Number or Rural Route Number, City or Town, Stete)							
Moonito	Funer Funer tely fill	edical C	29a. Certifier (Check only one) 1 X Certifying P 2 Madical Exa	hysician: To the best of my kno miner: On the basis of examine and manner stated.	wledge, death occurred a tion end/or Investigation,	at the t	ime, dete end place, oplnion, death occur	and due to the red at the time,	cause(s) and m date and plece,	anner as s	tated. o the cause(s)		
9	within 2 To the comple	Me	29b. Signature and title of certifier	A	290	. Licen	se number		29d. Data aigne	ed (Month,	Day, Year)		
F	- 3 F 0		> 7-AU	alachia		chia	1,130,01	0.000	SEPTEMB				
	(5)	ŀ	30. Name and eddress of person who	completed causa of death (tter			DICAL GRO						
	(4)		ZACHARY N. MALACE		0)		WS AIR FO						
	Stat	te	31. Date filed (Month, Day, Year)	32 Registrar's Signa	ature	A ICL	III ALK EU	LOL DAD	- MMINIT	2	0702 0000		
	Registra		SEP 12 19	96 Juli Mude									
DHM				-									

DHMH 16 Rav 6/95

State of Maryland / Department of Health and Mental Hygiene

09-09-96

					Cer	tificate o	f Death	Rec	ı. No.			
			1. Decedent's Name (First, Middle, L	ast)				2. Date of Death			3. Time of Death	
	Physic		ADAM ALEXANDE	R MOROSKI, Ja		Septembe	Day 7. 1	Year 1996	8:30 pm			
Ų	/Medi Exami		4a. Fecliity Name (If not institution, g				4b. City, Town, or L		4c. County		OVOC PIN	
7	L. AGITTI	iei	6422 Kilmer Str				Hyattsvi	110			orge's	
	Funeral			Sex 7. Age (In yrs.	last birthday)	If Under 1 Yes	r if Under 24 Hrs.					
в	Director	14	043-12-7547	1M 2□F 76	Yrs.	Months Dey	s Hours Min.	8. Date of Birth (Month, Day,) May 16,	1920	Conn	lace (State or Foreign try) .ecticut	
	pu .		Usuai Residenca of Decedent 10a. State 10b. County	100 0	ty, Town or Lo	tie-						
	aryla sho	2								10	Od. Inside City Limits	
	Ne M	Director		George's Hya	ittsvil						1 ☐ Yes 2 No	
	E 0 8		10e. Street and Number 6422 Kilmer Str	a a #		10f. Zip Code			g. Citizen of W	√hat Count	try?	
	ath v	a				2078.			J.S.A.			
	72 hours after death with the Manyland natural; or Items 23s or 28s-f show deal Examiner must be notified at	Funeral	11. Maritai Stetus	12. Was Decedent Ever in U Amed Forces?	,S. 13. V	Vas Decedent of Yes, specify Cu	Hispanic Origin? (Sp ben, Mexican, Puerto	ecify Yes or No- Rican, etc.)		e - America k, White, e		
20	S aft	by F	1 ☐ Never Married 2 ☐ Married 3 🖾 Widowed 4 ☐ Divorced	H Voe Givo	1 Yes 2 No		Specify:		Specify	: TaTh	nite	
8	uraf'	P P		Yeer or Dates: 1942						*****		
21215-0020	within 72 h iene. than "natu the Medical	Completed	15. Decedent's l (Specify only highest g	rade completed)	(Give	lent's Usual Occ kind of work don DO NOT use reti	e during most of work	ing	Bb. Kind of Bu	siness/Ind	lustry	
112	within ene.	Ę	Elementary/Secondary (0-12)	College (1-4or 5+)			60)					
0	E THE		12 17. Fether's Neme (First, Middle, Las	st)	Snop	Foreman	18 Mother's Nem	e (First, Middle, Ma	Vehicle Repa		air Shop	
an	d at b	Be C	Adam Moroski	••/					ilden Obmetti	9/		
Baltimore, Maryland	d 2 should be the and Menta 7 is marked traumatic en	2	19a. informent's Name/Relationship	(Tuna Print)	10h Mallin	n Address /Ctro	Mary Zi		City of Tour	Ctata Zin	Codel	
	d2 sin ar		Michael T. Moros				Street, Hy					
	- 2 5 5		20a. Method of Disposition	20b. I	Place of Dispos	sition (Neme of			oc. Location -			
			1 Buriai 2 ☐ Cremetion 3	☐Removel from Stete								
	pemit. Pages Department of Important: If it any injury or once.	4	4 Donetion 5 Other (Spec					10/96 C	linton	, Mar	cyland	
Ba	Deem Deepa Impo		21. Signeture of Funeral Service Lice	ensee	F	Name end Add	Gasch's So	ns Funera	al Home	, P.	Α.	
			W.D.G.	isa	4	739 Bal	timore Ave	nue, Hyat	tsvill	-		
			23a. Pert1. Enter the disease, or con shock, or heart feilure. List only	mplications that caused the deat y one cause on each line.	h. Do not ente	er the mode of d	ying, such as cardiac	or respiretory arres	t,		Approximete Interval Between	
ÌΥ	Physician			1981							Onset and Death	
7	/Medical Examiner		Immediate Cause (Final disease or condition resulting in deeth)	Card	iopu	lmono	accide.	st		i		
	ZX	_	resulting in deeth)	Due to (c	ras a Concoq	uence of).	1					
	pe jis	Examiner		Cerebr	ovane	wor	accide	nt.		1		
	and Hran	хал	Sequentially list conditions, if any, leading to immediate cause. Enter Underlying									
60,	be ay											
68760,	eath certificate be axecuted attending physician and for use as the burial-transit	edicai	thet initiated events resulting in death) Last	Due to (c	r as a consequ	ionee of):						
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o	the de	Physician	Part II. Other significant conditions	contributing to death but not res	ulting in the un	derlying cause	given in Part I.	23b. Did tob	23b. Did tobacco use contribute to the cause of death?			
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Division		Certification:	4 Homicide		ome, farm, stre y)	et, factory, office	а	28f. Location (Stre City or Town,	et and Numbe State)	er or Rural	Route Number,	
	ortai Frai E		00-0-4									
	o the Hospital or ithin 24 hours afte to the Funeral Dir ompletely filled in	edical	(Check only 2 Medical Exa	hysician: To the best of my kno miner: On the basis of examina	wledge, deeth tion and/or inv	occurred at the estigetion, in my	time, dete end plece, opinion, deeth occur	end due to the cau red at the time, date	se(s) and mai e and place, a	nner as sta and due to	ated. the cause(s)	
	o the o the omple	Med	one) 29b. Signeture and title of certifier	and menner stated.								
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State Registrar 31. Date filed (Month, Dey, Year) SEP 0 9 1996

Tomas J. Hernandez, M.D.

30. Name end eddress of person who completed cause of deeth (Item 23e) (Type, Print)

7525 Greenway Center Drive #T-6, Greenbelt, MD 20770 32. Registrer's Signature

DO 8230

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Please Type or Print in Black Indelible Ink. Assure All Coples Are Legible.

State of Maryland / Department of Health and Mental Hygiene 96 28733

Physicia				(Certificate of	Death	Re	g. No.			
		1. Decedant's Nama (First, Middla, Las	st)	1.			2. Data of Deat Month	Day_	Yaar	3. Tima of Death	
/Medica	_	VIOIA		M	itchell		Septemb	er 7,1	996	1:09 An	
Examine	er	4a. Facility Nama (If not institution, give				4b. City, Town, or L		4c. County			
	4	Prince George's 5. Social Sacurity Number 6. S		In yrs. last birtho	tav) If Under 1 Yea	Cheverly if Undar 24 Hrs.				orge's	
Funeral Director			☐M 2XF	81 Yr	Months Day		8. Data of Birth (Month, Dey, April 4	, 1915	Virg	aca (Stata or Foraig ry) inia	
naturel', or items 23a or 28a-f show	- 1-	10a. Stata 10b. County	1	Oc. City, Town o	or Location				10	d. Insida City Limits	
r 28a-f show	Director	MD Prince (George's	Upper M	arlboro					12 Yas 2 No	
or 28	- Le	10e. Street and Number			10f. Zip Coda		10	g. Citizan of V	Vhat Count	ry?	
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	by Fur	11. Marital Status 1 Navar Married 2 Married 3 M Widowed 4 Divorced	12. Was Decedant Ev Armed Forces? 1 ☐ Yas 2 ☒ No if Yas, Giva Yaar or Datas:	ar in U,S.	13. Was Decedant of if Yas, specify Cu 1 ☐ Yas 2 ☒ No		pecify Yas or No- o Rican, atc.) 14. Race - Amarican indian, Black, Whita, atc. Specify: White				
Medical	Completed	15. Decedant's Ed (Specify only highast gra-	ucation da complatad) College (1-4or 5+)	16a. D.	acedant's Usual Occu Giva kind of work done fe. DO NOT use ratir	upation a during most of work ed)	king	16b. Kind of Bu	sinass/Ind	ustry	
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marked marked matic e	0	William Randolph				Magnoli	a Massie				
18 18		19e. Informant's Name/Ralationship (Type, Print) Cynthia Mitchell - Daughter 19b. Mailing Address (Straat and Number or Rural Routa Number, City or Town, Stata, Zip Coda) 9403 Cheltenham Drive, Brandywine, Maryland									
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	and *=		10a. Stata 10b. County		10c. City, To	own or Loc	ation				10d. F	Inside City Limits
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Baltimore,	9 5 = -		20a. Mathod of Disposition 1X Buriel 2 ☐ Cramation 3 [cema	tary, cremi	ition (Nama o atory or othar	place)	Dete		- City or Town,	Stete
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Bal	permit. Pege Department of Important: If any Injury or once.		21. Signature of Funarei Sarvice Lice	the A	> 111	ST	EWART :		HOME, Inc			6
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	n 24 Ne F.	edical	(Check only 2 Medical Examone)	minar: On the basis of a end mannar stet	ed.	and/or inva	istigation, in m	ny opinion, death o	occurred at the time	, date and piece,	and due to tha	cause(s)
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	14)		30. Nama and addrass of person who	completed cause of de-	ath (Itam 224	a) (Tuno D		Varkey 1	T	1101	10	
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				(Certific	ate of	Death		Reg. No.			00		
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/Medicai	-	Robert	D.		Мо	yniha	n	Septemb	per 9, 1	.996	7:40) AM		
Examiner	•	4a. Facility Name (If not institution, giv	e street and number)				4b. City, Town, o	r Location of Deel	th 4c. Count	y of Death				
TEVE !		4901 Abbott Dr	ive				Temple I	Hills	rince	e Geor	rge's			
Funeral Director		5. Social Security Number 6. S 014-18-3023 Usuel Residence of Decedent	ПМ 2ПЕ	6 (In yrs. last birth	Mont	hs Deys	If Under 24 H		rth ay, Year) 20					
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State of Maryland / Department of Health and Mental Hygiene 06 20726

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_e Funeral Director			Sex 7. Age (in 22	yrs. last bir	thdey) if Under Months Yrs.	er 1 Year Deys	if Under 24 Hrs Hours Min.		th ey, Year) 3 1974	Cour	plece (State or Foreign ntry) sachusetts
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d within 72 hours at plece. I than "natural", or the Medical Exam	Completed	15. Decedent's E (Specify only highest gr	ducetion ade completed)	16a.	Decedent's Us	ual Occup	oation during most of wo d)	rkina	16b. Kind of	Business/Ind	dustry
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To the Hospital within 24 hours To the Funeral completely lifed	edical	29a. Certifier 1☐ Csrtifying Ph (Check only one) 2 Msdicai Exam	ysician: To the best of my niner: On the bests of exam end menner stated.	knowledge, ninetion end	deeth occurred for investigation	et the tin	ne, dete end plece pinion, deeth occu	e, end due to the erred et the time,	ceuse(s) end m dete end plece	anner as st , and due to	eted. the ceuse(s)
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State of Maryland / Department of Health and Mental Hygiene 96 28737

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			Greenbelt Nursing	g Center			Greenbel	t, Md.	Prince	Geo	rge's
	Funeral Director		5. Sociel Security Number 6. Security Number 237-34-7382	7. Age (<i>In yrs</i> . M 2□ F 81	lest birthd Yrs	Months Days		8. Date of Birth (Month, Dey, May 12,	Year) 1915	9. Birthpi Count Nort	ecce (Stete or Foreign try) h Carolina
	rland		10e. Stete 10b. County	10c. Cit	y, Town o	r Location				10	Od. inside City Limits
	Man	to	N/A N/A	W	ashi	ngton, D.C	3.				1 ☑ Yes 2 ☐ No
	or 28	Director	10e. Street end Number			10f. Zip Code		11	0g. Citizan of W	het Count	try?
	th wil		4515 Texas Avenu	ie S.E.		2001	9		United	Stat	es
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State of Maryland / Department of Health and Mental Hygiene 9 6 Certificate of Death 1. Decedant's Nama (First, Middle, Last) 2. Data of Death 3. Time of Death Month **Physician** 9 DALLAS NORTHINGTON, JR 996 SEP 5:36 AM /Medical 4a. Facility Nama (If not Institution, giva street and number) 4b. City, Town, or Location of Death 4c. County of Death Examiner NATIONAL NAVAL MEDICAL CENTER BETHESDA MONTGOMERY If Undar 24 Hrs. 8. Data of Birth (Month, Day, Year) If Undar 1 Yaar 5. Social Sacurity Number 7. Aga (In yrs. last birthday) **Funeral** 9. Birthpiaca (State or Foreign Country) Springile Days 11XM 2□ F Yrs. 411-56-6665 59 Director July 7, 1937 Tennessee Usuai Rasidanca of Decedant the Maryland 10a. Stata 10b. County 10c. City, Town or Location 10d. Insida City Limits must be notified at Maryland Prince George's Fort Washington 1 ☐ Yas 2 X No Director 10e. Street and Number 10f. Zip Coda 10g. Citizen of What Country? United States 8300 Founderwood Way 20744 'natural', or Items 23a Funeral of America 12. Was Decedent Ever In U,S. Armed Forces? ₩XXas 2 □ No If Yas, Giva Yaar or Datas: Was Decedant of Hispanic Origin? (Specify Yas or No-If Yas, specify Cuben, Maxican, Puarto Rican, atc.) 14. Race - Amarican Indian, Black, Whita, atc. 72 hours after 1 Nevar Married 2 Married Baltimore, Maryland 21215-0020 1 ☐ Yas 2 ☐ No Specify: Specify: þ 3 ☐ Widowed 4 ☒ Divorced Black Completed 16a. Decedant's Usual Occupation (Giva kind of work dona during most of working lifa. DO NOT usa retired) 15. Decedant'a Education 16b. Kind of Business/Industry (Spacify only highast grada complated) permit. Pages 1 and 2 should be filed within 7 Department of Health and Mental Hygisne. Important: if tem 27 is marked other than "n any injury or other traumatic event, the Med 9055s. Eiamantary/Secondary (0-12) College (1-4or 5+) Supervisor 12 Maintenance Engineering 17. Fathar's Nama (First, Middla, Last) 18. Mothar's Nama (First, Middle, Maidan Sumama) Be Dallas Northington, Sr. Mamie Cobb 19a. Intormant's Name/Raiationship (Type, Print) 19b. Meliing Addrass (Street and Number or Rural Route Number, City or Town, Stata, Zip Code) Dalneva N. Cousin/ Daughter 743 Moormans Arm Road, Nashville, Tennessee 37207 20b. Pieca of Disposition (Nama of camatary, cramatory or othar place Cemetery September Pegram, Tennessee 20a. Mathod of Disposition 20c. Location - City or Town, Stata 1 X Buriai 2 ☐ Cramation 3 ☐ Ramoval from Stata 4 ☐ Donation 5 ☐ Othar (Specify) 21. Signature of Funeral Service Licegaee #M00690 22. Nama and Addrass of Facility Smith Brothers Funeral Directors auen 706 Monroe Street, Nashville, TN 37208 23a. Part1. Enter the disease, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart feliure. List only one cause on each line. Approximata Intarvai Betw Onsat and Death Physician /Medical Immediata Causa (Final disease or condition resulting In death) METASTATIC CARCINOMA Years Examiner Dua to (or as a consequence ot) Physician/Medical Examine physician and the burief-transit The law requires that the death certificate be executed Sequentially list conditions, if any, leading to immadiata cause. Enter Underlying Cause (Disease or Injury that initiated events rasuiting in daath) Last Dua to (or as a consequence of): Box 68760. Dua to (or as a consequence of): 88 USB ō ed by the detached Part II. Other significant conditions contributing to death but not resulting in the underlying causa given in Part I. o 23b. Did tobacco use contribute to the cause of death? signed by t 1 ☐ Yes 2 ☐ No 3 ☐ Probably Unknown Division of Vital Records, P. by been si 24b. Were autopsy tindings available prior to completion of causa of death? Completed 24a. Was an autopsy performed? hes certificate 1 Yas 2 No 1 Tyas 2 No or Attending Physician: 25. Was casa rafarred to medical axaminar? Be 28. Placa of Death (Check only ona) Hospital: 1 Nnpatient 2 ER/Outpatient 3 DOA Other: 4 Nursing Homa 5 Rasidence 6 Other (Specify) 1 Yas 2 No P After this funeral 28c. Injury at Work? 27. Mannar of Death 28d. Dascribe how Injury occurred Certification: 5 Panding invastigation 1XX Natural deeth. 1 Yas 2 No Director: / 2 Accident 6 Could not be datamined 3 ☐ Sulcide 28f. Location (Streat and Number or Rural Routa Number, City or Town, State) 28a. Place of Injury - At homa, ferm, streat, tactory, office building, atc. (Spacify) an 24 hour.
The Funeral Direction by 4 Homicida Hospital Certifying Physician: To the best of my knowledge, death occurred at the time, dete end piece, and due to the cause(s) and manner as stated.

[In Medical Examiner: On the basis of examination end/or invastigation, in my opinion, death occurred at the time, date and piece, and due to the cause(s) and manner stated. 29e. Certifian Medical npletely 1 (Check only one) o the the th 29b. Signatura and titla of certifier 29c. Licansa number 29d. Data signed (Month, Day, Year) 0 all all 95EP96 35-05-7584 (OH) 30. Name and address of person who completed cause of death (Itam 23a) (Type, Print) O NATIONAL NAVAL MEDICAL CENTER T. LUCHSINGER, LCDR, MC, USN BETHESDA MD 20889-5600 SCOTT

State Registrar

31. Data filed (Month, Day, Year) SEP 12

3. Registrar's Signature

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State of Maryland / Department of Health and Mental Hygiene 96

Certificate of Death 1. Decedant's Nama (First, Middla, Last) 2. Data of Death 3 Time of Death A.K.A. John Joseph Osborne **Physician** JOHN **JOSEPH** OSBORNE, JR. September 6, 1996 12:53 pm /Medical 4a. Facility Nama (If not Institution, give street and number) 4b. City, Town, or Location of Death 4c. County of Death Examiner 4809 King Court Bowie Prince George's 8. Data of Birth (Month, Day, Year)
Alig. 30, 1944 If Undar 24 Hrs. Hours Min. If Undar 1 Yaar 5. Social Sacurity Number 7. Aga (In vrs. last birthday) 9. Birthplaca (Stata or Foreign **Funeral** Months 1 X M 2 □ F Days Director 213-46-6049 52 Washington, DC Usual Rasidence of Deceden 10b. County 10c. City. Town or Location 10d. Inside City Limits r 28a-f show incilled at 1 ☐ Yas 2 ♥ No Greene Bu11 10e Street and Number 10f. Zip Coda 10g. Citizan of What Country? r than "natural", or items 23e or the Medical Examiner must be r 360 Cooter Lane U.S.A. 37711 12. Was Decedant Evar In U,S. Armed Forcas? 1 ☐ Yas 2 ☒ No If Yas, Giva 13. Was Decedent of Hispanic Origin? (Specify Yas or No-if Yas, specify Cuban, Maxican, Puarto Rican, atc.) 11 Marital Status 14. Race - American Indian. Black, Whita, atc. hours after 1 Nevar Married 2 Married 1 Yas 2 No Specify: Specify: White 2 3 ☐ Widowed 4 ☐ Divorced Year or Dates: 15. Decedant's Education (Specify only highast grada complated) 16a. Decedent's Usual Occupation 16b. Kind of Businass/Industry (Giva kind of work dona during most of working life. DO NOT usa ratired) Hygiene. Elemantary/Secondary (0-12) Collega (1-4or 5+) 12 Firefighter Prince George's County 17. Father's Nama (First, Middle, Last) 18. Mothar's Nama (First, Middle, Maidan Sumama) Pages 1 and 2 should be fit ment of Health and Mental H ant: If them 27 is marked off John Joseph Osborne, Sr. Alice May Brown 19a. Informant's Name/Ralationship (Type, Print) 19b. Mailing Addrass (Straat and Number or Rural Routa Number, City or Town, State, Zip Code) Department of Health a Important: If them 27 is any injury or other trac once. Marsha C. Osborne - Spouse 4210 Bar Habor Place, Bowie, Maryland 20720 20b. Place of Disposition (Nama of cematary, cramatory or other place) 20a. Mathod of Disposition 20c. Location - City or Town, Stata 1 ☐ Burial 2 X Cramation 3 ☐ Ramoval from Stata 4 ☐ Donation 5 ☐ Othar (Specify) Metropolitan Crematory 09/07/96 Alexandria, Virginia 21. Signatura of Funaral Sarvice Licensea 22. Nama and Addrass of Facility Francis Gasch's Sons Funeral Home, P.A. 1.1 4739 Baltimore Avenue, Hyattsville, MD 20781 ous as 23a. Part 1. Enter the disease, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory errest, shock, or heart failure. List only one cause on each line. Approximata Intarval Between Onset and Death Physician /Medical tmmediata Causa (Final Metastatic Adenocarcinoma Disseminated disaasa or condition rasulting in death) Examiner Due to (or as a consequence of): Examiner Anemia attending physician and for use as the burial-transit Sequentially list conditions, if any, laading to immadiata cause. Entar Undarlying Cause (Disease or Injury certificata be execu Dua to (or as a consequence of) Box 68760 Cachexia Physician/Medical that initiated evants rasulting in death) Last Dua to (or as a consequence of) P.O. ed by the a Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 23b. Did tobacco use contribute to the cause of death? signed by i 1 Yee 2 No 3 Probably 4 Onknown Division of Vital Records, þ 24b. Ware autopsy findings available prior to page 2 should Completed 24a. Was an autopsy performed? ueeq completion of causa of death? cartificata has 1 Yas 2 No 1 Yas 2 No 25. Was casa rafarrad to medical axaminar? Be 28. Piaca of Death (Check only one) Hospital: 1 ☐ Inpatiant 2 ☐ ER/Outpatient 3 ☐ DOA Other: 4 Nursing Homa No 2 1 Yas 5 Masidance 6 □Othar (Specify) funaral 28a. Data of Injury (Month, Day Year) 27. Manner of Death 28b. Time of 28d. Dascribe how injury occurred Certification: Aftar 1 Natural 5 Panding Invastigation Injury death. 1 ☐ Yas 2 ☐ No 2 Accidant or Attend after death Director: / tha 6 Could not be 3 ☐ Sulcida 28a. Place of Injury - At homa, farm, straat, factory, office building, atc. (Specify) 28f. Location (Streat and Number or Rural Routa Number, City or Town, Stata) filled in by 4 Homicide Hospital c 24 hours 1 Cortifying Physician: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(s) and manner as stated.

2 Medical Examiner: On the basis of examination and/or invastigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and manner stated. Medical 29a. Cartifiar plataly (Check only one) To the 29b. Signatura and titla of cartifiar 29c. Licensa number 29d. Datersigned (Month, Day, Year) 10 30. Nama and address of person who completed causa of daath (Itam 23a) (Type, Print) Merrill J. Cohen, M.D. 7225-A Hanover Parkway, Greenbelt, Maryland 20770 legistrar's Signatura 31. Data filed (Month, Day, Year) State

DHMH 16 Rev 6/95

Registrar

SEP 0 9 1996

State of Maryland / Department of Health and Mental Hygiene 96

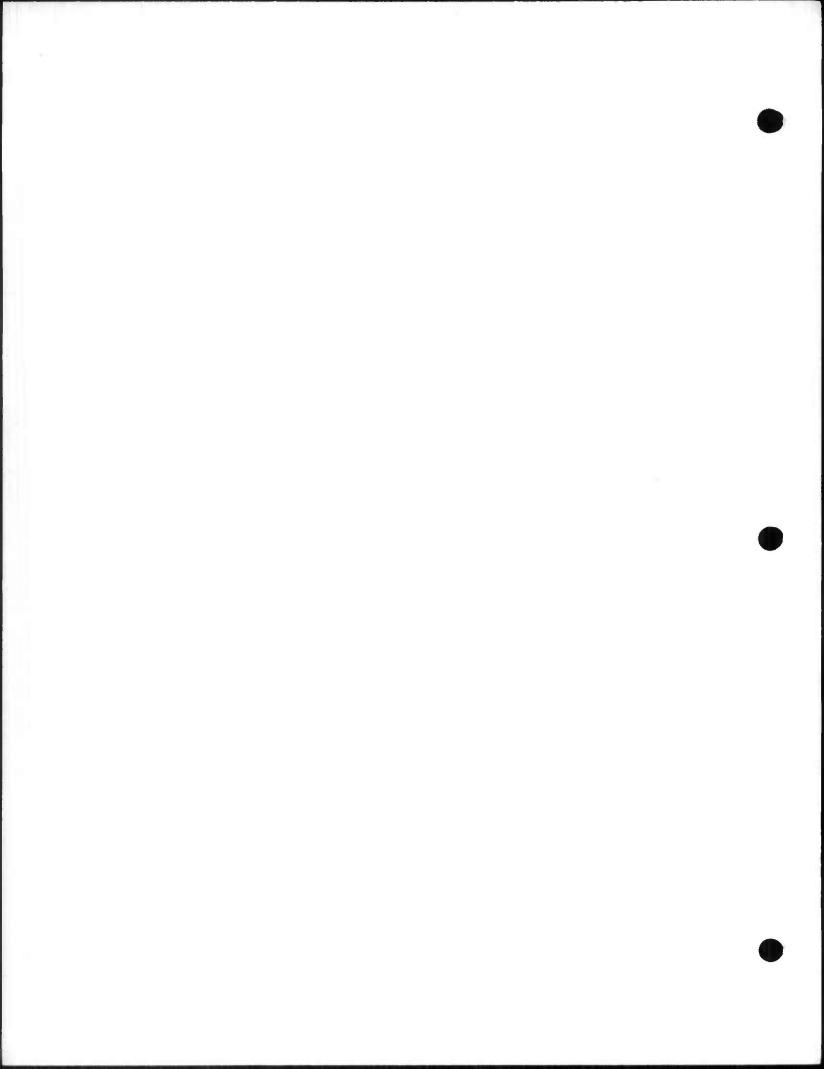
					Ce	rtificate o	f Death		Reg. No.	20	20140
Physician		1. Decedent's Neme (First, Middle, Last		0.1.7				2. Dete of D Month		Year	3. Time of Death
/Medical		GEORGE E		PUNT		DITAN	4. 65. 7	SEPT		1996	6:45 PM
Examiner	1	le. Fecility Name (If not institution, give HOSP _ S601 LDCH	RAVE N	ber) GOO	ן ווואָכ ע	יותוואז		or Location of Dee		inty of Death Imore	
Funeral	- 5	5. Sociel Security Number 6. Se	x 7	. Age (In yrs.	last birthdey)	If Under 1 Yes	ar If Under 24 F				npleca (Stete or Foreign untry)
Director		201-16-3480	M 2□ F	67	Yrs.	Months Dey	rs Hours M	frs. 8. Dete of B (Month, I Jul 30), 1929	Wash	nington Co, M
۶ ,	-	Usual Residence of Decedent		40. 00	-						
anyla show	- 1	10a. Stete 10b. County			y, Town or Lo						10d. Inside City Limits 1 ☐ Yas 2 ☒ No
the M	5	MD Baltimo	ore	Вал	ltimor	E 10f. Zip Code			10g. Citizen	of Milest Co.	**
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within 72 hours after deeth with the Maryland ene. than 'natural', or items 23a or 28a-f ehow he Medical Examiner must be notified at smoleted by Funeral Director	<u> </u>	11. Meritel Stetus	12. Wes Deced	dent Ever In U,	S. 13.	Wes Decedent of	f Hispanic Origin? uban, Mexican, Pu			Reca - Amer	
or its		1 Never Merried 2 Merried	Amed Ford	2 □ No		if Yes, specify Ci		erto Hican, etc.)		Bleck, White	
rali, o	2	3 Widowed 4 Divorced	Yeer or Det	les: 50-54	+	ILL 165 MAIN	o Specify.		Spe	ecify: WI	nite
ed within 72 hours ygiene. her than "natural", it, ih Medical Ex-		15. Decedent's Edu (Specify only highest grad	ication le co <i>mpleted)</i>		(Give	dent's Usuei Occ kind of work dor	ne during most of t	working	16b. Kind o	f Businass/I	ndustry
withir she.		Elementery/Secondary (0-12)	Collega (1-4	4or 5+)	Weld	DO NOT use reti ⊝ ∵	rea)		Manuf	acturi	ino
filed within Hygiene. other than ent, the Merc		17. Fether's Neme (First, Middle, Last)			WCIG		18. Mother's N	Neme (First, Middl			1116
2 should be financial and Mental Hamarked out reumatic even	5	Leo L. Punt, Sr					Rache]	PAULINE	Snowb	erger	
2 should be filed within and Mental Hygiene. Is marked other than eumatic event, the M. To Be Comp		19a. Informant's Neme/Relationship (T)	rpe, Print)		19b. Meili	ng Address (Stre	et and Number or				ip Code)
s 1 and 2 should be filed within 72 hi Health and Mental Hyglene, tem 27 is marked other than "natual other treumatic event, the Medical To Be Compileted		Dianna Baker			9074	Mentzer	Gap RD	Waynes	boro	PA 17	7628
	12	20a. Method of Disposition 1 ☑ Burial 2 ☐ Cremetion 3 ☐ F	Removei from Si		lece of Disponentery, cre	osition (Neme of metory or other p	plece)	Dete	20c. Location	on - City or T	Fown, State
permit. Page Department of Important: If any injury or once.		4 ☐ Donation 5 ☐ Other (Specify)	0 1	Bet		hurch Ce		Sep 21			1 21719
permit. Pages 1 and Department of Health Important: if item 27 any injury or other ti once.	1	21. Signature of Funerel Service Livens	60/	1	2:	2. Neme end Add	dress of Fecility	Grove Fur	eral H	ome,]	Inc.
20200	4	Apalas No Best O	888114	De			ad St Wa			268	
	1	23a Part / Enter the disease, or compi shoot, or heart feilure. List only o	ne ceuse on the	used the death on line.	h. Do not en	ter the mode of d	lying, such es card	liec or respiretory	arrest,		Approximete Intervel Between Onset end Deeth
Physician /Medical		tmmediate Ceusa (Final	0 =	- 0 . 0	1.1	54					
Examiner		diseese or condition resulting in deeth)	a. 10 E.		res e conse	FAI	LUKE				4 days
Je Je			T.N.	TRACK			LEED				4 days
axecuted in and fal-transit		Sequentially list conditions,	b		r es e consa	9	CCC				7 days
sen certificate be axecuted attending physician and for use as the burlal-transit clar/Medical Examir		Sequentielly list conditions, if eny, leading to immediate cause. Enter Underlying Ceuse (Disease or injury	c							1	
certificate be axecuted reining physician and use as the burial-transit m/Medical Examir		that initiated events resulting in death) Last		Due to (or	r es e consec	juenca of):					
nding use a			d							-	
by the attence tached for use the steen of the attence tached for use the steen the st	-	Pert II. Other significant conditions cor	ntributing to dea	th hut not resu	ulting in the u	nderwing cause	niven in Pert I	23h Di	1 tobacco use	contribute	to the cause of death
The law requires that the deeth are here has been signed by the atterpage 2 should be detached for the completed by Physicial				ar out not rost	onling in the c	inderlying cadse	giron ar ront i.		Yee 2□N		obably 4 Unknow
be de be de		HYPERTENSI	ON								
been signature should t									s an autopsy formed?	8	Vere autopsy findings vallable prior to
The law requir	-							_			completion of cause of death?
								1	Yes 2 N	0 1	☐Yes 2☐ No
Physicien: The rhis certificate ral director, par TO Be Co		25. Was case referred to medical axaminer?	Hospitel:				Wher	Deeth (Check only			
F SE P		1 ☐ Yes 2 ② No	1 20 In	patient 2 Injury	ER/Outpetie 28b. Time o	IT BLI DOA	4 LI NUISIN	g Home 5 ☐ Res	how injury oc		sify)
D 8 9 E		1 Netural 5 Pending 2 Accident Investigation		Day Year)	Injury	V	ork? ☐ Yes 2 ☐ No	200. 20001120	Thom injury ou	001100	
Atten r dea bctor: by the		3 Sulcide 6 Could not be	28a. Place o	of Injury - At ho	me, ferm, st	reet, fectory, offic	:a	28f. Location	(Street end No	mber or Ru	ral Route Number,
lal or Attending P is after death. al Director: After t ed in by the funer Certification:		4 Homicide	building	g, atc. (Specify	/)			City or 1	own, Stete)		
		29e. Certifier 1 Certifying Phys (Check only 2 Medical Exam)									
thin 24 hour thin 24 hour the Funer mpletely fill		one)	end menne					occined of the film			16 77-1
5 × 5 × 5	1	29b. Signeture and title of certifier Wymau Koku	ut				nse number		29d. Date sig	17. F-17.	
							10581		SEPT		
	3	30. Name and eddress of person who co	omplated cause	of death (Item	123e) (Type,	9601 Le	CH RAVE	N BLVD-	BALTI	MORE,	MD ,- 2123
State	3	31. Dete filed (Month, Dey, Year)		glstrer's Signe							
State Registrar		SEP 1 9				. 0 44					
AH 16 Ray 6/95		2FA 1 a	230	ALVA, AVAL		Mari-	-				

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DIVISION OF VITAL RECORDS, P.O. BOX 68760

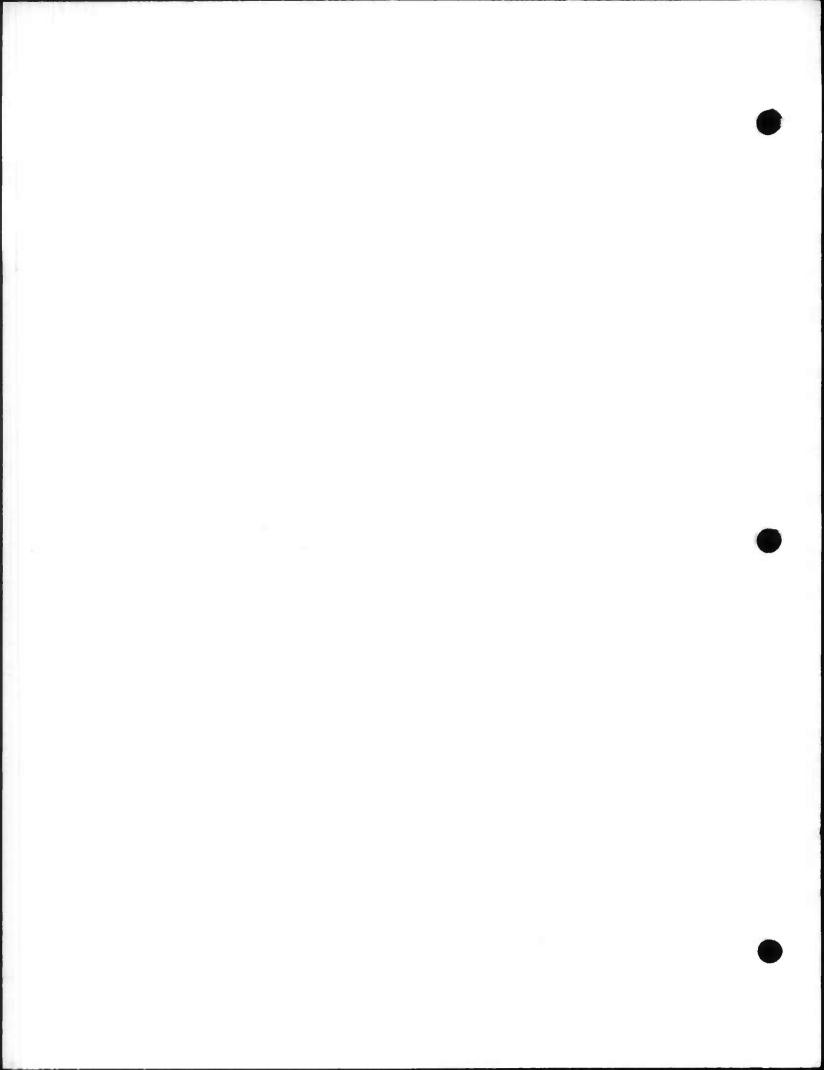
STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

		REGISTRAR		CI	ERTIFI	CATE OF	DEATH	REG. NO			
		1. DECEDENT'S NAME (First, Middle, Last)						2. DATE OF DEATH			TIME OF DEATH
		Harry Sylve	ster Palme	er S	r.				, 199	YEAR	5:00 A.M
		4. SOCIAL SECURITY NUMBER		E (In yrs. les		IF UNDER 1 YEAR	IF UNDER 24 HRS.	7 DATE OF BIRTH			CE (Stete or Foreign
		214-09-2199	1 🔀 M 2 □ F	84		WONTHS DAYS		Mar. 10, 1	012	Country)	
				04	Tha.				912	Mary	yland
	~	9e. FACILITY NAME (If not institution, give s			1	9b. CITY, TOWN	OR LOCATION OF OR	EATH	9c. COUN	TY OF DEATH	A
	Ö	10803 Crystal	Falls Dr.			Ha	gerstow	n	Was	shing	rton
	5	RESIDENCE DE DECEDENT 10a. STATE 10b. COUNTY	,							-	
	DIRECTOR				10c. CITY,	TOWN OR LOC	ATION			10d	1. INSIDE CITY LIMITS?
		Md. Wast	nington			Hager	stown			1 [YES 2 NO
	I₹	10e. STREET AND NUMBER				1	01. ZIP CODE		10g. CITIZ	EN OF WHAT	COUNTRY?
	FUNERAL	10803 Crystal	Falls Dr.				21742			U.S.	Δ
	5	11. MARITAL STATUS	12. WAS DECEDENT EVER	IN U.S. AR	MED	13. WAS OF		HC ORIGIN? (Specify Ver	or No-	14. RACE - /	American Indian.
		1 Never Married 2 X Merried	FORCES? 1 YES		40	If yee, s	pecify Cuben, Mexica S 2 📉 NO Specify	n, Puerto Rican, etc.)		Black, Wr	hite, etc.
	ВУ	3 Widowed 4 Divorced					S 2 M NO Species	,.		Specify:	White
	8	15. DECEDENT'S EDU	CATION	16a. DE	CEDENT'S U	SUAL OCCUPAT	TON	16b, KIND OF BU	SINESS/INDL	ISTRY	
		(Specify only highest grade Elementary/Secondary (0-12)	College (1-4 or 5+)	(G.	ive kind of wo . Do NOT use	rk done during m retired.)	nost of working				
	7	8	College (1-4 of 5 +)		Patt	ern Ma	ker	Mfq.	CO		
nce.	COMPLETED	17. FATHER'S NAME (First, Middle, Last)						ME (First, Middle, Maiden			
0		Harry R. Pali	mer					e Gabe	Sumame)		
20	BE	19e. INFORMANT'S NAME (Type/Print)	HCI								
or removal. medical examiner must be notified at once.	2							Route Number, City or Tow			
9		Anna E. Palmer		1	0803	Cryst	al Fall	s Dr. Ha	gers	town	,Md.2174
15		20g METHOD OF DISPOSITION 1 LA Burtil 2 Commetion 3 D Rum	wal from State	b. PLACE	AND DATE OF	OISPOSITION /	Name of Se	ptDATE 20c. LO	CATION - C	Ity or Town,	State
Ē		4 Donetson 5 Other (Specify)	I S	mith	nsbui	g Cem	etery 1	9,1996 S	mith	sburo	. bM.
Je .		21. SIGNATURE OF FUNERAL SERVICE LIC	eight			22. NAME A	AND ADDRESS OF FA	CILITY 1	2525	Brac	bury Ave
Cam		Jennis &	Kn 1		_	Davi	s Funer	al Home			-
Mal.			Town		_			S	mith	sburg	y,Md.2178
removal		23. PART i. Enter the diseases, or o shock, or heart fellure.	omplications that cause on	ed the de	ath. Do no	t enter the m	ode of dying, suci	n as cardiac or reapi	ratory arre	st,	Approximate
		IMMEDIATE CAUSE (Fine)								į	Onset and Death
cremation,		disease or condition resulting in death)	DUE TO (OR AS	troi.	atre	41.1	140 n	preham		į	11.
rent		resulting in death)	DUE TO (OR AS	A CONSEC	DUENCE OF	- Vu	6,00				paays
rgiene prior to burial, crema other traumatic event,	-		Color							i	
Tast	RTIFICATION	Sequentially list conditions, if any, leading to immediate	DUE TO (OR AS								
prior to burial, traumatic e	¥	cause. Enter UNDERLYING								İ	
ne p	F	CAUSE (Diseese or Injury that initiated events	DUE TO (OR AS	A CONSEC	DUENCE OF					i	
I Hygiene or other	E	resulting in death) LAST								İ	
	CE		1								
th and Menta any injury,		PART II. Other significent condition	contributing to death	but not n	eaulting in	the underlying	ng cause given in	Part i. 24s. WAS AN		24b. WEF	RE AUTOPSY FINDINGS
and in	DICAL							PERFOR			ILABLE PRIOR TO IPLETION OF CAUSE
2 62	8							1 [YES 2	NO		DEATH?
show	Σ	DID TODA COO HIST CONTE	101100 00 001100			h	4			1 [YES 2 NO
23 pt	AN	DID TOBACCO USE CONTI	GIBUTE TO CAUSE (/	UNCERTAIN	1 🗆			
State Dept.	ᄗᆘ	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:	26. PLAC	-	(Check only one)				
or i	YSI	1 YES 2 NO	1 Inpatient 2 ER/Ou	tpatient 3	□ DOA	Nursing Ho	me 5 Reeldence	6 Other (Specify)			
₽ B	PHY	27. MANNER OF DEATH	28e. DATE OF INJURY (Month, Day, Yeer)		28b. TIME INJU		JURY AT ORK?	28d. DEŞCRIBE HOW I	NJURY OCCU	JRED	
death with	ВУ	Natural 5 Pending Investigation					YES 2 NO				
s de	-	3 Suicide 8 Could not be	28e. PLACE OF INJUR building, atc. (Spi	Y — At ho	me, ferm, str	eet, fectory, offi	co	28f. LOCATION (Street e	and Number o	r Rural Route	Number,
after 28 is	Ш.	4 Homicide datermined	bulling, arc. jop	ochy)				City or Town, State)			
Hours	PLE	29e. CERTIFIER	MAN. To the house of an in-								
2 =	₹		CIAN: To the best of my know								
within ITANT:	8	A MEDICAL EXAMINE	R: On the besie of examinati	on end/or I	nvestigation,	In my opinion,	death occured at the	time, date and place, en	d due to the	cause(s) end	manner es stated.
PORT/	w	29b. SIGNATURE AND TITLE OF CERTIFIER			1105		29c. LICENSE NUM	BER	29d. DATE	SIGNED (Mon	nth, Day, Year)
be filed within IMPORTANT:	0 8	11151	erms	1	VNI)	1230	/ 7/	•	5/12	141
	¥	30. NAME AND ADDRESS OF PERSON WHO	COMPLETED CAUSE OF D	EATH (ITEN	1 27) (Type, F	rint)	1 27 27		-	1.77	, G
		W.B. Kerns, m				Blud	Smills.	slava m 1	. 21	783	
		31. DATE FILED (Month, Day, Year)	32. REGISTRAR'S SIG				SILLLA	SOUT TICA	- 001	700	
		SEP 1 9 199	. /								
Į		2EL T 3 133	U HELLA BURNE	ACE TO A	dell			70 0			



FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.

		1. DECEDENT'S NAME (First	Adjoints 1 mats								1	1120.110.		_	
	Delicon T. Delicon T. D. S. Time OF DEATH														
		4. SOCIAL SECURITY NUMBER		5. SEX	6. AGE (In yrs. Is	at blothdad	IF UNDER	4 4540	1		Sep		, 19		
		213-18-89		1 M 2 X F	79	YRS.	MONTHS	DAYS	HOURS	MIN.	(Montf	n, Day, Year)	01.7	8. BIRTH	NOITH
pinous		Sa. FACILITY NAME (If not in		reet and number)	19		9b. CITY	TOWN	OR LOCATI	ON OF DE	Jan	1. 3,1	_		
60	۳ ا	1909 Monu	mean t	Pd					svi1				DAY 1996 1:00 P. M RITH Country Or Tare of Foreign Country (North Carolina) 9c. COUNTY OF DEATH Frederick 10d. INSIDE CITY LIMITS7 1 PSS 2X NO 10g. CITIZEN OF WHAT COUNTRY? U.S.A. 14. RACE — American Indian, Black, Whita, etc. Specify: White etc. Specify: Specify		
2,2	5	RESIDENCE OF DEC	EDENT							TG			rr	eae	rick
Pages	DIRECTOR	10a. STATE	10b. COUNTY			1	TY, TOWN (10d. INSIDE CITY LIMITS?
jį.		MC .	Fred	erick			Myer		ille						
physician. burlal-transit permit. Pages	FUNERAL	1909 Monu	mant	Dβ				10	or. ZIP COD		7.3		10g. CITI		
-trans	N N	11. MARITAL STATUS	ment	12 WHE DECEDE	IT EVED IN II S. A	DMEO	12	MAR DE		217					
		1 Never Married 2		FORCES?	YES 2-	NO		f yes, sp	pecify Cuba S 2 DI NO	in, Maxica	in, Puerto F		or No-	Black	, Whita, etc.
attending se as the	ВУ	3 € Widowed 4 ☐ Olvo	rced		on on cares			I I TES	2 5 87 MO	Specif	у:			1:00 P. BIRTHPLACE (State or Foreign Country) NOrth Carolina COUNTY OF DEATH Frederick 10d. INSIDE CITY LIMITS? 1 YES 2K NO CITIZEN OF WHAT COUNTRY? U.S.A. 14. RACE — American Indian, Black, Whita, etc. Specify: White SINDUSTRY M. 21773 N.— City or Town, State Property Av. Approximata Interval Betwee Onset and Death AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO COCCURED POCCURED TOCCURED T	
	COMPLETED	15. OEC (Specify and	EDENT'S EDUC y highest grade	CATION completed)	16a, D	ECEDENT'S	Work done	CCUPATI	ION ost of working	na	16b.	KIND OF BUS	DAY YEAR 13, 1996 1:00 P. A BIRTH W. Noar) 3, 1917 Carolina Se. COUNTY OF DEATH Frederick 10d. INSIDE CITY LIMITS? 1 YES 2X NO 10g. CITIZEN OF WHAT COUNTRY? U.S.A. 10g. CITIZEN OF WHAT COUNTRY		
0 P	3	Elementary/Secondary (0	1-12)	College (1-4 or 5		e. Do NOT u	ise retired.)			•					J
the hospital detached for once.	M M	12	N 4 10 1 4 1 1 1			НО	usew	1te	-		\bot			9	
by the		17. FATHER'S NAME (First, M													Y
	BE	19a. INFORMANT'S NAME (7			T.	AL MAN IN	2 4000000	(0)				_			
5 should notified	2	Patricia	,,	eaner											21773
may be x, page		20a. METHOD OF DISPOSIT	ION		306 PLACE	ANDOATE	OE OISBOS	ITION /A/	lama of		-	1 200 100	PATION	04	
9 5 2		Depends 5 Dother (Specify) Rest Haven Cemetery 16,1996 Hagerstown, Md.													
. Page ral direc		TI SCONATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY 12525 Bradbury Ave													
		Davis Funeral Home 12525 Bradbury Ave													
d in by the or removal.	\neg	Smithsburg, Md. 2178													
3 =		snock, or n	eart failure. I	List only Dne car	se on each lin	0.			o, c,			nao or respir	cibiy aii		Interval Between
within 24 hor pletely filled cremation, or rent, the m		IMMEDIATE CAUSE (Final disease or condition													
completely ial, cremati event, t		resulting in death)	,	DUE TO	(OR AS A CONSE	OUENCE O	プロ /へ 的:		- · · · ·	2	Pul	mon	KY	0/.	20 1/21
and com burial,	z	Sequentially list conditions,													
8 0 5	일	Sequentially list conditions, If any, leading to immediate cause. Enter UNDERLYING													
e % a .	CERTIFICATION	cause. Enter UNDERLYING CAUSE (Disease or Injury													
th certificate anding physical Hygiene prior or other to		that initiated events DUE TO (OR AS A CONSEQUENCE OF): resulting in death) LAST													
he death the atten Mental H	핑			l,											<u> </u>
that the dear ned by the att ith and Menta any Injury,	A.	PART II. Other significa			death but not	resulting	in the un	deriyin	g cause (given in	Part I.			24b.	
uires that the signed by the Health and books any in	MEDICAL	HYPERT	RNS	ION	TIA						_		-		COMPLETION OF CAUSE
requires een signe of Health	¥														
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E ## E	PHYSICIAN:	25. WAS CASE REFERRED TO EXAMINER?	D MEDICAL	HOSPITAL:			TH (Check of	1-		,					
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TO THE HOSPITAL TO THE FUNERAL DE filed within 72 IMPORTANT: If	- 11	29b. SIGNATURE AND TITLE			Market Local							und place, and			
THE STATE OF THE S	B	(Andro		1. An	nalson		mo		\ \ \	2 19			≥ 9d, DATE	SIGNED /	(Month, Day, Year)
₽₽2₹	2	30. NAME AND ADDRESS OF	PERSON WHO	COMPLETED CAU	SE OF DEATH (ITE	M 27) (Type	, Print)							/ 1/	/70
		ANDREN			ELSON		915	70	KL to	TOWN	E E	1203	FR	EDE	RICK, MD
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State of Maryland / Department of Health and Mental Hygiene

28743

Physician	
/Medical	
Examiner	

Funeral Director

r 28a-f show Inotified at å mant be n filed within 72 hours after 8 "natural". Hygiene.

Department of Important: If any injury or **Physician** /Medical

Baltimore, Maryland 21215-0020

The lew requires that the deeth certificate be executed P.O. Box 68760. physician attending p signed by the aid be detached for Records, need certificate has Division of Vital Physician: this After or Attending death.

Certificate of Death 1. Decedent's Neme (First, Middle, Last) 2. Dete of Deeth 3 Time of Deeth Month WALTER 1996 PITTMAN SEPT. TT 02 3:30 AM 4e. Fecility Neme (If not institution, give street end number) 4b. City, Town, or Location of Death 4c. County of Deeth OLIVE STREET AND "S"STREET PRINCE GEORGES Beaver Heights 5. Sociel Security Number If Under 1 Year if Under 24 Hrs. 7. Age (In yrs. lest birthdey) 8. Dete of Birth (Month, Dey, Year) Birthplece (State or Foreign Country) Months Deys Hours 1**∑** M 2□ F Yrs 578-15-2715 Nov. 11, 1980 Washington, D.C Usuei Residence of Decadent 10e State 10b. County 10c. City, Town or Location 10d. Inside City Limits Director 1 ☑ Yes 2 ☐ No District of Columbia Washington 10e. Street end Number 10f. Zip Code 10g. Citizen of What Country? 2822 28th Street, S. E., #2 20020 Funeral United States 12. Wes Decedent Ever in U,S. Armed Forces? Wes Decedent of Hispenic Origin? (Specify Yes or No-if Yes, specify Cuben, Mexican, Puerto Ricen, etc.) 14. Rece - American Indien, Bleck, White, etc. 1 ☐ Yes 2 ☑ No if Yes, Give Yeer or Detes: 1 X Never Merried 2 ☐ Married 1 ☐ Yes 2 No Specify: þ Specify: 3 ☐ Widowed 4 ☐ Divorced Black Completed 16e. Decedent's Usuei Occupetion (Give kind of work done during most of working life. DO NOT use retired) 15. Decedent's Education (Specify only highest grede completed) 16b. Kind of Business/Industry Elementary/Secondery (0-12) College (1-4or 5+) Public School 10 Student 17. Father's Neme (First, Middle, Last) 18. Mother's Name (First, Middle, Maiden Surname) . Pages 1 and 2 should be fill ment of Hesth and Mental H tant. If them 27 is marked off Be Walter D. Pittman Renee Coleman 19e. Informent's Neme/Reletionship (Type, Pnint) 19b. Meiling Address (Street end Number or Rurel Route Number, City or Town, Stete, Zip Code) nt of Health a if them 27 is or other tra Walter Pittman, Sr. 2822 28th Street, S. E., #2, Washington, D. C. 20020 20b. Piece of Disposition (Neme of cemetery, cremetory or other piece) 20e. Method of Disposition Dete 20c. Location - City or Town, Stete 1 XBuriei 2 ☐ Cremetion 3 ☐ Removei from State 4 ☐ Donetion 5 ☐ Other (Specify) 9/13/96 Brentwood, MD Lincoln Cemetery 21. Signa 22. Name and Address of Facility
STEWART FUNERAL HOME, Inc. re of Funeral Service Licenses 4001 Benning Road, N. E., Washington, D. C. Enter the disease, or complications that caused the deeth. Do not enter the mode of dying, such as cerdiec or respiratory errest, or heart failure. List only one cause on each line. Approximete Intervai Between Onset and Deeth immediete Ceuse (Finel GUNSHOT WOUNDS TO CHEST AND THIGH diseese or condition resulting in deeth) **Examiner** Due to (or as a consequence of) Examiner buriel-tran Sequentially list conditions, if any, leeding to immediate cause. Enter Underlying Ceuse (Diseese or injury that initiated events resulting in deeth) Lest Due to (or es e consequence of) Physician/Medical the Due to (or es e consequence of): Pert ii. Other significant conditions contributing to death but not resulting in the underlying cause given in Pert I. 23b. Did tobseco use contribute to the cause of death? 1 ☐ Yes 2 ☐No 3 ☐ Probably 4 ☐ Unknown þ Completed 24e. Wes en autopsy performed? 24b. Were autopsy findings available prior to completion of cause of deeth? 1 Ves 2 □ No 1 Yes 2 No Be 25. Wes case referred to medical examiner? 26. Plece of Death (Check only one) 2 MYes 2□ No 1 ☐ Inpatient 2 ☐ ER/Outpatient 3 ☐ DOA 28e. Dete of Injury (Month, Dey Year) Found 2-96 27. Manner of Deeth 28b. Time of 28c. injury et Work? 28d. Describe how Injury occurred Certification: 1. LI 9 AM 1 Naturei 5 Pending Investigation 1 ☐ Yes 2 No 2 Accident Subject within 24 hours efter death To the Funeral Director: completely filled in by the 6 Could not be determined Location (Street and Number or Rural Route Number, City or Town, Stete) Oli Ve Stand S Street 3 ☐ Suicide Placa of injury - At home, ferm, street, fectory, office building, etc. (Specify) à 4 Homicide Street Prince Georges County 29e. Certifier 1 Certifying Physician: To the best of my knowledge, deeth occurred et the time, dete end plece, end due to the cause(s) end manner as steted.

**Chief Cartifying Physician: To the best of my knowledge, deeth occurred et the time, dete end plece, end due to the cause(s) end menner stated.

**Chief Cartifying Physician: To the best of my knowledge, deeth occurred et the time, dete end plece, end due to the cause(s) end menner stated. Medical (Check only one) 29b. Signeture end title of certifler 29c. License number 29d. Dete signed (Month, Day, Year) O.C.M.E. SEPTEMBER 02,1996 30. Name and address of person who completed cause of death (item 23a) (Type, Print) avid rauler 111 Penn Street, Baltimore, Maryland 21201 31. Dete filed (Month, Dey, Year)

Registrer's Signature

State Registrar

SEP 12 1996

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State of Maryland / Department of Health and Mental Hygiene 9 6

Certificate of Death 1. Decedent's Name (First, Middle, Last) 2. Data of Death 3. Time of Death **Physician** RESTON-GILBERT BEVERLY 7.10 Am SEPTEMBEN. 5 1996 /Medical 4a. Facility Name (If not institution, give street and number) 4b. City, Town, or Location of Death 4c. County of Death **Examiner** HOSPITAL PRINCE MAND 7. Age (In yrs. last birthday) If Under 1 Year If Under 24 Hrs. 8. Date of Birth Months Days Hours Min. 12/30/51 GEONGES LINTON 9. Birthplace (Stata or Foreign Country) Pennsylvania 5. Social Sacurity Number **Funeral** 1□ M 2□ 5 578-70-8436 Director Usual Residence of Decedent death with the Maryland 10a State 10b. County 10c. City, Town or Location 10d. Inside City Limits 7 is marked other than "natural", or frama 23a or 28a-f show traumatic avant, the Medical Examiner must be nothled at 1X Yes 2 □ No Director P.G. Temple Hills 10e. Street and Number 10f. Zip Code 10g. Citizen of What Country? 4416 Hargrove Rd. 20748 USA Funeral 12. Was Decedent Evar in U,S. Armed Forces? 1 ☐ Yes 孝 No If Yes, Giva Year or Dates: Was Decedent of Hispanic Origin? (Specify Yas or No-If Yes, specify Cuban, Mexican, Puerto Rican, atc.) 14. Race - American Indian, permit. Pages 1 and 2 should be filed within 72 hours after to Department of Health and Mental Hygiene.
Important: If itam 27 is marked other than "natural" or ham any Injury or other traument. Biack, White, atc. 1 ☐ Never Married 2 ☐ Married Baltimore, Maryland 21215-0020 1 ☐ Yes 2 XNo Specify: Specify: þ 3 ☐ Widowed 4 ☐ Divorced Black Decedent's Usual Occupation (Give kind of work done during most of working life. DO NOT use retired) 16b. Kind of Business/Industry 15. Decedent's Education (Specify only highest grada complated) American Elementary/Secondary (0-12) College (1-4or 5+) Consultant Management Systems 12 17. Father's Name (First, Middle, Last) 18. Mother's Name (First, Middle, Maiden Sumama) Be Garland Preston Trumilla Artis 19a. Informant's Name/Relationship (Type, Print) 19b. Malling Address (Street and Number or Rural Route Number, City or Town, State, Zip Code) Garland Preston Ten Thousand Seven Gardiner AVE. S.S.MD. 20b. Placa of Disposition (Name of cametery, crematory or other place) 20a. Method of Disposition 20c. Location - City or Town, State 1 Burial 2 Cremation 3 Removal from State Harmony Cemetery 9/12/96 Landover, Md. 4 ☐ Donation 5 ☐ Other (Specify) 21. Signature of Funeral Service Licensee 22. Name and Address of Facility Hodges and Edwards auano ancel 3910 Silver Hill RDSuitland, Md. 23a. Part1. Enter the disease, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line. Approximata Intervai Between Onset and Death Physician /Medical Immediate Cause (Final 4 months disease or condition resulting in death) Examiner Examiner physician and s the bunal-transit Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or injury that initiated events resulting in death) Last Due to (or as a consequence of): P.O. Box 68760. Physician/Medicai Due to (or as a consequence of): Part II. Other significant conditions contributing to death but not resulting in the underlying causa given in Part I. 23b. Did tobacco use contribute to the cause of death? signed by t 1 Yes 2 No 3 Probably 4 Unknown Records, þ 24b. Wera autopsy findings available prior to completion of cause of death? 24a. Was an autopsy performed? Completed THROMBO CUTOPENIA 1 Yas 2 No 1 ☐ Yes 2 ☐ No certificate Division of Vital To the Hospital or Attending Physician: within 24 hours after death.

To the Funeral Diractor; After this certifies 25. Was case referred to medical examiner?
1 ☐ Yes 2 No Be 26. Piace of Death (Check only one) Other: 4 Nursing Home 5 Residence 8 Other (Specify) Hospital: 1 Impetient 2 ER/Outpatient 3 DOA 2 by the funeral 27. Manner of Death 28b. Time of 28c. Injury at Work? 28d. Describe how Injury occurred Medical Certification: 5 Pending investigation 1 Natural 1 ☐ Yas 2 ☐ No 2 Accident 6 Could not be determined 3 ☐ Suicide 28f. Location (Street and Number or Rural Route Number, City or Town, State) 28e. Place of injury - At home, farm, street, factory, office building, etc. (Specify) 4 Homicide 1 Certifying Physician: To the best of my knowledge, daath occurred at the time, date and piace, and due to the cause(s) and manner as stated.
2 Medical Examiner: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and piace, and due to the cause(s) and manner stated. 29a. Certifier 29c. Licensa number 29b. Signature and title of certifian 29d. Data signed (Month, Day, Year) D46478 20 30. Name and address of person who completed cause of death (Item 23a) (Type, Print) Surrate Rd. #322 donton mp20735 7501 Patalmo Suresh A. 31. Date filed (Month, Day, Year) 32 Registrar's Signature State SEP 6 9 1 Registrar

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State of Maryland / Department of Health and Mental Hygiene 96

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re,	s 1 and 2 should f Health and Mer tem 27 is marks other traumatic		20e. Method of Disposition		20	b. Plece of Dis	sposition (f	Vame of			Dete 2	Oc. Location	- City or To	wn, State	
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State of Maryland / Department of Health and Mental Hygiene 96 28746

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L			Holy Cross Hosp					Spring		gomery	7
	Funeral			Sex 7. Age 1 🕱 M 2 ☐ F	(in yrs. last bii	rthday) If Under 1 Ye Yrs. Months Day		tin. 8. Data of Bi (Month, D	rth ay, Year)	9. Birthple Count	ace (Stata or Foraign
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	Ma ti		10a. Sfafe 10b. County		10c. City, Tow	n or Location				10	d. Inalde City Limits
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	284 1000	9	10e. Street and Number			10f. Zip Code	A		10g. Citizen of \	What Count	n/?
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	death ms 2	Funeral Director	11. Marifal Status	12. Was Decedant E	var in U,S.	13. Was Decedant of If Yes, apecify C		(Specify Yes or N		e - Amarica	
21215-0020	ges 1 and 2 should be filed within 72 hours after death with the Merylend to f Health and Mental Hygiene. If item 27 is marked other than "natural", or items 23s or 28s-f show or other traumatic event, the Medical Examinat must be inclined as	by Fur	1 ☐ Never Married 2 ☐ Married 3 ☐ Widowed 4 ☒ Divorced	Armed Forces? 1 ☐ Yas ②☐ N If Yes, Giva Yaar or Dates:	0	If Yes, apecify C		ierto Rican, atc.)		ck, White, e v: Whit	
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Baltimore,	permit. Pages 1 and 2 s Department of Health ar Important: If Item 27 Ia any Injury or other trau		21. Signature of Funaral Service Lice	0.11		22. Nama and Add	drass of Facility Mo1	rrow & Wo	odford 1	Tunera	1 Home
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<u>α</u>	thet the dead by the detached							1	Yes 2 No	3 Probe	ably 410 Onknown
Vital Records,	2 58	1 by								Odb Wes	
Ö	v require been si should	Completed							s en autopsy ormed?	avai	ra sutopsy findings llable prior fo apletion of cause
3e	hes law	id id								of de	eath?
a								1 🗆	Yas 2 No	10	Yas 2000
Z.	Physician: The this certificate rai director, par	o Be	25. Was casa rafarred to medical examinar?	Hospital:			When	Death (Check only		-	
o	Phys rai di		1 ☐ Yas 2 ☐ No 27. Manner of Death	28a. Data of Injun		itpatient 3L DOA	4 Li Nursin	g Homa 5 ☐ Res	how Injury occur		
-	D 9 2	to to	Datural 5 ☐ Pending	(Month, Day		njury V	vork? □Yas 2□No	200. Dascribe	now injury occur	60	
S	Attending or death. actor: After by the lune	Ica	3 ☐ Suicida 6 ☐ Could nof t	De Diese of Initial	nu - At home fe	rm, straat, factory, offic		28f Location	(Street and Numb	or or Burel	Route Number
Division	tal or A	Certification:	4 ☐ Homicida datarmined	bullding, atc.	(Specify)	mi, streat, ractory, ome			wn, Stata)	or ribia.	rtodia rvanibal,
	To the Hospital or Attendit within 24 hours after death. To the Funeral Director: All completely filled in by the lu	edical	29a. Certifiar (Check only one) Certifying Place Certifying Place	nysician: To the best of miner: On the basis of a and mannar stat	axeminetion an	, daath occurred at the dor invastigation, in m	time, data and play y opinion, deeth o	ace, and due to the courred at the time	causa(s) and me , data and place,	innar as sta and dua to t	ted. the cause(s)
	To the within: To the comple	Σ	29b. Signalure and title of certifiar	[-	4.45	29c. Lice	ensa number	^	29d. Data signe	d (Month, D	ay, Year)
	1		Nummo	NICE	M	D 3	-981	6	Selite	mbe	81,1996
	131		30. Nama and addrass of person who	complated causa of de	ath (Item 23e)	(Type, Print)	- 1				,
	()		Radhey Murarka,			ton Dr.,Sui	Lte #504.	Rockvi1	le. Md	20852	
	Sta	te	31. Data filed (Month, Day, Year)	32. Registrar	r's Signatura	,				ک ایک ایک ایک سے	- 10
	Registr	ar	SEP 1 8 1996	he devoted							
DH	MH 16 Rev 6/9	5	0	- Total	whalf						

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State of Maryland / Department of Health and Mental Hygiene 96

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					,	Ce	rtificate	of D	eath	R	leg. No.	00 4	0141
	Diam'r.		1. Decedant's Nama (First, Middla, Last)							2. Data of Dea Month	ith		Tima of Death
	Physici Medid		Cora P. PARKER							Sept.	11 1	996	7: PM
ì	Examir		4a. Facility Nama (If not institution, give s	treet and number)				4b.	City, Town, or Lo	ocation of Death	4c. County	of Deeth	
		Ш	Solomons Nursi	ng Center					Solomon		Calv	ert Co.	Maryla
	Funeral Director		214-20-7010	M 2√ F 7. Aga	a (In yrs. la 85	ast birthday) 5 Yrs.	Months D		Hours Min.	8. Dete of Birth (Month, Day April]	, Year) 13,1911	9. Birthpiaca Country) Mary1	Stata or Foreign and
	bue **		Usuai Residence of Decedant 10e. Stata 10b. County		10c. City	, Town or Lo	ocation					10d In	sida City Limits
	f sho	ō	Maryland Calver	-		, , , , , , , , , , , , , , , , , , , ,	Lusb	v					Yes 2 No
	the 1	Directo	10e. Street and Number	L			10f. Zip Co	~			IOg. Citizan of \		W.
	3a or		12330 Rousby Hal	1 Road				206	5.7		USA		
0	after death w frems 2 where man	Funeral		2. Wes Dacedent E Armed Forces? 1 Yes 2 N				t of Hisp Cuban,	anic Origin? (Sp Maxican, Puerto	ecify Yas or No- Ricen, etc.)		ea - Amarican inc ck, White, etc.	dlan,
22	ours a	by	3X Widowed 4 □ Divorced	If Yas, Giva A Year or Dates:			1□Yas 2⊠	No .	Specify:		Specify	Black	
Maryland 21215-C	be filed within 72 hours after death with the Meryland (at Hyglene.) d other than "natural", or items 23e or 28e-f show event, the Med cel Essenher must be not the death.	Be Completed	15. Decedant's Educ (Specify only highast grada Eiamantary/Secondary (0-12)	ation complated) College (1-4or 5	+)		dent's Usuai C kind of work of DO NOT use r OUSEWI!		on ring most of work	ing		usinass/Industry	
7	filed withi Hygiene. other then ant, the M	S	17. Fathar's Nama (First, Middla, Last)				Ousewil		O. Mathada Name	/First Afiddle		Home	
and	d be f		John Sam	ue1	Ty1	er		"	8. Mothar's Name Sarah	a (FI/St, MIOOIA,	Jenki		
\$	should b	1º	19a, Informant's Name/Raiationship (Typ		191		on Addrose /C	troot an	d Number or Run	al Davida Niverba			1
M	0 6 6 2		Howard L. Chase/So						Hall Roa				"/
a)	Health tem 27 other tr		20a. Mathod of Disposition		20b. Pi	eca of Dispo	sition (Name matory or otha	of	IIall Kua			City or Town, S	tate
E	ent of mt: H I		1 Pariai 2 ☐ Cremetion 3 ☐ Ra 4 ☐ Donation 5 ☐ Other (Specify)	movei from Stata			Church			/16/96	Huntin	gtown,	MD
galtimore,	permit. Peges 1 and 2 Department of Health Important: If Item 27 I any Injury or other try once.		21. Signature of Funaral Sarvice Licenses)			2. Nama and A			well Fu			IID
n	De year		Den e	Q	001	1.	451 Dar	es .	Beach Rd				D 20678
	40		23a. Part1. Inter tha disaasa, or complic shock, or heert feilura. List only one	etions that caused causa on each lin	tha daam.							Appi	roximate vai Batween at and Death
Ì	Physician /Medical Examiner		immediata Cause (Finai diseasa or condition rasulting In death) a.	Resp	ura	to	y Fa	ili	ire				days
	30	Jer		11110	Dua to (or	as a conse	(uence of):					7	(Aug
	outed d ansit	Examiner	Sequentially list conditions b.	Lun	Que to (or	as a consec	manca of).					1	415
o o	an an		Sequantially list conditions, if any, leading to Immadiata causa. Entar Underfying Cause (Disease or Injury	C	9010(01	45 4 0011500	(darioz oi).						
08/00	certificeta be executed nding physician and use es the bunal-transit	edical	Cause (Disease or Injury that initiated events resulting in deeth) Last		Due to (or	as a conseq	uance of):						
	= 200	5						٠				1	
o n	attendir for use	Physician/	d.										
5	the attenthed for n	/slc	Part II. Other significant conditions conti	ibuting to death bu	it not rasul	lting in tha u	ndariying caus	sa given	în Part i.	23b. Did to	obacco use co	ntribute to the	cause of death
S, P.	v requires that the de been signed by the should be detached	by Ph	Dement	a						1 🗆 Y	∕ea 2□No	3 Probably	4 Unknow
ecords,	9 m c/	Completed								24a. Was a perfor	in autopsy med?	available	topsy findings o prior to ion of cause ?
	Pag ale	Con								1 🗆 Y	as 2 No	1 ☐ Yas	2□ No
	Physician: The ribis certificate rail director, par	Be	25. Was casa rafarred to medicai axaminer?						6. Placa of Deat	h (Check only or	na)		
5	hys hys	To	1 Yas 2 No			R/Outpatier		Othar:		ma 5 Rasid			
	eath. or: After the funer	Certification:	1 ☑Natural 5 ☐ Pending	28a. Data of Injur (Month, Day	Year)	28b. Tima o Injury	M 28c.	Work?	s 2 No	28d. Dascribe h	ow injury occur	red	
JVISION			2 Accident investigation 3 Suicida 6 Could not be 4 Homloide datermined	ry - At hor . (Spacify)	ma, farm, str	eet, fectory, of			281. Location (S City or Tow	treet and Numb n, Stata)	per or Rural Rou	ta Number,	
			29a. Certifiar (Check only one) 1 Certifying Physic 2 Medical Examine	cian: To the best one: On the basis of and manner ste	examination	rladga, daati on and/or in	n occurred at the	he tima, my opin	data and place, ion, daath occurr	and dua to tha c ed at tha tima, d	ause(s) and ma lata and place,	anner as stated. and dua to tha	eause(s)
	omple omple	Medical	29b. Signatura and titla of certifiar	and manifel ste			29c. Li	icense n	umber	2	29d. Data şigne	d (Month, Day,	Year)
)	A		Susan H.				Da	25			9/12		
	1		30. Name and address of person who com Susan H. Prouty		ath (itam	23a) (Type,	Print)		Prince	Freder	ick, MD		

31. Date filed (Month, Day, Year)
SEP 16 1996 Succlear Randall

DHMH 16 Ray 6/95

State Registrar , = 1 - 1 - 1 - 1 - 1 - 1 - 1

State of Maryland / Department of Health and Mental Hygiene

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						ertificate of	Death	Re	g. No.	0 2014	} 0
Г	Physic	an	1. Decedant's Nama (First, Middle, La	st)			2	2. Dete of Death	Dey	3. Tima of Do	aath
	/Medi		LOIS A POPP				5	eptembar	15	1996 3-25	AM
)	Examir	ner	4a. Facility Nema (If not institution, giv	a street and number)			4b. City, Town, or Loce	ition of Deeth	4c. County		1.
L			Johns Hopkins	Hospital		(au) If Under 1 Year	if Undar 24 Hrs. a		Ba	111	ity_
	Funeral Director		121-94-1035	Sex 7. Age I□M 2⊠F	(In yrs. last birtho	Months Days		Data of Birth (Month, Day, 19 9/8/29	Year)	9. Birthplace (State or F Country)	oreign
	pue A.		Usual Rasidance of Dacedant 10a. Stata 10b. County		10c. City, Town o	r Location				10d. Inside City	Limits
	Marylen f show	0	MD Worce	ster	Ocea	n City				1 ☐ Yas 2	
	th with the Maryler 23a or 28a-f show	I Director	10e. Street and Number 12720 Old Bridg	ge RD		10f. Zip Code 21842	2	10	g. Citizan of V	What Country?	
	frems 2	Funeral	11. Maritei Status	12. Was Decedant E	var in U,S.	13. Was Decedant of I	Hispanic Origin? (Speci san, Maxican, Puarto Ri	fy Yes or No-	14. Rac	e - American Indian,	
21215-0020	a 6	by	1 Navar Married > Merried 3 Widowed 4 Divorced	Armed Forces? 1 ☐ Yas 2 X No If Yas, Give Yaer or Datas:		If Yas, specify Cub		can, atc.)	Specify	white	
2-0	72 hours netural;	Be Completed	15. Decedent's E	ducation	16a. De	ecedant's Usuel Occu	pation	10	6b. Kind of Bu	usinass/Induatry	
21	e • 6	nple	Elemantery/Secondary (0-12)	Collega (1-4or 5+	-)		during most of working ed)				
	T1 Co. b	Con	12		H	omemaker			Hom		-
Maryland	S E O	To Be	17. Fathar's Nama (First, Middle, Last, Victor Pate				18. Mothar's Nama (a <i>iden Sum</i> an	ne)	
	U a a		19e. Intormant's Name/Reletionship (Duane H. Popp	Type, Print)			t and Number or Rural I Bridge RD				
Baltimore,	80=2		20a. Mathod of Disposition 1 ☐ Burial 2 ☐ Framation 3 ☐ 4 ☐ Donation 5 ☐ Other (Specific			isposition (Nama of crematory or other pise enlopen C	rematory 9			City or Town, Steta	
Balti	permit. Pag Department Important: I any Injury o		21. Signature - Euphrai Solvice Licer	3. 6.1		22. Neme end Addre	ess of Fecility Bu	rbage	Funera	l Home	
	_		23a. Pert1. Enter the diseash, or com shock, or heert tailure. List dety	plications that caused t	ha daath. Do not		ams St. Be			Approximata interval Between	
	Physician		shock, or heart tailure. List doly	one cause on eachline						interval Betwe Onset and De	en ath
-8	/Medical		tmmediata Cause (Final disaase or condition	Quaric	book	n hade				6 de	(
п	Examiner		reaulting in deeth)	a anoxic	Oue to (or as a cor	N IN IW	*			o chy)
	n =	ner		Gram	noort	N. Se 0	ele			8 day	c
	nd trans	Examiner	Sequentially list conditions,		ua to (or (s)a cor	sequence of):	30			0-149)
90,	Sien a	ũ	Sequentially list conditions, if any, leading to immediata cause. Entar Underlying Cause (Disease or injury	· necroti	time.	fascillis				8 days	
68760,	icate be executed physicien and s the burial-transit	dlca	that initiated evants rasulting in daath) Last	, D	ue to (dras a con						3
Box 6	E 000	by Physician/Medical	·	d. diabe	tes	mellitus				years	
0.	a dea	/slc	Part II. Other significant conditions of	ontributing to death but	not rasulting in th	a undarlying causa gi	ivan in Part I.	23b. Did tob	acco use co	ntribute to the cause of	death?
۵.	thet tha ed by th detache	Ph	my asthenia	Somi's				1 🗆 Yes	2 2 No	3 Probably 4 Un	ıknown
d S	signe d be d			8.00.12				04 146	III., I	24h Wars sutcome tine	din an
of Vital Records,	v requires thet tha death car been signed by the ettendir should be detached for use	Completed						24a. Was an perform	ed?	24b. Wera autopsy tind available prior to completion of cau	
Re	The law ate hes b	dm						1 ☐ Yas	NOT	of death?	
a	delan: The		25. Was casa refarred to medical				OO Disself Death (1-1-1		1 Yas 2 No	,
>	Physician: this certific	To Be	axaminar?	Hospitai:	t 2 ER/Outpe	atient 3 DOA Ot	26. Place of Death (har: 4 ☐ Nursing Home			ar (Specify)	
0	Phy er this		27. Manner of Deeth	28a. Data of injury	28b. Tim	e of 28c. Inju		d. Dascribe hov			
ion	Attending r death. actor: After by the lune	atlo	1 Natural 5 Panding 2 Accidant Invastigation	(Month, Day	Year) Inju		Yas 2∐No				
Division	or Atter after des Director	ertifica	3 ☐ Suicide 6 ☐ Could not b detarminad	28a. Placa of injur building, atc.	y - At home, ferm (Spacify)	, street, tactory, offica	28	t. Location (Stre City or Town,	et and Numb State)	per or Rurai Route Numbe	r,
	To the Hospital or Attending Physician: within 24 hours after death. To the Funeral Director: After this certific completely filled in by the luneral director,	edical Certification:			xamination and/o		ima, data and place, an opinion, daath occurred			anner as stated. and due to tha cause(s)	
	withi To the	M	29b. Signeture end title of certifiar	4		29c. Licen		29	d. Data signe	d (Month, Dey, Year)	
		6	David Rym	W		N	1506	S	extem	her 15, 1991	6
_				UP, Tome	- 110	1 1 1 1	okins Hospi	tal, B	althus	ber 15, 199	5
	Sta		31. Date tiled (Month, Day, Year)	32. Registrar	's Signature	1)	-			
	Registr	ar	SEP 1 7 1996	John Sauch	or Radall						

./	4 = 0		State of Maryla		epartment of Certificate of			giene g	6 28749		
Ohaala	*	Decedent's Name (First, Middle, Lest) 2. Date of Death							3. Time of Death		
, Physic /Med		William Rich	William Richard ROUSE						September 14 1996 11:30 a.m		
Exami		4a. Fecility Neme (If not institution, give	street and number)			4b. City, Town,	or Location of Death	or Location of Death 4c. County of Death			
	_	843 Guilford				Hagerst			ington		
Funeral Director		215-14-1595	7. Age (In yrs. last 74		nday) If Under 1 Yea Months Deys			th ly, Year) 1922	9. Birthplace (State or Foreign Country) Maryland		
permit. Peges 1 and 2 should be filed within 72 hours efter death with the Maryland Department of Health and Mental hygiene. Important: If item 27 is marked other than "natural; or items 23a or 28a-f show any injury or other traumatic avent, the Haulten Examines must be not the an any pipe.	Funeral Director	Usual Residence of Decedent 10a. State 10b. County Maryland Washing 10e. Street and Number			or Location agerstown 10f. Zip Code			10g. Citizen of V	10d. Inside City Limits XXX Yes 2 □ No What Country?		
23a	ie	843 Guilford	Avenue		2174	10		U.S.A			
ours efter des rsi', or itema	by	11. Marital Status 1 □ Never Married 2 □ Married 3 □ Widowed 4 □ Divorced 12. Was Decedent Ever in L Armed Forces? 1 □ Yes 2 □ No If Yes, Give Year or Dates: 1942-			If Yes, specify Cuben, Mexicen, Puerlo Rican, et			No- 14. Rece - American Indien, Black, White, etc. Specify: White			
72 h natu	ted	15. Decedent's Edu (Specify only highest grede	cetion	16a. [Decedent's Usual Occu	petion	working	16b. Kind of B	usiness/Industry		
of 2 should be filed within 72 hours ef the and Mental Hygiene. 77 is marked other than "natural", or traumatic avent, the Menical Expira-	Completed	Elementary/Secondary (0-12) 0-12	College (1-4or 5+)		(Give kind of work done during most of workin life. DO NOT use retired) Salesman			Consumer product			
be fill H d out	Be	17. Father's Name (First, Middle, Last)				18. Mother's Name (First, Middle Plaige Katheri					
Mer Mer	2	Henry Richard									
2 sh end is rr		19a. Informant's Name/Relationship (Ty			Mailing Address (Stree						
lealth m 27		Robert S. Rouse/s				one Cou	e Court, Hagerstown, Maryland 2174				
Demit. Peges 1 er Department of Hea mportant: If Item in Injury or othe		1 ☐ Burlai 2 XI Cremation 3 ☐ Removal from State cemetery, crematory or other place)							cation - City or Town, State gerstown, Maryland		
Departition Depart		21. Signature of Funeral Service License Full Lives			22. Name and Addr		Minnich .vd. Hage				
Physician /Medical Examiner	J.	shock, or heart failure. List only on immediate Cause (Final disease or condition resulting in death)	Meta		hi Cel	ey (Cance	~	Interval Between Onset end Deeth		
eath certificate be executed attending physician and for use as the buriel-fransit	In/Medical Examiner	Sequentially list conditions, if any, leading to immediate couse. Enter Underlying Cause (Disease or injury that initiated events resulting in deeth) Lest			nsequence of):						
death e atte	sicla	Part II. Other significant conditions con	tributing to deeth but not re	sulfing in t	he underlying cause a	iven in Pert I	23h. Did	tobacco use co	ntributa to the cause of death?		
es that the de igned by the a be detached t	by Physician/M	Congestive Heart Failure						1 Yes 2 No 3 Probably 4 Unknow			
aw requir	Completed	0						an autopsy med?	24b. Were autopsy findings evallable prior to completion of cause of deeth?		
The ate h	Con						10	Yes 2 No	1 ☐ Yes 2 ☐ No		
lician: The certificate rector, pag	Be	25. Wes cese referred to medicel examiner?					Death (Check only	ne)			
F = E	tion: To	1 ☐ Yes 2 ☐ No ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐	ospital: 1 ☐ Inpatient 2 ☐ 28a. Date of Injury (Month, Day Year)	ne of ury 28c. Inju		g Home 5 D Aesid 28d. Describe I	dence 6 Oth- how Injury occurr				
i or Attending setter deeth. i Director: Affer d in by the fune	Certification:	2 Accident 3 Suicide 6 Could not be determined	28e. Place of Injury - At home, farm, streef, factory, office building, etc. (Specify)				28f. Location (Street and Number or Rural Route Number, City or Town, State)				
To the Hospital or within 24 hours efter To the Funeral Dir completely filled in	edicai C	29a. Certifier 1 Tertifying Physic (Check only one) 2 Medical Examin	ician: To the best of my knoer: On the basis of examination and manner stated.	owledge, o ation and/	death occurred of the to or investigation, in my	ime, date and pla opinion, death o	ace, and due to the courred at the time,	cause(s) and ma dete and plece, a	nner as stated. and due to the ceuse(s)		
To the To the Comp	Σ	29b. Signeture end fitle of certifier			29c. Licen	se number			i (Month, Day, Year)		
		1 Myon			D2	21457 9-16-96			-96		
		30. Name and address of person who cor	mpleted ceuse of deeth (Iter	_		411 1			WN. MD Di		

State Registrar

State of Maryland / Department of Health and Mental Hygiene 9 6

					Certific	ate o	f Death		Reg. No.		_0700	
Physi	rian	1. Decedant's Nama (First, Middla, Last)						2. Data of D Month	Dav	Year	3. Time of Death	
/Med		Betty	Lou	1		Robe	у	Sep.	Sep. 14, 1996		10:06 AM	
Exam		4a. Facility Nama (If not Institution,					4b. City, Town,	or Location of Dea	Location of Death 4c. County of Death			
		Physicians Memo	orial Hosp	oital			LaPlata		Charles			
Funera Directo		5. Social Security Number 579 – 24 – 5524	Aga (In yrs. last bi				rs. 6. Data of Bin. Feb.					
P .		Usual Rasidanca of Decedant										
e Merylar la-f show	ctor	MD 10b. County	rles		10c. City, Town or Location Nanjemoy					100		
th with th	al Dire	10e. Street and Number 4639 Port Tobacco Rd. 10f. Zlp Code 20662							10g. Citizan of U.	What Cour	ntry?	
5 1 and 2 should be filed within 72 hours after death with the Meryland if Heelth and Mental Hyglena. Item 27 is marked other than "natural", or items 23s or 28s-1 show other traumstic event, Tre Medical Expansion man be notified at	Completed by Funeral Director	11. Marital Status 1 Nevar Married 2 Marrie 3 Widowed 4 Divorced	ent Evar in U,S. es? EXNo as:	or in U,S. 13. Was Decedant of Hispanic Origin? (Sif Yas, specify Cuban, Maxican, Puart 1 ☐ Yas 2 → No Specify:			(Specify Yas or N arto Rican, atc.)	pecify Yas or No- o Rican, atc.) 14. Race - American Black, Whita, atc				
thin 72 ho e. en "netur Medical	pleted	15. Decedant's (Specify only highast Elamantary/Secondary (0-12)	16a	16a. Decedent's Usual Occupation (Giva kind of work dona during most of work lifa. DO NOT use retired)			vorking	ing 16b. Kind of Businass/Industr		dustry		
od wil	PO.	12			Home	make	er			Home		
2 should be filed with and Mental Hygiene. Is marked other than aumatic event, the	To Be (17. Fathar's Name (First, Middle, Last) 18. Mothar's Name (First, Middle, Last)							(First, Middle, Meiden Sumama) Pearl Radcliff Stinnett			
ods and A	-	19a. Informent's Name/Relationship	p (Type, Print)	198	. Mailing Addr	ess (Stre	et and Number or	Rural Routa Numi	ber, City or Town	, Stata, Zip	Code)	
1 and 2 Heelth a em 27 is		Betty Arbogast 221 Charleston Court LaPlata, MD 20646										
Pages 1 and nent of Heelth rt: If Item 27 rry or other tr		20a. Method of Disposition 1 © Burial 2 Cramation 3 Ramoval from Stata 4 Donation 5 Other (Specify) 20b. Place of Disposition (Nama of cemetary, crematory or other place) MD Veterans Cem. 9/18/96 Cheltenham								own, Stata		
permit. Pages Department of Himportant: If the any injury or of		21. Signature of Funaral Sarvice Licensee MO0945 22. Nama and Addrass of Facility AREHART-ECHOLS FUNERAL HOME, INC. P.O. Box 567 LaPlata, MD 20646										
		23a. Part1. Entar tha disaasa, or co shock, or haart failura. List or	omplications that cau nly ona causa on aac	sed tha daath. Do h lina.	not entar tha n	noda of d	ying, such as card	iac or raspiratory	arrest,	040	Approximata Interval Between	
Physiciar /Medica Examine		Immediata Causa (Final disaasa or condition rasulting in deeth) a. CARDEO_RESPIRATORY FAILUR Dua to (or as a consequence of): b. ACUTE MYO CARDIAL INFARCTI							RE		FEW HOUR	
rificete be executed ng physician and es the burial-transit	Examiner	Sequentially list conditions, if any, leading to immediate causa. Entar Undarlying Cause (Disease or Injury that Initiated events	ь. Асит	Dua to (or as a	OCAR consequence	DIA of):	L IN	FARCT	TON			
E 0 6	Medical	rasuring in daarn) Last										
deeth cert e attendin	Physician/	Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part f. 23b. Did tobacco use contribute to the cause of death										
that the ed by th detache	by Phys								1 Yes 2 No 3 Probably 4 Unk			
≥ S S	Completed b	24							24a. Was an autopsy performed?		ara autopsy findings allable prior to mpletion of cause daath?	
0 - 0	Sol							10	Yas 2 No	10	☐Yas 2☐ No	
	Be	25. Was casa raterrad to medical axaminar?					26. Place of D	eath (Check only	ona)			
0.0	ည	1 Yas 2 No	Hospital:	atlant 2 ER/Ou	itpatient 3	DOA	ther: 4 Nursing	Homa 5 ☐ Residanca 8 ☐ Other (Specify)				
ding Ph th. After this funeral	tion:	27. Mannar of Death 1 XNatural 5 Panding (Month, Day Year) 2 Accident Invastigation 28a. Deta of injury (28b. Tima of Injury Work? 1 XNatural 5 Panding (Month, Day Year) 4 Year 2 No							28d. Dascribe how injury occurred			

To the Hospital or Attendir within 24 hours after death. To the Funeral Director: At completely filled in by the fu

1 Certifying Physician: To the bast of my knowledge, deeth occurred at the time, date end place, and due to the cause(s) and mannar as stated.

2 Medical Examiner: On the basts of examination and/or investigation, in my opinion, death occurred at the time, dete and place, and due to the cause(s) and mannar stated.

29b. Signatura and titla of certifier

6 Could not be detarmined

29c. Licensa number

29d. Data signed (Month, Day, Year)

28f. Location (Street and Number or Rural Routa Number, City or Town, Stata)

D-26064

30. Nama and addrass of person who completed causa of death (Item 23a) (Type, Print)

Vidyasagar Anmangandla, MD Rt. 5 & Golden Beach, Charlotte Hall, MD 20622

State Registrar

Medical Certificat

3 Suicide

29a. Cartifian

4 Homicide

28a. Place of Injury - At homa, farm, streat, factory, offica building, etc. (Specify)

ear as the second of the secon • AM ·

State of Maryland / Department of Health and Mental Hygiene 96 28751

	Amended	1 #	5. P.G.C. 9-19/96	6 CR		Certificate of	Death		Reg. No.	0 20	JI	
	Dhyoia	ion	1. Decedent's Name (First, Middle, La	ist)				2. Date of Do	eath Day	3. Tim	e of Death	
J	Physic /Medi		EMMA J			ROBINSON			09,199		11 P	
D	Exami		4e. Facility Neme (If not institution, give				4b. City, Town, or	Location of Dear	h 4c. County	of Death		
			PRINCE GEORGES	GENERAL HO	SPI		CHEVERL	_		CE GEOR	GES	
	Funeral Director		5-Social Security Number 6. Sex 1-Age (In yrs. last birthday) If Under 1 Year If Under 24 Hrs. 8. De Nonths Deys Hours Min. J. U.							9. Birthplace (Sta Country) COlumb	ate or Foreign OUSMIS	
	hend wo		Usual Residence of Decedent 10a. State 10b. County	10c. C	City, Town	n or Location				10d. tnsid	e City Limits	
	the Mary 28a-f ah	To Be Completed by Funeral Director	Maryland Prince George's Seat Pleasant 100. Street and Number						1∭ Yes 2□N			
21215-0020	s 23a or		1125 Booker D			10f. Zip Code 20743			10g. Citizen of V United	States		
	i within 72 hours after deeth with the Maryler liene. Then "natural", or items 23s or 28s-f show the Medical Examinat must be notified at		11. Maritet Status 1 □ Never Married 2 □ Married 3,□ Widowed 4 □ Divorced	12. Wes Decedent Ever in Armed Forces? Named Forces? Named Forces? Named Forces:	U,S.	13. Was Decedent of I If Yes, specify Cub 1 ☐ Yas XXNo	pecify Yes or No o Rican, etc.)		14. Race - American Indian, Black, White, etc. Specify: Black			
	72 h		15. Decadent's E (Specify only highest gri	ducation ade completed)	16a.	Decedent's Usuel Occur (Give kind of work done	pation during most of wor	kina	16b. Kind of Bu	stness/Industry		
121	han han		Elementary/Secondary (0-12)	Cotlege (1-4or 5+)	Co	(Give kind of work done during most of work life. DO NOT use retired) Dmputer Operator		,9	11 6	Govern	nont	
9			1.2 17. Father's Name (First, Middla, Last)	CO	mputer op		nn /Finnt Adidalla			Helic	
Marylan	d la		Samuel Hughes				18. Mother's Name (First, Middle) Janie Bryant		23.000			
	d 2 should be the end Mental of 1s marked of traumatic events.		19a. Informant's Name/Relationship (Type Print)	19h	Mailing Address (Straat			or City or Town	State Zin Code)		
	d 2 th e		Gina R. Robins				er Dr.				20743	
re,	一工五台		20a. Method of Disposition	20b.	Place of	Disposition (Name of	1	Date		City or Town, State		
mo	Pages nent of h int: If ite ury or of		XXBuriat 2 ☐ Cremation 3 ☐ 4 ☐ Donation 5 ☐ Other (Specif	y, crematory or other pla aton Ceme	0 12 0			Arlington, Va.				
₩ 4527	permit. Departmimporta	21. Signature of Funeral Servica Licensee 22. Name and Address of Fecility Pope Funeral										
	20200		Well S. Fg	De St		5538 Mar				le, Md	20747	
	Dhuaisian		23a. Part1. Enter he disaase, or com shock, or heart failure. List only	one cause on each lina.	ith. Don	ot enter the mode of dyl	ng, such as cardiad	or respiratory a	rrest,		mate Between nd Death	
9	Physician / /Medical		Immediate Cause (Final disease or condition rasulting in deeth) Arteriosclerotic Cardiovascular Disease									
	Examiner											
ш		ner		Oua to	(or as a c	onsequanca of):						
	ertificate be executed ling physician and e as the bunel-transit	Examiner	b. — Due to (or as a consequence of):									
ó,	e exe ian a uriel-t		Sequentietly tist conditions, if eny, leading to immediate cause. Enter Underlying Cause (Disease or injury									
68760,	ate b hysic the b	Medical	that initiated evants resulting in death) Last									
×	certificate be executed inding physician and use as the bunel-transit	Mec										
Bo	ath lor l	Physician/										
o.	that the death ed by the atter detached for u	ysic	Part ii. Other eignificant conditions contributing to death but not resulting in the underlying cause given in Part i.						23b. Did tobacco use contribute to the cause of			
S, D	thet ed b dets	by Ph	LUNG CANCER					1 Yee 2 No 3 Probably 4			Unknown	
Records,	been sign	Completed	ADDENAL CANCE	3.0					an autopsy	24b. Were autop evallable pri	sy findings	
ecc	aw 2 s b		ADRENAL CANCI	žK					ECTION	completion of death?	of cause	
<u>a</u>	0 - 6	Com							Yes 2 No	1 ☐ Yes 2	2 □XNo	
Vital	ysician: The is certificate director, pag	Be (25. Was case referred to medicat examiner?				28. Place of Dea	th (Check only	one)			
÷	0 00	2	1 ☑ Yes 2 ☐ No Hospital: 1 ☐ Inpatient 2 ☑ ER/Outpetient 3 ☐ DOA Other: 4 ☐ Nursing						Home 5 ☐ Residence 8 ☐ Other (Specify)			
n c		Certification:	27. Manner of Death 1 ☑ Natural 5 ☐ Pending	28a. Date of tnjury (Month, Day Year)	28b. Ti	jury Wo	28c. Injury at Work? 28d. Dascribe how Injury occurred					
Division	Attending r death. ector: After by the fune	icat	2 Accident Investigation M 1 Yes 2 N 3 Suicide 6 Could not be determined 28e. Place of tnjury - At home, farm, street, factory, office						001.1			
<u>></u>	Patric	ertif	4 ☐ Homicide determined	28f. Location (Street and Number or Rural Route Number, City or Town, State)								
	e Hospital or Atten 24 hours after deat Funeral Director: stely filled in by the	Medical Ce	29a. Certifier 1 Certifying Physician: To the best of my knowledge death occurred at the time date and place, and due to the cause(s) and manner as stated									
	the Hospital hin 24 hours the Funeral inpletely filled		29a. Certifier (Check only one) Constitution (Check only one) Constitution Consti									
	To the		29b. Signetture and titla of cartifier. 29c. License number						29d. Dete signed (Month, Day, Year)			
	1	1	Washite A		OCME SEPT. 09			0 1006				
1	101		30. Nama and address of person who	completed cause of death (tte	m 23a) (1		J.11L		OEFI.	7,1770		
1			Margarita Kore	1 M.D. 111	Pen	n Street,	Baltim	ore, M	aryland	21201		
	Sta Registra	te	31. Dete filed (Month, Day, Year) SEP 12 199	3# Registrar's Sign	ature	LA						

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State of Maryland / Department of Health and Mental Hygiene 96

Certificate of Death 1. Decedent's Neme (First, Middle, Last) 2. Dete of Deeth 3. Time of Death Month **Physician** September 3 Aum RAYMOND 6:15 PM 1996 /Medicai 4e. Fecliity Neme (If not institution, give street end number) 4b. City, Town, or Location of Deeth 4c. County of Deeth **Examiner** PRINCE GEORGE'S HOSPITAL CENTER CHEVERLY, MD PRINCE GEORGE'S 7. Age (In yrs. lest birthday) if Under 1 Year 5. Sociel Security Number if Under 24 Hrs. Birthplece (State or Foreign Country) 8. Dete of Birth (Month, Day, Year) **Funeral** Months Deys **™** M 2□ F Hours 577-36-9118 **Director** 68 CAPITOL HGHT Usuel Residence of Decedent with the Maryland 10e. Stete 10b. County 10c. City, Town or Location 28a-f show 10d. Inside City Limits item 27 is marked other than "natural", or items 23a or 28a-f si other traumatic avent, tre Michael Examinal must be notified Director P.G. CAPITOL HEIGHTS, MARYLAND 1 Yes 2 No MD 10e. Street and Number 10f. Zip Code 10g. Citizen of Whet Country? 907 ELFIN AVENUE 20743 U.S.A. Funeral 12. Wes Decedent Ever in U,S. Armed Forces? 11. Maritel Stetus Wes Decedent of Hispenic Origin? (Specify Yes or No If Yes, specify Cuben, Mexican, Puerto Rican, etc.) Reca - American Indien, Bieck, White, etc. permit. Pages 1 and 2 should be filed within 72 hours after Department of Health and Mental Hygidene. Important: If Itam 27 is marked other than "natural", or itea any Injury or other traumatic avent, train disclaim and shocks. TYes 2 □ No Tes, Give 1 ☐ Never Merried 2 ☐ Married Baltimore, Maryland 21215-0020 1 ☐ Yes 2 X No Specity: Specify: WHITE þ 3 ☐ Widowed 4 ☐ Divorced Year or Dates: Completed 15. Decedent's Education (Specify only highest grade completed) 16e. Decedent's Usuel Occupation 16b. Kind of Business/Industry (Give kind of work done during most of working life. DO NOT use retired) Elementery/Secondery (0-12) College (1-4or 5+) TEXCO GAS STATION MECHANIC 8th 17. Fether's Neme (First, Middle, Last) 18. Mother's Neme (First, Middle, Meiden Surneme) Be ROBERT H. RAUM ANNIE MARY SMITH 2 19e. Informent's Neme/Reletionship (Type, Print) 19b. Mailing Address (Street and Number or Rural Route Number, City or Town, State, Zip Code) 907 ELFIN AVE., CAPITOL HEIGHTS MD 20743 ROBERT RAUN, SON 20e. Method of Disposition 20b. Piece of Disposition (Neme of 9-10 20c. Location - City or Town, Stete cametery, cremetory or other plece) 1 Buriel 2 □ Cremetion 3 □ Removel from State 4 □ Donetion 5 □ Other (Specify) VETERANS CEM. 1996 CHELTENHAM, MD 21. Signeture of Primerel Service License 22. Name end Address of Fecility Taylor's funeral home NW WASH. Cu DC a. Pert1. Enter the disease, or complications that a just the death. Do not enter the mode of dying, such as cardiac or respiratory errest shock, or heart failure. List only one cause or each line. Approximete Intervel Between Onset end Deeth **Physician** Immediate Ceuse (Finel disease or condition resulting in deeth) /Medicai **Examiner** Examiner The law requires that the death certificate be executed for use as the burial-transit Sequentielly list conditions, if any, leeding to immediate ceuse. Enter Underlying Ceuse (Diseese or Injury thet initieted events resulting in deeth) Lest pue Due to (or es e consequença of): P.O. Box 68760, ettending physician Physician/Medical Due to (or es e consequence of): Pert II. Other significant conditions contributing to death but not resulting in the underlying cause given in Pert i. 23b. Did tobacco use contribute to the cause of death? 1 ☐ Yee 2 ☐ No 3 Probably 4 Unknown Division of Vital Records, þ Completed 24b. Were eutopsy findings evellable prior to completion of cause of deeth? 24e. Wes an autopsy performed? certificate has 1 Yes 20 No or Attending Physician: Be 25. Wes case referred to medical exeminer? 26. Plece of Deeth (Check only one) Hospitel: Other: 4 Nursing Home 5 Residence 8 Other (Specify) 2 1 Yes 2 No 1 Impatient 2 ER/Outpatient 3 DOA After this Certification: 27. Manner of Deeth Dete of Injury (Month, Day Year) 28b. Time of 28c. Injury et Work? 28d. Describe how Injury occurred 1 Netural 5 Pending Investigation within 24 hours after death. 1 Yes 2 No 2 Accident 6 ☐ Couid not be 3 Suicide 3 Placa of Injury - At home, farm, street, factory, offica building, etc. (Specify) 28f. Location (Street end Number or Rural Route Number, City or Town, Stete) 4 Homicide Hospital Certifying Physician to the best of my knowledge, deeth occurred et the time, dete end plece, and due to the ceuse(s) and menner es ststed.

2 Medical Examines. On the basts of examination and/or investigation, in my opinion, deeth occurred at the time, date and place, and due to the cause(s) and manner stated. 29a. Certifier, Medical /Check or one) \$ 29b. Signature and title of certifie 0 29c/Dicense number 29d. Date signed (Month, Day, Year) EW 30. Name and address b person who completed cause of deeth (Item 23e) (Type, Print) 31. Dete filed (Month, Day, Year) 32. Registrer's Signeture State

Talia Davidson Randall

09

Registrar

PERSONAL LINE CONTRACTOR OF TH

			State of M	aryland		partment ertificate			Mental Hy	rgiene Reg. No.	96	28753
		1. Decedent's Nema (First, Middle,	Last)						2. Data of D		Will-	3. Tima of Death
Physici /Medic		OLANDER				R	OBB	TNS	Month SEPT.	Dey 4	Yeer 1996	8:56 pm
Examir		4a. Facility Name (If not institution,	giva street and number)			-		r Location of Dea		y of Death	pur pur
		Washington Adv	ventist Hos	pital				Takoma	Park	Mont	gomer	*37
Funeral			6. Sex 7. A	ge (In yrs. las	st birthde	y) If Undar Months	1 Yaar Deys	If Undar 24 Hr Hours Mir	s. 8. Dete of Bi	rth ev Year)		laca (State or Foreign
Director		242-26- 2085	1)ØM 2□F	91	Yrs.	100000	20,0	110010	Aug. 2			h Carolina
pur *		Usuel Residence of Decedent 10a. Stete 10b. County		10c. City,	Town or	Location					1	0d. Inside City Limits
sho	ō	Md. Montgo	omerv			Park					- 1	1 ☑ Yes 2 □ No
the h	ect	10e. Street and Number			- Inca	10f. Zip	Codo		Ī	10g. Citizen of	What Cour	44
Y O O	Funeral Director						0932)			A.	nry r
eath	era	7620 Maple Av	12. Wes Decedent	Ever in II S	11				Specify Yes or N		ca - Amaric	an Indian
ter d	E I	1 □ Naver Merried 2 □ Marrie	Armed Forcas	?	,	If Yas, spec	ify Cuba	an, Maxican, Pua	rto Rican, etc.)		ck, Whita,	
S	by	3 Widowed 4 □ Divorced	If Yas, Give Yeer or Detes:			1 ☐ Yes 2	No No	Specify:		Speci	y Blac	k
2 hou		15. Decedent's	s Education		16e. Dec	edent's Usue	Occup	ation	-1211	16b. Kind of 8	Business/Inc	dustry
hin 7	Completed	(Specify only highest Eiamantary/Secondery (0-12)	Coilege (1-4or	5+)	(Gr			during most of w	orking			
d wit	5	9	00.000			Dry C	Lear	ner		Privat	e Ind	ustry
ai Hy oth	Be (17. Fathar's Neme (First, Middle, L.	ast)				Ì	18. Mother's No	eme (First, Middle	, Melden Suma	ma)	
Ment Ment arked	일	Thomas A. Rol	bins					Lu	la Hell	ington		
2 sho and is ma		19e. Informent's Neme/Reletionsh	ip (Type, Print)			-			Rural Route Numb			
and eelth n 27		Gwen Clinton			136	00 Pis	cata	way Dr.	,Ft.Wash			
of H of H of H or oth		20e. Method of Disposition 1 □ Burial 2 □ Cremetion	3 □Removel from State	20b. Pied	ce of Dis	position (Nem ramatory or of	e of har plac	ce)	Dete	20c. Location	- City or To	wn, Stete
Pag ment ant: i	1 3	4 ☐ Donetion 5 ☐ Other (Spe			olina	a Bibl:	ical	Garden	9/10/96	High P	oint,	N.C.
permit. Pages 1 and 2 should be filed within 72 hours after death with the Meryland Department of Heelth and Mental Hygiene. Important: if item 27 is marked other than "natural", or items 23s or 28s-f show any injury or other traumatic svent, the Medical Examinar must be notified at ODEs.		21. Signature of Funeral Septice L	r Chiff	Les	-	22, Nama and		F	razier's			e,Inc.
D1		23e. Part1. Enter the discussion of shock, or heart feilum. List of	ompressions that cause nly one cause on each	d the deeth.	Do not e	enter tha mode	of dyin	ig, such as cardi	ac or respiratory	rrest,	.011, D	Approximata Intarval Between Onsat and Death
Physician /Medical		Immediate Cause (Finei	1		1	Dec	مادي	4/ -	Cance		,	15
Examiner		disease or condition resulting in deeth)	· Adv			•	STO	(te	Cance	-1		13 year
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be executed sician and burial-transit	Examiner	Sequentially list conditions	b	Due to (or e	as a cons	equenca of):					1	
an an rial-tr		Sequentielly list conditions, if eny, leading to immediate causa. Enter Undarlying		200 10 (0. 0	30 0 00770	01/3						
cate be physicia s the bur	ical	Ceuse (Diseese or Injury thet initiated events resulting in death) Lest	C. —	Dua to (or e	s e cons	equenca of):						
ng ph	Medi	resulting in death) Lest										
th ce tendi	an		d								1	
The law requires that the deeth certificate ate has been signed by the attending physically be detached for use as the	Physiclan/M	Pert II. Other significant condition			_	, ,	use giv	en in Pert I.	23b. Dld	tobacco use c	ontribute to	the cause of death?
d by t	Phy	Heart Pulmon	£:1	1 100					1□	Yes 2 No	3 Prol	bebly 4 Unknown
signed of be del	by	Hear	Jan.	or v C					-		Т	
v require been si should	Completed	Pulmon	ary e	£1.		m				s an autopsy ormed?	avi	ere eutopsy findings ailable prior to
has by	pie	1 WILLION		11	47							mpletion of cause death?
The la	Con								1 🗆	Yas 2 No	10	☐ Yes 2☐ No
Physician: The ritis certificate ral director, pag	Be (25. Wes casa referred to medical examiner?						26. Plece of D	eeth (Check only	one)		
hysic lis ce	2	1 ☐ Yes 2 No	Hospitel: 1 Inpati	ent 2 EF	R/Outpet	ient 3 DO	A Oth	er: 4 Nursing	Home 5 ☐ Res	idence 6 🗆 Ot	her (Specif)	y)
ng Pi	5	27. Manner of Deeth 1 Neturel 5 □ Pending	28e. Dete of Inju	y Year) 2	8b. Time injury		Bc. Injur Wor	y et k?	28d. Describe	how injury occu	rred	
eath. or: A	cati	2 ☐ Accident investige	etion			М	1 🗆	Yes 2 □ No				
fler d frect n by	Certification:	3 Suicide 6 Could no 4 Homicide determin	ed 28e. Place of In	jury - At hom tc. (Specify)	e, fem,	street, factory	office			(Street and Num wn, Stete)	ber or Rura	I Route Number,
urs a urs a urs a lilled i		00 0 01										
Hosp 24 ho Fune itely fi	edicai	29a. Certifier 1 Certifying (Check only one) 2 Medical E	Physician: To the best xaminer: On the basis of	t exeminetion	edge, de n end/or	eth occurred e investigetion,	in my o	ne, dete and pied pini <i>on</i> , deeth occ	ce, end due to the curred et the time	cause(s) and m dete and piece	nenner as st , and dua to	tated. the causa(s)
To the Hospital or Attending Physician: within 24 hours after death. To the Funeral Director: After this certifical completely filled in by the funeral director.	Mec	29b. Signeture end title of certifier	and mannar si	alau.	\	29c	Licens	e number		29d. Date sign	ed (Month.	Day, Year)
to ≤ lo					1	/	_					

Rivade, MD 20737

Baltimore, Maryland 21215-0020

Division of Vital Records, P.O. Box 68760,

State Registrar

30. Nama and address of person who completed cause of deeth (Item 23e) (Type, Print)

I. Mansur MD. 6510 Kenilworth Avenue,

31. Dete filed (Month, Day, Year)

SEP 1986

State of Maryland / Department of Health and Mental Hygiene 96

96 2

						Cert	iticate of	Death			Reg. No.		
г			1. Decedant's Nama (First, Middla, L	ast)			_			2. Dete of De		3176	3. Tima of Death
	Physic /Modi		Herman	Lewis Ro	obinson					Month 09	02	Year 96	12:05 PM
	/Medi Exami		4a. Facility Nama (If not institution, gi	ve street end number)				4b. City, To	wn, or Lo	cation of Deeth			122.00
	Exami		3348 Curtis Dr	ive #102				Hillo	rest	Heigh	ts Pri	nce G	eorge's
	Funeral				(In yrs. last bir	rthdev)	If Under 1 Yeer	If Under					
ı.	Director		577-48-2266	1 X M 2 □ F	62	Yrs.	Months Days	Hours	Min.	8. Date of Birt (Month, Da) 06-21	y, Year)	Coun	lace (State or Foraign
			Usuai Residance of Decedant							00-2	2-34	AIL	ginja
	ye m		10a. Stete 10b. County		10c. City, Tow	n or Loca	ition					10	0d. Insida City Limits
	Men	ō	Maryland Prince	George's			Hill	crest	Heig	hts			1 Ves 2 No
	the 28s	Director	10e. Straet and Number				10f. Zip Coda				10g. Citizan of 1	What Coun	strv?
	With w		3348 Curtis Dr	ive #102			Ton. Zip Good	2074	6			USA	uy r
	n 72 hours efter deeth with the Merylend "natural", or frems 23a or 28a-f show nd cell Examinet must be notified at	Funeral	11. Meritel Stetus	12. Wes Decedent E	iver in II C	12 14/	a Decedent of I	Hannala Orl	-1-2 /0-0	aifu Van au Na	14 Pag	e - Americ	on Indian
	Her d	5	1 Nevar Married 2 Married	Armed Forces?		IS. WE	s Decedent of I as, specify Cub	an, Mexican	, Puarto I	lican, atc.)	Blac	ck, Whita,	
20	6 6	by F	3 □ Widowed 4 □ Divorced	1 ☐ Yas 2/□(N If Yes, Give	0	10	☐ Yes 2/10/No	Specify:			Specify	v: Bla	ck
8	hour hour	B		Year or Detas:	40-	0	4.11.10	e sauc			100 100 1 100		
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7			9th 17. Fathar's Name (First, Middla, Las	41		LO	nstruct				Maidan Comon	Priv	ate
an of	d die b	Be						18. Motha			Maiden Suman	na)	
Ž	should be nd Mentai marked o	To	Clarence P							amie W			
Maryland 21215-0020	~ 6 6 7		19a. tnformant's Name/Ralationship Edith Robinson/				Addrass (Street						
6	CENL			Mile				urive	#102	, піті			s, MD 2074
Baltimore,	it of Hee if Item or othe		20e. Method of Disposition 1 Burial 2 □ Cremation 3 [Ramoval from State	20b. Placa of cemata	f Disposit <i>ry, cram</i> a	lon (Nama of tory or other pla	ice)		Date	20c. Location -	City or To	wn, State
Ē	permit. Peges 1 Department of H Important: If Ite eny Injury or ott once.		4 Donation 5 Other (Speci		Ft I	inco	ln_Ceme	terv	b /	7/96	Brentw	nod	Maryland
a	mit. Pe partmen sortant: / Injury		21. Signeture of Funaral Service Lice	nsee			Nama and Addra		y	1130	DIEHLEM	00u,_	nar yrand
m	Depa Impo eny t	1	No A	p +:		J	. B. Jei	nkins	Fune	ral Hor	ne		
	170		23a. Part1. Entar tha diseasa, or con shock, or heart failura. List only	polications that caused	tha daath. Do	not entar	474 Land	dover	Road	Land	over, Ma	aryla	nd 20785
	Physician		shock, or heart failura. List only	ona causa on aach line	в.					, , , , , ,			Interval Batween Onsat and Death
	/Medical		Immediata Causa (Final	į.	er f.	1:1.	4 44					1	
	Examiner		disaesa or condition resulting in death)	a. 46	er to	2/(
		9	The same and the s		Dua to (or as a			1.		Metas	~	1	
	ted nsit	듣	_	D	an Come			liv	cr	14/21	rasis		
	certificate be executed ding physician and se es the burial-transit	Examiner	Sequentially list conditions, if any, laading to immedieta cause. Enter Underlying Causa (Disease or injury		Dua to (or as a	conseque	ence of):						
68760,	be e ician buris		cause. Entar Undarlying Causa (Disease or injury	C	HYN	ntus	ja						
87	phys the	Medical	that initiated evants resulting in death) Last	C	oue to (or es e	conseque	nce of):					1	
×	fing se es	Me	L	d									
Box	5 2	lan										1	
	es that the death igned by the atter be detached for t	Physician	Part II. Other significant conditions	contributing to death but	t not rasuiting in	n the und	arlying causa gi	ven in Pert I.		23b. Did 1	obacco use co	ntribute to	the cause of death?
P.O.	that the led by th detach	P.								10	Y00 3⊠ No	3 Prob	bebly 4 Unknown
	the ded	by											
ğ	The law requires ate hes been sign page 2 should be	P								24a. Was	an autopsy med?	24b. Wa	ara eutopsy findings allable prior to
ပ္ထ	s be	ple										COF	mplation of cause death?
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≥	after death Director:	F	4 Homicide datarminac	28a. Place of Injui building, atc.	(Specify)	irm, strea	t, factory, office		-	City or Tou	m, Stata)	er or mura.	I Routa Number,
_	the Hospital or At hin 24 hours after of the Funeral Direct upletely filled in by	Ö											
	24 hours 25 hours Funeral etaly filled	edical	Check only 2 Medical Exam	nysician: To the best of miner: On the basis of a	axamination an	ı, daath o d/or inva:	ccurred at tha til stigation, in my c	ma, data and opinion, daat	d place, a th occurre	nd dua to tha d d at tha tima, d	causa(s) and medata and place,	ennar es st end dua to	ated. tha causa(s)
	To the Hospital Within 24 hours To the Funerel completely filled	Med	0.107	and mennar state	ed.								
	F 8 - 8	-	29b. Signatura and title of certifier	C.1			29c. Licens				29d. Data signe		
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	X/		30. Nama and addrass of person who	completed causa of da	ath (Itam 23a)	(Type, Pr	int)	,			9	76.6	
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State of Maryland / Department of Health and Mental Hygiene Q 6 29755

					00,00	route or	Death	F	Reg. No.		
Physicia	ın	1. Decedent's Name (First, Middle, I			D			2. Date of Dea Month	ith Day	Yeer 3.	Time of Death
/Medica	_			nn l	Ramsey			9/6/96			:OOAM
Examine	er	4a. Facility Name (If not institution, g					4b. City, Town, or L	ocation of Death	4c. County	y of Death	
Funeral		15604 Old Marsh 5. Sociel Security Number 6.		In yrs. lest	birthday) if	Under 1 Year	ccokeek if Under 24 Hrs.	8. Date of Birt	Princ	e Georg	(State or Fore
Director		578-46-0962 Usuai Residence of Decedent	1□ M 2XXF 60			onths Days	Hours Min.	8. Date of Birth (Month, De)	35°	St. Par	ıl,Minn
MON I		10a. State 10b. County	1	Oc. City, To	own or Location	on				10d. l	nside City Lim
28a-f show	ctor	Maryland Prince	George	Accol	keek					1	☐ Yes 24
80	Director	10e. Street end Number			1	0f. Zip Code			10g. Citizen of	What Country?	
23	20	15604 01d Marsha				20607			US		
itams 23a ner must	Funeral	11. Marital Status	12. Wes Decedent Eve Armed Forces?	er in U,S.	13. Was	Decedent of I	Hispanic Orlgin? (Sp en, Mexicen, Puerto	ecify Yes or No- Ricen, etc.)	14. Rad Bla	ce - American Ir	ndian,
0.0	þ	1 ☐ Never Married 2 ☐ Married 3 ☐ Widowed 4 ☐ Divorced	1 ☐ Yes 2 ☐ No if Yes, Give X Year or Dates:		10	Yes 2 No	Specify:			w. White	
and and and and and and and and and and	etec	15. Decedent's (Specify only highest of		16	6a. Decedent'	s Usuai Occu of work done	pation during most of work d)	ing	16b. Kind of B	usiness/Industr	у
than	Completed	Elementery/Secondary (0-12)	College (1-4or 5+)				d) appraiser		Real H	Estate	
Hygiene. other than ant, the		17. Father's Name (First, Middle, Les	e#1	1	Keal E	state F		o /First Middle	Maiden Cures		
h end Mental Hygiene. 7 le marked other than traumatic event, tre Me	To Be	Robert George Sc					18. Mother's Nam	e Ann Ba		ne)	
le me		19a. Informent's Name/Relationship	(Type, Print)	1	9b. Mailing A	ddress (Street	and Number or Rur	al Route Numbe	r, City or Town	State, Zip Cod	ie)
ENL	-	Edward Lee Ramsey				sitem	10				
If item or othe		20a. Method of Disposition 1 ☐ Buriai 2 ☐ Cremation 3		20b. Piace ceme	of Dispositio etery, cremeto	n (Neme of ry or other pla	ce)	Date	20c. Location	City or Town,	State
tment of land: If its		4 □ Donation 5 ▼ Other (Spec	**Entombment	Resu	rrectio	on Ceme	tery 9/	9/96	Clinto	n.Md.	
Department of Important: If any injury or once.		21. Signature of Funerei Service Lice	ansee /		22. Ne	me end Addre	ss of Facility Kalas Fun	oral Ho	mo		
02.00		23a. Part1. Enter the disease, or conshock, or heart failure. List only	Talas		6160	Oxon (Hill Rd.	Oxon Hi	11 Md	20745	
Medical xaminer	lner	immediate Cause (Final disease or condition resulting in death)	Du	ie to (or es	e consequent	ce of):					
nding physician and use as the burial-transit	Examiner	Sequentially list conditions,			a consequen						
cian s		Sequentially list conditions, if eny, leading to immediate cause. Enter Underlying Cause (Disease or injury that initieted events	6								
5 0 2	8	that initieted events resulting in death) Last	Due	e to (or as	a consequenc	ce of):					
attendi I for us	a		d								
the atte	SIC	Part II. Other significant conditions	contributing to death but n	ot resulting	g in the under	lying ceuse giv	ven in Part i.	23b. Did to	obacco usa co	ntribute to the	cause of dea
by the	F L	Part II. Other significant conditions	dcontributing to death but n	ot resulting	g in the under	lying ceuse giv	ven in Part I.	23b. Dld to	STATE STATE	ntribute to the	
igned by the be detached	2	Part II. Other significant conditions	contributing to death but n	not resulting	g in the under	lying cause gi	ven in Part i.		No an eutopsy	3 Probably 24b. Were a eveilebi	4 Unkr
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State of Maryland / Department of Health and Mental Hygiene 96

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				Cei	rtificate of	f Death		Reg. No.	0	_ 0 / 0 0
Dis sist		1. Decedent's Neme (First, Middle, Lest)					2. Dete of De Month	eth	Yeer	3. Time of Deeth
Physici /Medi		Bernard M. Rob	inson				09	0 5	96	9:36 PM
Examir		4e. Fecility Neme (if not institution, give street end numb	per)			4b. City, Town, o	r Location of Deet	h 4c. Count	y of Deeth	
3		Allegis Health And Reb				Clinto		Prin	ce Ge	eorge's
Funeral Director		5. Sociel Security Number 6. Sex 7. 1 M 2 □ F	Age (In yrs. I	lest birthday) Yrs.	Months Dey			3-22	9. Birthi Gou Wash	plece (Stete or Foreign Ington DC
show	or.	Usual Residence of Decedent 10e. Stete 10b. County Maryland Prince George's	10c. City	y, Town or Lo	cation Se a	it Pleasa	nt			10d. Inside City Limits 1X Yes 2□ No
with the Manual Lagrange or 28a-1	Funeral Director	10e. Straat end Number 7230 Hylton Street			10f. Zip Code	20743		10g. Citizen of	Whet Cou	
filed within 72 hours after death with the Maryland Hygiene. ther than "natural", or items 23s or 28s-f show ent, the Macical Examere: main to notified a	by	11. Marital Status 1 Never Merried 2 Married 3 Widowad 4 Divorced 12. Wes Decade Armed Force 1 Yes 2 If Yes, Give Yeer or Date	os? □No 194	43 '	Wes Decedent of f Yes, specify Cu 1 ☐ Yes 2 N	Hispenic Origin? oben, Mexicen, Pue	Specify Yes or No irto Ricen, etc.)		ce - Ameri	icen indlen, , etc. lack
ithin 72 hours ne. nan "natural", a Meoical Eve	Completed	15. Decedent's Education (Specify only highest grade completed) Elamentary/Secondary (0-12) Collega (1-4)	or 5+)			upation e during most of w red)	orking	16b. Kind of E		
nd 2 should be filed within lith and Mental Hygiene. 27 Is marked other than ° r traumatic event, the Max	Be	11 th 17. Fether's Neme (First, Middle, Last) The add area. Rehimoen			Clerical	1	ame (First, Middle Beatrice	, Meiden Sumai	ernme	:nc
Men Men arke	10	Theodore Robinson								
and 2 sh alth and 27 is m		19s. Informant's Name/Reletionship <i>(Type, Print)</i> Eliza Robinson/Wife		19b. Mailir 7230	Hylton	Street,	Seat Ple	asant,	State, Zij MD 2(3743
Pages 1 and 2 ent of Health ht; if item 27 li y or other tre		20e. Mathod of Disposition 1 ⊠ Buriel 2 □ Cremetion 3 □ Removel from Str 4 □ Donetion 5 □ Other (Spacify)	ete C6	ematary, cren	sition (Name of natory or other p Veterar		Data 9/12/96	20c. Location		own, Stete n, Maryland
permit. Pages 1 Department of H Important: if ite any Injury or oth		21. Signeture of Funeral Service Licensee	1	22	Neme and Add		1			
		Nancy A. Fercent	u		7474 Lar	ndover Ro	ad, Land	over, M	D 207	785
		23a. Pert1. Enter the dis-ase, or complications that coushock, or heart feilure. List only one cause on each shock.	sed the deeth h line.	n. Do not ent	er the mode of d	ylng, such es cerdi	ec or respiretory a	rrest,		Approximeta Intervel Between
Physician /Medical Examiner		Immediate Ceusa (Finel disease or condition resulting in deeth) e.	once	esti	ne He	vo Fa	ilur			2ycars
	ner	C	Due to (6)	as e conseq	uence of):	ton to	Bican	-37 14 1	1	2 years
entificate be executed ding physician and se as the buriel-transit	/Medical Examiner	Sequentially list conditions, if eny, leading to immediata ceuse. Enter Underlying Ceusa (Disease or injury thet initieted avents resulting in deeth) Lest	Due to (or	r es e conseq	uence of):		780-6			2 7403
0 2 3		d								
thet the death ed by the atte detached for	Physician	Part ii. Other eignificent conditions contributing to deat	h but not rasu	ilting in the ur	nderlying ceusa g	givan in Pert I	23b. Did	tobacco use co	intribute t	o the cause of death?
requires thet the death seen signed by the atter hould be detached for u	by Ph	- dirone Paral F	all	we	_ DK	abeles	10	Yes 2□ No	3 □ Pro	bably 4 Unknow
2 S	Completed	- 14 y Perter S.	en-	Dec	ubite	sulc		en autopsy ormed?	av.	fere autopsy findings vaileble prior to empletion of cause deeth?
The ate h	Ве Соп	- Corebrova 25. Wes cese referred to medicei	scul	usa	ccid	erts 26. Place of Di	1 □	/\	10	☐ Yes 2☐ No
5 w 5	ToE	exeminer? 1 ☐ Yes 2 No Hospital: 1 ☐ Inp	atient 2 E	ER/Outpetien	t 3 DOA		Home 5 ☐ Resi		ner (Speci	fy)
g Physical dispersion	Ë	27. Manner of Deeth 28a. Dete of 1. Neturel 5 Pending (Month,	njury Dey Year)	28b. Time of Injury	28c. Inj			how injury occu		
Attending Physician: ir death. sctor: After this certific by the funeral director.	atic	2 Accident investigation	Doy Touly	migary		Yas 2□No				
al or Atte s efter de il Directo ed in by t	Certification:	3 Suicide 6 Could not be datarmined 28e. Plece of building,	Injury - At hor etc. (Specify,	ma, ferm, str	eat, fectory, office	Э	28f. Location (City or To	Street and Num wn, State)	ber or Run	al Route Number,
To the Hospital or Attending Phymin 24 hours efter death. To the Funeral Director: After thi completely filled in by the funeral	Medical	29a. Cartifiar (Check only one) (Check only one) (Contifying Physician: To the best on the property one) (Contifying Physician: To the best one) (Contifying Physician	s of axeminetic	vledga, daath ion and/or inv	occurred at the restigetion, in my	time, data and place opinion, death occ	e, and dua to tha curred at the time,	causa(s) end m date and place,	enner as s and due t	iteted. o the cause(s)
To the Vilhier To the comp	W	29b. Signeture end title of certifier	10	5/1/	29c. Licer	se number	74	29d. Dete signe	id (Month,	Dey, Year)
	-	30. Nama and eddress of person who complated cause	of deeth (Item	23e) (Type 1	Print)	101	-	/ /		10.
		30. Nama and eddress of person who completed ceuse of Sam Tellawi, M.D. 4000	Mitche	llvill	e Road,	Bowie, N	1D 20716			

State Registrar 31, Dete filed (Month, Day, Yea.

32. Registrer's Signel

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State of Maryland / Department of Health and Mental Hygiene 96

						Cei	tificat	e of	Death			Reg. No).			
			1. Decedent'a Name (First, Middle, La	st)							2. Date of D				3. Tima of De	ath
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Ø,	/Medi		Raymond Benedic 4a. Fecility Nama (If not institution, giv	A KYNIAK	1				4h City To	wn orlo	Septem cation of Dee	ber	County	996	6:34P	
	Examir	ner														
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н	Funeral		The state of the s	Sex 7.Ag	ge (In yrs. last b	Yrs.	Months			Min.	8. Date of Bi (Month, D	rth e <i>y, Year)</i>)	9. Birthp	lace (State or F try) Johnst	oreign OWN
	Director		194-40-7301		56	TIS.					August	1, 19	39		/lvania	
	pu a		Usual Residence of Decedent 10a. State 10b. County		10c. City, Tov	m or lo	ontion								Od Include Olbert	1 24
	aryla sho	<u>=</u>	,	orge's County			oution								0d. inside City t 1 ☐ Yes 2	
	N I	cto	Tidi yidid		Latinani										1 195 2	₩ 140
	4 6 4	Director	10e. Street and Number				10f. Zip	Code				10g. Ci	tizen of V	hat Coun	try?	
	th w		6510 Midra Drive				2	0706				Unite	d Sta	tes of	f America	
	99 E 5	Funeral	11. Meritel Stetus	12. Was Decedent Armed Forces?	Ever in U,S.	13. \	Ves Dece	dent of	Hispanic Ori en, Mexicar	gin? (Spe	cify Yes or N	0-		- Americ		
0	after or he	F	1 Never Married 2 Merried	1 ☐ Yes 2 🔀							rican, etc.)		Biac	k, White,	etc.	
8	within 72 hours after deeth with the Maryland ene. than "natural", or items 23s or 28s-f show he Wedical Examiner must be notified at	by	3 Widowed 4 XXDivorcad	If Yes, Give Year or Detes:			I ∐ Yes	2 LAI NO	Specify:				Specify	Whit	te	
9	2 ho	Completed	15. Decedent's E	ducation	168	. Deced	lent's Usu	el Occu	pation during mos			16b. K	(Ind of Bu	siness/inc	Justry	
2	s within 72 ho plene. r than "natur the Wed cal	pie	(Specify only highest gra Elementary/Secondary (0-12)	College (1-4or		life. L	OO NOT u	se retire	dunng mos (d)	t of worki	ng	W	Vareho	use		
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D	il Hygid other	Bec	17. Fether's Name (First, Middle, Last,						18. Mothe	r's Name	(First, Middle	, Meider	Sumem	Θ)		
a	d be sente	To B	Walter Ryniak						Rose	Bals	avage					
2	and Mentel is marked or sumatic eve	1	19a. Informant's Name/Relationship (Type, Print)	19	h Mailin	n Address	s (Stree	t and Numb	er or Rum	il Route Numb	ner City	or Town	State Zin	Codel	
Maryland 21215-0020	d 2 is		George Ryniak / So				_				ylvania			0.000, 2.40	0000)	
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			23a. Pert1. Enter the disease, or com shock, or heart tailure. List only	plications that cause	the death. Do	not ente	er the mod	de ot dy	ing, auch as	cardiac c	or respiratory	arrest,			Approximate	
W	Physician		SHOOK, OF HEART CARDINE. LIST OTHY	one cause on eech ii	ne.										Onset end Dea	ith
×	/Medicai		Immediate Cause (Finel	P	, -		/	,	1					Ι,	1 -	
	Examiner		disease or condition resulting in death)	e. 125	PION	(1)	1	ter	un	-					thrs	
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,	n en lei-tr	Exa	Sequentially list conditions, if any, leading to Immediate													
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S	offe effe	Certification:	4 ☐ Homicide	building, et	c. (Specify)						City or To	wn, State	a)			
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	Fur etely	edicai	(Check only 2 Medical Exam	niner: On the basis of and manner st	examination at	nd/or Inv	estigation	, in my	opinion, dea	th occurre	ed et the time,	date an	d place, a	and due to	the cause(s)	
	To the Hospital or Attending I within 24 hours effer death. To the Funeral Director: After completely filled in by the funer	M	29b. Signature and title of certifier		1/12		290	c. Licen	se number			29d. De	te slaner	(Month.)	Day, Year)	-
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State of Maryland / Department of Health and Mental Hygiene 96 28758

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	Examir		4a. Facility Nama (If not Institution, giv	a street and number)				4b. City, Town	, or Location of Dea	th 4c. County	of Death		
			Kensington Garde	ns Nursing	Cent	er		Kensing	gton	Montgo	mery	Count	У
	Funeral		Social Sacurity Number 6. 5		a (In yrs. las	st birthday)	If Undar 1 Yaa			irth	9. Birthpl	aca (Stata	or Foreign
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	ō		Usual Rasidance of Dacedant										
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	h th	Director	10e. Street and Number				10f. Zip Coda			10g. Citizen of	What Count	try?	
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	deat	Funerai	11. Marital Status	12. Was Decedant E Armed Forcas?	Evar in U,S.	13. V			? (Specify Yas or No Puarto Rican, atc.)	o- 14. Rac	e - Amarica	an Indian,	inc11c
0	after or its		1 ☐ Nevar Married 2 ☐ Married	1 X Yas 2 □ N	lo				ruarto Rican, atc.)	Bla	ck, Whita, a	atc.	
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e,	f Her f Her othe		20a. Mathod of Disposition		20b. Plac		sition (Nama of satory or other ple		Data	20c. Location			
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			7					4-02	10	Septemb	JET 0	, T220	,
	(4)		30. Nama and address of person who of Gul Chablani, M.J		eth (Item 23	зе) (Туре, Р ille Т	Pike #31	6. Rock	ville, Ma	ryland			
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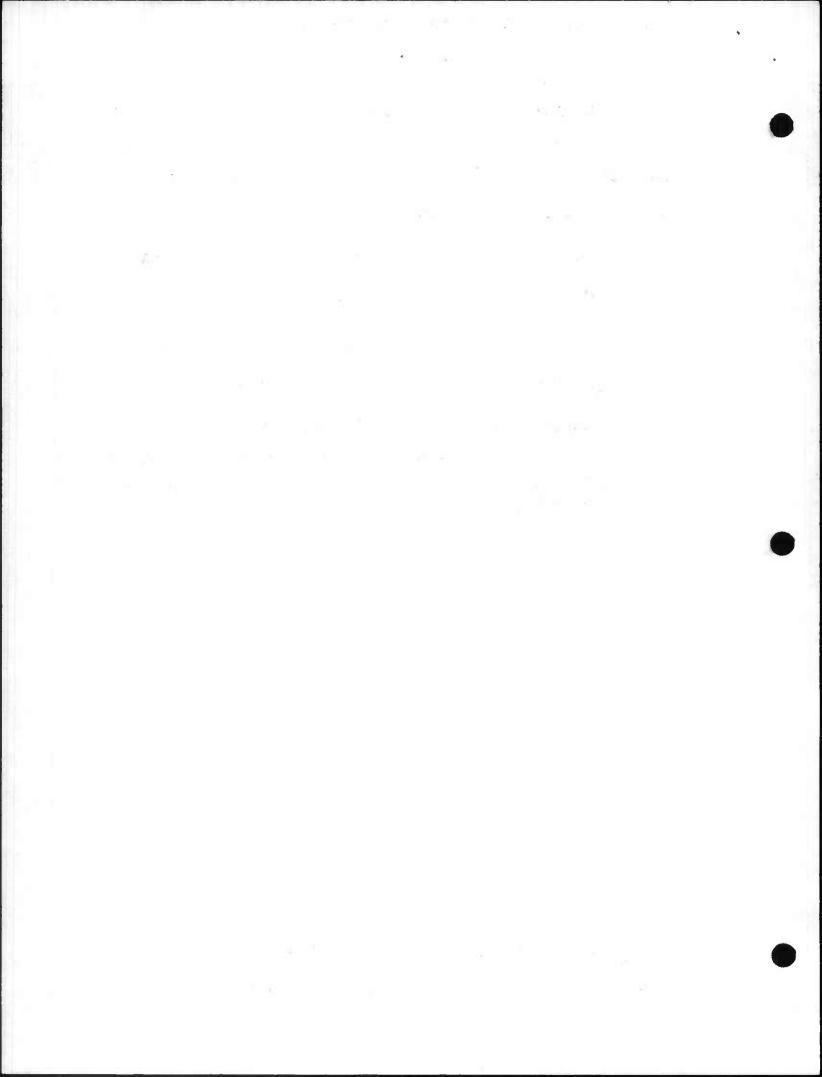
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AMENDED Nor. 17, 9 16 96, B.P., WORCESTER CO. Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible.

State of Maryland / Department of Health and Mental Hygiene

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						Certifica	te of	Death		Reg. No.	0 2	0100
Dl	·		na (First, Middla, La	•					2. Data of De Month	ath		3. Time of Death
Physic /Medi		Jame	DORSE	EY RICH	ARDSO	N. JR			SEPT	Day 13	Yaar 96	0215.
Exami			(If not institution, given					4b. City, Town, or L			of Death	
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	6	00.14	June	00			F, O O	20003		3041	, ,	10.
	1	30. Name and add	rass of person who									
		John	Christie	. M.D.	9733	_Healthy	vay_[Dr., Berl	in, Md.	21811		
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Registr	ar	3	r. TO 123	10 Stepa	Muchor	ardall						



				State of M	laryland /		artment of rtificate of	Health and f Death	Mental H	ygiene (96	28760
	Physic /Medi		Decedent's Nama (First, Middla, Las Domenica NMN STOR		innie O	razi	o STONE		2. Data of D Month Septe	Peath Dey	Yaar 199	3. Time of Death 10:45 p.
ľ	Exami		4a. Facility Nama (If not institution, giva 12511 Huyett Lane)			4b. City, Town, or	Location of Dea		ty of Deeth s hing t	ton
	Funeral Director		202-12-2492	7. A	ga (In yrs. last b	Yrs.	If Undar 1 Yes Months Day		. (Month, L	irth 7,1913	9. Birthp Cour Pen	olaca (State or Foreign ntry) nsylvania
AVI	Maryland H ahow	tor	Usual Residence of Dacadant 10a. Stata 10b. County Maryland Washingt	ton	10c. City, To		cation erstown				1	0d. Inside City Limits
	h with the	Funeral Director	10e. Streat and Number 12511 Huyett Lane	2			10f. Zip Coda	1740		10g. Citizen of USA	What Cour	itry?
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	ygiene ygiene ver tha	Com	Elamantary/Sacondary (0-12)	Collega (1-4or	5+)		homemak	er			r own	home
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ary	2 shou and M is mar	-	19a. Informant's Name/Ralationship (T)	ypa, Print)	19	b. Mailin	g Addrass (Strai	at and Number or F			n, Stata, Zip	Coda)
2	1 and 2 Health a am 27 is		Judy Quesemberry -	- Daughte	r 1	2511	Huyett	Lane, Ha	gerstow	n, Md.	21740	
altimore,	permit. Pages 1 and Depertment of Health Important: if itam 27 any Injury or other ti once.		20a. Mathod of Disposition 1 Burial 2 □ Cramation 3 □ F 4 □ Donation 5 □ Othar (Specify)		cemat	ary, cran	sition (Name of natory or other pi		Data 9-16-96	20c. Location		Penna.
Balt	permit. Depertr Imports any inju		21. Signeture of Funeral Service Licens	mi		MI	Nama and Add	rass of Facility UNERAL HO				
			23a. Part1. Entar tha disaasa, or compl shock, or haart failura. List only o	lications that causa na causa on aach li	d tha death. Do	not anta	ar the mode of dy	son Blvd. ying, such as cardia	c or respiretory	arrast,	10. 2.	Approximata Intarval Between
1	Physician /Medical Examiner	ġ,	Immediata Causa (Final diseasa or condition resulting In death)	Carry	Due to for see	fen	My a	merd (linne	lente) &	Onsat and Death
ч	sit ed	lner		. Bres	-	C	dancy on.				8	45.
68760,	ceta be axecuted physician and the bunal-transit	dical Examiner	Sequentially list conditions, if any, laading to immediata cause. Enter Underlying Causa (Disease or Injury that initialed avants	. Hev	Dua to (or as a						\$	everly 15
Box 687	death cartificeta e attending physion of for use es the		rasulting In death) Last	d	Dua to (or as e	consequ	Janca of):					
P.O.	that the d	y Physician/M	Part II. Other algnificant conditions con	ntributing to death b	out not rasulting	in tha un	darlying causa g	given in Pert I.		tobacco usa co		o the cause of death?
Records,	aw requir is been s 2 should	Completed by							24a. Wa	s an autopsy formed?	evi co	ara autopsy findings ailabla prior to mplation of causa daath?
	cata ha	Con							10	Yas 2 No	10	Yes 2 No
Viita	sician: The certificata irector, pag	o Be	25. Was casa rafarred to medical axaminar?	Hospital:	23 L 24			Whar:	ath (Check only			
ot	Phys ral di	-	1 ☐ Yas 2 No Carth	1 LI Inpatie		Outpatient Tima of	3CI DON	4 LI Hursing		how Injury occu		1)
Division	Attanding I r death. sctor: After by the funer	ertification:	1 Natural 5 Panding 2 Accidant Investigation 3 Suicida 6 Could not be	28a. Data of Inju (Month, Da	y Year)	Injury	28c. Inj W M 1[ork? □Yas 2□No				
Σ	or Attand after death Director:	ertifi	4 Homicida datarminad	28a. Place of Inj building, at	jury - At homa, f c. <i>(Specify)</i>	farm, stra	at, fectory, office	а		(Street end Num own, Stata)	ber or Rura	l Routa Number,

29a. Cartifiar

28f. Location (Street end Number or Rural Routa Number, City or Town, Stata)

1 Certifying Physician: To the best of my knowledge, daath occurred at tha tima, data and place, and due to the causa(s) and mannar as stated.

2 Medical Examiner: On the basis of axamination and/or invastigation, in my opinion, death occurred at the time, data and place, and due to the causa(s) and mannar stated. 29b. Signatura and titia of cartifier

29c. License number 1480

29d. Data signed (Month, Dey, Yaer)

30. Nama and addrass

Hagerstown MD. 21740

State Registrar

Medical

31. Data filad (Month, Day, Year)



To the Hospital or Attending Physician: The law requires that the death cartif

within 24 hours after death.

To the Funeral Director: After this complately filled in by the funeral

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			Decedent's Name (First, Middle,	ast)		UUI	tificate	UI	Dealli	2. Dete of De	Reg. No.		9 71	ne of Death
	Physic	ian								Month	Day	Year		37 Pm
	/Medi			Lee Sull:		II			4h Cib. Town or I	Sipt	8 199		٥, ٠	2////
1	Exami	ner	4a. Facility Name (If not institution,		17)			-	4b. City, Town, or I					
			Holy Cross Ho		Ama /la com la add	L Zaddi ada sak	If Under 1	Vear	Silver If Under 24 Hra.			tgon		
	Funeral Director		None Usual Residence of Decedent	12€ M 2□ F	Age (In yrs. last t	Yrs.		Days		(Month, De	96	Coui	olace (Sintry)	tate o <i>r Foreig</i> r ind
	land		10a. State 10b. County		10c. City, To	wn or Lo	cation					1	IOd. Insi	de City Limits
	Mary	to	Maryland P.G.		Upper	Ma	rlbon	0					*9	Yes 2□No
	r 28a	Director	10e. Street and Number				10f. Zip C	ode			10g. Citizen of	What Cour	ntry?	
	h wit	a D	2808 Hatboro	Place			207	77:	2		USA	7		
	deat	Funeral	11. Maritai Status	12. Was Deceder Armed Forces	nt Ever in U,S.	13. V	Vas Deceder	nt of	Hispanic Origin? (Span, Mexican, Puerto	pecify Yes or No	14. Ra	ce - Americ		ın,
21215-0020	filed within 72 hours after death with the Maryland Hygiene. ther than "naturat", or flems 23a or 28a-f ahow ant, the Medical Exament must be notified at	by	XXNever Married 2 ☐ Married 3 ☐ Widowed 4 ☐ Divorcad		₹ ½		Yes, specify			HICAN, OC.)	Specia	ick, White, ^{fy:} B1	eic. .ack	
2-0	72 ho	Completed	15. Decedent's	Education	16	a. Deced	lent's Usuai	Occu	pation	le la de	16b. Kind of B	lusiness/In	dustry	
21	The state of	ple	(Specify only highest (Elementary/Secondary (0-12)	College (1-4o	r 5+)			retire	during most of world)	king				
21	or the	Con	0			Inf	ant				Non	e		
Maryland	s 1 and 2 should be filed within f Haalth and Mentel Hygiene. tem 27 is marked other than other traumetic avant, the M	Be	17. Father'a Name (First, Middle, La	st)					18. Mother's Nan		A Comment			
N S	Men Men	10	Arthur Lee Su								Water			
Ma			19a. Informant's Name/Relationship						t and Number or Ru					
	1 and 2 Haaith em 27 i		Arthur Lee Sul	livan,Jr			Hatbo sition (Name		o Place,	Upper	20c. Location			
nor	Peges nent of I nt: If its iry or o		1	☐Removal from Stat	e cemei	lery, cren	natory or oth	er ple						
Baltimore,			4 Donation 5 Other (Spe		Harr	-	Parl		ess of Facility	/12/96	Lando	ver,	Mo	1.
Ba	permit. Departmine importa any inje		A	011300					ons 5635	Fade	S+ NE	DC	200	119
	_			molications that caus	ed the death. Do							, ,,	Approx	
	Physician /Medical Examiner		23a. Pert1. Enter the disease, or or shock, or heart failure. List on Immediate Cause (Final disease or condition resulting in deeth)	a. A PNU									Onset	Between and Death
	7 5	ner		EXT	Romo	Pa.	mat	· n	TV				5//2	1/2
	nd trans	Examiner	Sequentially list conditions,	b. 0 (~ 1	Due to (or as a				-(1 /				211	in
ò,	tificate be executed g physician and as the buriel-transit	Ä	Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or Injury that initiated events	PUTC	W4 1	PRE	VIA					i .	5/2	IVL
68760,	sate t	edicai	that initiated events resulting in death) Last	U	Due to (or as a	consequ	uence of):							
_	5 0 6	Diagram .		d										
Box	leath certifica attending ph I for use as ti	clan												
0	that the death cer led by the attendir detached for use	Physician/N	Part II. Other significant conditions	contributing to death	but not resulting	in the ur	derlying cau	se gi	ven in Part I.	23b. Did	tobacco usa co	ontributs to	o the ca	use of death?
0	es thet I igned by be deta	by Ph								10	Yes 25 No	3 □ Pro	bably	4 Unknow
Vital Records,	requires that been signed be should be dete										an autopay			pay findings
00	w require been si should!	Completed								perfe	ormed?	co	allable p impletion death?	orior to n of cause
Be	The law ate has b	omp								10	Yes 2 No		Yes	2 No
ā	Iclan: The certificate rector, pag	0	25. Wes case referred to medical						26. Place of Dea				1 100	205/10
2		o B	examiner? 1 ☐ Yes 2 No	Hospital:	tient 2 ER/C	Outpatien	t 3□ DOA	Ot	hor:		denca 6 □Oti	ner (Specif	(v)	
Tot	er this	n: T	27. Manner of Death	28a. Date of In (Month, D	jury 28b	. Time of		. Inju			how injury occu		,,	
. <u>Ö</u>	ath. r: Aff	atio	Natural 5 Pending 2 Accident investigat	on	-	Injury	М		Yes 2□No	_				
Division	r Atte	Certification:	3 ☐ Sulcide 6 ☐ Could not 4 ☐ Homicide determine	d 256. Place of I	njury - At home, atc. (Specify)	farm, stre	et, factory, o	office		28f. Location (City or To	Street and Num. wn, Stete)	ber or Rure	al Route	Number,
	ftal o irs aft led ir				A	<u> </u>								
	Hosp 14 hor Fune tely fi	edicai	(Check only 2 Medical Ex	hysician: To the bes aminer: On the basis	of examination a	ge, deeth ind/or inv	occurred at estigation, in	the ti	me, date and piece, opinion, death occur	and due to the red at the time,	cause(s) and m date and place,	anner as s and due to	tated.	ıse(s)
	To the Hospital or Attanding Pr within 24 hours after death. To the Funeral Director: After th completely illied in by the funeral	Med	one) 29b. Signature and title of certifier	and manner s	stated.				se number		29d. Date ≱igne			
	8 4 ₹ 4	1	1+-//	.4			0	3 4	-3.4/		9/4	141	July, 18	
				1			17	لئا	54		110	1/6		
			30. Name and address of person wh Marilea Miller M					1	or Spring	. ма о	0007			
	Sta	te	31. Date filed (Month, Dey, Year)		trar's Signature	ıu A	ve. 01	V	er Shrring	, riu . Z	.0704			

32 Registrar's Signature

Registrar

SEP 11 1996

State of Maryland / Department of Health and Mental Hygiene 96

						Certificate of	Death		Reg. No.			
			1. Decedent's Neme (First, Middle, La	nst)	***************************************			2. Dete of De	eth	Voor	3. Time o	d Death
	Physic /Medi		ROSE M	ARIE STE	VENS	NC		Month 0 9	0 7	96	9:45	5 AM
	Exami		4a. Facility Neme (If not Institution, given				4b. City, Town, or L					
			6836 Walker	Mill Road	#101		Capitol H			ice G	eorge'	S
	Funeral Director			. C C	yrs. last birti	rs. If Under 1 Yeer Months Deys		8. Dete of Bir (Month, De 01-07		9. Birthp Cour Mary	place (Stete ontry)	or Foreign
	Maryland a-f ehow	ctor	10a. Stete 10b. County	George's	c. City, Town		l Heights			1	10d. Inside C	City Limits
	th with the 23a or 28 and be mo	Funeral Director	10e. Street end Number 6836 Walker MII	1 Road #101		10f. Zip Code	20743		10g. Citizen of	What Cour	ntry?	
020	filed within 72 hours efter deeth with the Marylend Hygiene. Ther then "naturet", or items 23a or 28s-f show ent, the Medical Examiner must be routified at	by	11. Meritel Stetus 1 Never Merried 2 Married 3 Widowed 4 Divorced	12. Wes Decedent Ever Armed Forces? 1 ☐ Yes 2XXNo If Yes, Give Year or Detes:	in U,S.	13. Wes Decedent of If Yes, specify Cut 1 ☐ Yes 2X No		ecify Yes or No Rican, etc.)	14. Red Ble Specif	ck, White,	etc. lack	
21215-0020	thin 72 ho e. en "netur	Completed	15. Decedent's E (Specify only highest gra Elementery/Secondery (0-12)	ducation ade completed) College (1-4or 5+)		Decedent's Usuel Occu (Give kind of work done life. DO NOT use retire	during most of work	ing	16b. Kind ot B			
21	or the	Con	11th			Homen	aker			Priva	ate	
Maryland	d 2 should be filed within the end Mental Hygiene. 7 le marked other than traumatic event, the M	To Be	17. Father's Neme (First, Middle, Last Paul Wesl				18. Mother's Nem		Maiden Sumer Henson			
, Mar	and 2 sho selth end I 27 le me er traume		19a. tntormant's Neme/Reletionship (Debra Lewis/Dau	Type, Print) ghter	19b. 3(Meiling Address (Stree 016 Alderto	n Avenue,	Ft. Wa	er, City or Town, Ishingto	State, Zip n MD	20744	
Baltimore,	permit. Pages 1 and 2 Department of Heelih e Important: If item 27 le any Injury or other trat once.		20e. Method of Disposition 1 ☑ Buriel 2 ☐ Cremetion 3 ☐ 4 ☐ Donetion 5 ☐ Other (Special	Removei from Stete	Ob. Piece of cometen Harmoi	Disposition (Neme of r, crematory or other plan ny Memoria I	Park 9	Dete /13/96	Landov			nd
Ball	permit. Pag Department Important: I any Injury o		21. Signeture of Funerel Service Lice	Percentie			ess of Fecility enkins Fun ndover Roa			207	85	
- Note and	Physician /Medical Examiner	er	23a. Part1. Enter the disees, or comshock, or heert teilule. List only Immediate Ceuse (Finei diseese or condition resulting in deeth)	· Myo	av d	ot enter the mode of dy			rrest,		Approximet Interval Bet Onset end	tween
ox 68760,	seth certificate be executed ettending physician end for use es the buriel-transit	n/Medical Examiner	Sequentially list conditions, if eny, leeding to immediate cause. Enter Underlying Cause (Disease or Injury that initiated events resulting in death) Lest	C		onsequence of):						
O. Bo	the deeth y the etter ached for u	Physician/	Pert II. Other eignificant conditions of	contributing to death but no	t resulting In	the underlying cause g	iven in Pert I.	23b. Dld	tobacco uee co	ntribute t	o the cause	of death?
S, P.	that ed b dets		Hyperters	S				10	¥ee 2□ No	3 Pro	bebly 4) Unknown
Vital Records	law requires as been sign s 2 should be	Completed by	Ho anyth	mia				24e. Wes	en eutopsy omed?	SV CO	ere autopsy l railable prior to empletion of d deeth?	to
ž	Te de de de de de de de de de de de de de	E	U					10	Yes 2 No	11	Yes 2] No
ita		Bec	25. Wes case reterred to medical				26. Plece of Deal	h (Check only o	ope)			
of <	0 0	To	examiper? 1 🗆 es 2 🗆 No	Hospitel: 1 Inpatient	2 ER/Out	patient 3 DOA	her: 4 Nursing Ho	ome 5 Resi	dence 6 Ott	er (Specia	(y)	
ם			27. Menner of Deeth 1 ☑Neturei 5 ☑ Pending	28s. Date of Injury (Month, Dey Yea	28b. Ti	jury Wo	iry at ork?	28d. Describe	how Injury occur	red		- 11
Sio		cati	2 Accident Investigatio	23.		M 1	Yes 2□No					
Division	or Attendent efter deet Director:	Certification:	4 Homicide determined	28e. Plece of Injury - building, etc. (S)	At home, ten	m, street, fectory, office		28f. Location (City or To	Street and Numi vn, Stete)	er or Rure	al Route Num	n <i>ber</i> ,
	Hospital 24 hours Funeral itely filled	edicai Ce	29e. Certifier (Check on ane)	yelcian: To the bast of my niner: On the basis of exa	knowledge,	deeth occurred et the t or investigetion, in my	ime, date end piece, opinion, deeth occur	snd due to the	cause(s) and m	anner as s	tated. o the cause(r	s)
	To the within 2 To the comple	Mex	29b. Signature and title of certifier	end menner stated.		29c. Licen	se number	-	29d. Dete signe	d (Month,	Dey, Year	
	0		Millan	D. Kun	7 2	a = (0)	79671	,	Sen	0.1	10/9	1
F	(3)		30. Nemy end eddress of person who	completed cause of deeth	(Item 23e) (T	Type, Print)	SDI land	Lover R	I El	ever	2000	2078
	Sta Registr		31. Dete filed (Month, Day, Year) SEP 12 199	6 July Dun	territor	lett		•			t	

State of Maryland / Department of Health and Mental Hygiene 96 28763

					Certificate of	of Death	7		Reg. No.		
		1. Decedent's Name (First, Middle	e, Last)					2. Date of De	eth	W	3. Time of Death
Physi /Med		ESTHER	W_{\bullet}		SMITH			SEPTEN	IBER 9.	1996	7:PM
Exam		4a. Fecility Name (If not institution	, give street and numb	er)		4b. City, To	own, or Lo	cation of Death	4c. County	of Death	
		CIRCLE MONOR N	URSING HOM	F		KENSI	NCTO	N	MONT	GOMER	v
Funera	al	5. Social Security Number	6. Sex 7.	Age (In yrs. lest birth	if Under 1 Ye	ar If Under	r 24 Hrs.	8. Date of Birt (Month, Da	th Veest		ace (State or Foreign ry)
Directo	_	145-20-0724	1□ M 2√XF	72 Y	rs. Months De	ys Hours	Min.		1924		Jersey
p .		Usual Residence of Decedent		140 00 7				****	, , , , , ,		
anyla show	_	10a. State 10b. County		10c. City, Town	or Location					10	d. Inside City Limits
88-f	cto		gomery	Tako	ma Park						Yes 2□No
Nith to	늅	10e. Street end Number	// 3 3 3		10f. Zip Cod				10g. Citizen of		ry?
ath v	<u>a</u>	7777 Maple Ave			209				U.S.		
er de	nu e	11. Merital Status	12. Was Decede Armed Force	is?	 Was Decedent of if Yes, specity C 	of Hispenic Or Juban, Mexice	rigin? (Spe n, Puerto	ecify Yes or No- Rican, etc.)	- 14. Rad Bla	ce - Americe ck, White, e	
within 72 hours efter death with the Maryland one. than "natural; or items 23s or 28s-f show he Medical Examinet must be notified at	by Funeral Director	1 Never Married 2 Marri		Δ.	1 □ Yes 2 🕸	No Specify	**		Specif	Blac	k
hour		15. Decedent	Year or Date		Seedest's Heuri Oc						
n 72	Completed	(Specify only highes		108. [Decedent's Usual Oc 'Give kind of work do life. DO NOT use re	cupation ne during mos tired)	st of worki	ing	16b. Kind of B	usiness/ind	ustry
filed with Hygiene. other than	E	Elementary/Secondery (0-12) 12th	College (1-4d	Dr (3+)	urse				Priva	ate	
Hygid Hygid	Ü	17. Father's Neme (First, Middle, I	Last)			18. Moth	er's Name	(First, Middle,	Maiden Sumar	ne)	
ould be f Mental F mrked of netic eve	To Be	T-1 - 37									
2 should and Men is marked	-	John Young 19a. Informant's Name/Relationsh	nip (Type, Print)	19b.	Mailing Address (Str		ie He		er. City or Town	State Zin	Code)
and 2 paith and 7 r 27 is		MATTIE H. GROO	MS (SISTER		77 MAPLE A				OMA PAR		
- 1 2 5		20a. Method of Disposition		20b. Plece of I	Disposition (Name of		-	Date	20c. Location		
Peges net of I nrt: If ite		Burial 2 Cremetion 4 Donation 5 Other (St	3 □Removal from Sta		Crematory or other		9-1	4-96		VER,	
permit. Peges Department of Important: If It any Injury or	4	21. Signature of Funeral Service I	//		22. Name and Ad		iba			-	
Dep		1 /1	11/	/	EE. Hamo and Ad	dioss of Facili	" J0I	HNSON &	JENKIN	S INC	
		fory 1	13 Cha	1	716 KENN	EDY ST	. N.	W. W.D	.C. 20	011	
		23a. Part1. Enter the disease, or shock, or heart teilure. List	only one cause on each	sed the death. Do no i line.	ot enter the mode of o	ayıng, such es	cardiac d	or respiretory er	rest,		Approximate Interval Between
Physiciar /Medica	_	Immediate Cause (Final	D								Onset and Death
Examine	_	diseese or condition resulting in death)	a. Mel	morra							week
	a			Due to (or as a co	ensequence of):					1	
petr usit	Examiner		b. —		,						
exect n end ial-tra	Exa	Sequentially list conditions, if any, leading to immediate		Due to (or as a co	nsequence ot):		1 4				
certificate be executed ding physician end ise es the burial-transit	ca	Sequentielly list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or injury that initiated events	C	Due to (or as a co	nenguana att						
ificat g phy es th	Medical	resulting in death) Lest		Due to (or as a co	nsequence oi):						
		'	d								1/4/4
to to	Physician	Part it. Other algnificant condition	se contributing to death	but not resulting in	he underlying cause	niven in Pert		23h Did t	obacco use co	ntribute to	the cause of death?
hat the de ad by the deteched	hys		' /		ne underlying cause	given in reit		1 🗆 1	~		ably 4 ☐ Unknow
es that igned 1 be det	by P	agreemer	o deme	nlia				101	108 20 NO	3 Probe	ably 4 Onknow
The law requires that the te hes been signed by the page 2 should be deteched	20	`()						24a. Was	an autopsy		e autopsy tindings
w require been si should l	lete							perfo	rmed?	com	leble prior to pletion of ceuse eath?
The law ate hes pege 2	Completed								~		
		05 146						1 U Y	Q	10	Yes 2□ No
Physician: this certifican	Be	25. Was case reterred to medical examiner?	Hospitai:			Other >		(Check only o			
Phys this rai di	5	1 Yes 2 No 27. Menner of Death	1 ☐ Inpa 28a. Date of Ir		atient 3LI DOA	4 / NI			ience 6 DOth		
ding I h. After fune	tion	1 Netural 5 ☐ Pending	(Month, L	Day Year) Inj	ury V	Vork? ☐ Yes 2☐		Edd. Doddinod ii	ion injury occur	l ou	
of a thending effer deeth. Director: After d in by the fune	Certification:	3 Suicide 6 ☐ Could n	ot be Oce Place of	niury - At home farn	n, street, factory, offic			28f Location /S	Street and Num!	per or Rural	Route Number
or A effer Dire	er	4 ☐ Homicide determine	building,	etc. (Specity)	i, stroot, tuotory, ont	J		City or Tow	m, State)	0. 0. 1.0.0.	, rooto rambor,
To the Hospital or / within 24 hours effer To the Funeral Director Completely filled in b		29a. Certifier 1 Certifying	Physician: To the bes	st of my knowledge.	leath occurred at the	time date ar	nd place e	and due to the	rause(s) and m	enner as sta	ted
24 h Fur letely	edical		xaminer: On the basis end manner	ot examination and/	or investigation, in m	y opinion, dea	th occurre	ed at the time,	date and piece,	and due to	the cause(s)
Within 2 To the	M	29b. Signature and alle of gertifier			29c. Lice	ense number			29d. Date signe	d (Month, D	ley, Year)
6		> VIVIA			Da	4032			9/11/9	-	
(n)		30 Namahadadad	the completed	doath (line co.)	Do Briet)	1-07	7		1111		
(2)		30. Name fand address of person w	the completed cause of	2720 CA	RRAGUTI	1.16	VA	15 MIn	dall the	0 0	100
107		A LINE PRESIDENT AND AND AND AND AND AND AND AND AND AND	THE PERMIT	> / // 1	B E (VII - 11 / /	St 1 / 1	N 1-1	1 \ 111/10	() 1 / / / / / /	1 1	1 1 1 1
	tate	31. Date filed (Month Day Year)	32#Renie	strar's Signature	NAMOUT	104		JOHNO	ONT		

State of Maryland / Department of Health and Mental Hygiene Certificate of Death 1. Decedent's Neme (First, Middle, Last) 2. Dete of Death 3. Time of Death Dey Month **Physician** Ernestine Sledge September 6, 1996 8:34 P.M. /Medical 4a. Facility Name (If not Institution, give street end number) 4b. City. Town, or Location of Deeth 4c. County of Death Examiner Holy Cross Hospital Silver Spring Montgomery County If Under 1 Year If Under 24 Hrs. 8. Date of Birth
Months Days Hours Min. (Month, Dey, Year) 5. Social Security Number 7. Age (In yrs. lest birthdey) 9. Birthplace (State or Foreign **Funeral** 1 □ M 2 🖾 F June 4, 1939 Virginia 227-46-1692 Yrs 57 Director Usual Residence of Decadent with the Meryland 10a. Stete 10b. County 10c. City, Town or Location 10d. Inside City Limits item 27 is marked other than "natural", or items 23a or 28a-f ahow other traumatic event, the Medical Examinat must be notified at Director None Washington, D.C. 1K Yes 2 □ No None 10e. Street end Number 10f. Zip Code 10g. Citizen of Whet Country? 1202 5th Street #202 N.W. 20001 United States death \ Funeral 12. Wes Decedent Ever in U,S. Armed Forces? 1 ☐ Yes 2 ☑ No If Yes, Give Year or Detes: Was Decedent of Hispenic Origin? (Specify Yes or No-If Yes, specify Cuben, Mexican, Puerto Rican, etc.) 14. Rece - American Indien, Black, White, etc. permit. Pages 1 and 2 should be filed within 72 hours efter. Department of Heelib and Mental Hygiane. Important: if item 27 is marked other than "natural", or ite any finlury or other traumatic event, the Medical Examina 1 Never Merried 2 Married Baltimore, Maryland 21215-0020 1 ☐ Yes 2 ☑ No Specify: Specify P A 3 Widowed 4 Divorcad Black Completed 16a. Decedent's Usual Occupation (Give kind of work done during most of working life. DO NOT use retired) 15. Decedent's Education (Specify only highest grede completed) 18b. Kind of Business/Industry Elementery/Secondary (0-12) College (1-4or 5+) Nursing Home Domestic 17. Father's Neme (First, Middle, Last) 18. Mother's Name (First, Middle, Maiden Sumeme) Be Emma Pleasant 2 Holloway Rustin 19e. Informent's Name/Relationship (Type, Print) 19b. Meiling Address (Street end Number or Rural Route Number, City or Town, State, Zip Code) Sylvester Sledge - Husband 1202 5th Street #202 NW Washington, D.C. 20001 20b. Plece of Disposition (Name of cametery, cremetory or other plece) 20e. Method of Disposition Date 20c. Location - City or Town State 1 X Burial 2 ☐ Cremation 3 ☐ Removel from State 4 ☐ Donation 5 ☐ Other (Specify) Oakwood Cemetery 9-13-96 Richmond, Virginia 21. Signeture of Funaral Service Licensee 22. Name and Address of Facility Manning Funeral Home #M00690 700 N. 25th Street Richmond, Virginia 23a. Pert1. Enter the disease, or complications that caused the death. Do not enter the mode of dying, such as cardiec or respiretory errest, shock, or heert failure. List only one cause on each line. Approximete interval Between Onset and Death Physician immediate Ceusa (Final disease or condition resulting In deeth) /Medical Post Anoxic Encephalopathy 10 Days Examiner Dua to (or as a consequenca of): Examiner ed by the attending physician and detached for use es the buriel-transit Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Causa (Disaase or injury Due to (or es e consequence of) Division of Vital Records, P.O. Box 68760, the death certificate be Physician/Medical that initiated events resulting in deeth) Lest Due to (or as e consequence of) Pert II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part i. 23b. Did tobacco use contribute to the cause of death? signed by to d be detach 1 Yes 2 No 3 Probably 4 Unknown Asthma, Hypertension, Diabetes by should t Renal Insufficiency, Sepsis 24b. Wara autopsy findings available prior to completion of cause of daeth? 24a. Was an autopsy performed? Completed 1 Yes No. 1 ☐ Yes 2 ☐ No or Attending Physician: 25. Wes case raferred to medical examiner? Be 28. Place of Death (Check only one) Hospital: ¼ Inpatient 2 □ ER/Outpatient 3 □ DOA Other: 4 Nursing Home 5 Residenca 8 Other (Specify) 2 1 Yes 2 No this 27. Manner of Deeth 28e. Dete of Injury (Month, Dey Year) 28b. Time of 28d. Describe how injury occurred Certification: 28c. Injury at Work? After 1 Natural 5 Pending investigation deeth. 1 ☐ Yes 2 ☐ No 2 Accident after deet 6 Could not be determined 3 ☐ Suicide 28f. Location (Street end Number or Rural Route Number, City or Town, Stete) 28e. Piece of Injury - At home, ferm, street, factory, offica building, etc. (Specify) 3 4 Homicide To the Hospital or within 24 hours at To the Funeral D To the best of my knowledge, deeth occurred et the time, date and place, end dua to tha cause(s) and manner as stated.

| Certifying Physicien: To the best of my knowledge, deeth occurred et the time, date and place, end dua to the cause(s) and manner as stated.

| Medical Examiner: On the best of my knowledge, deeth occurred et the time, date and place, end dua to the cause(s) and manner as stated. Medical 29a. Certifier (Check only one) 29b. Signature end title of cartifier 99c. License number 29d. Date signed (Month, Dey, Year) Muchell D14646 30. Name and address of person who complated cause of daath (Itam 23a) (Type, Print)

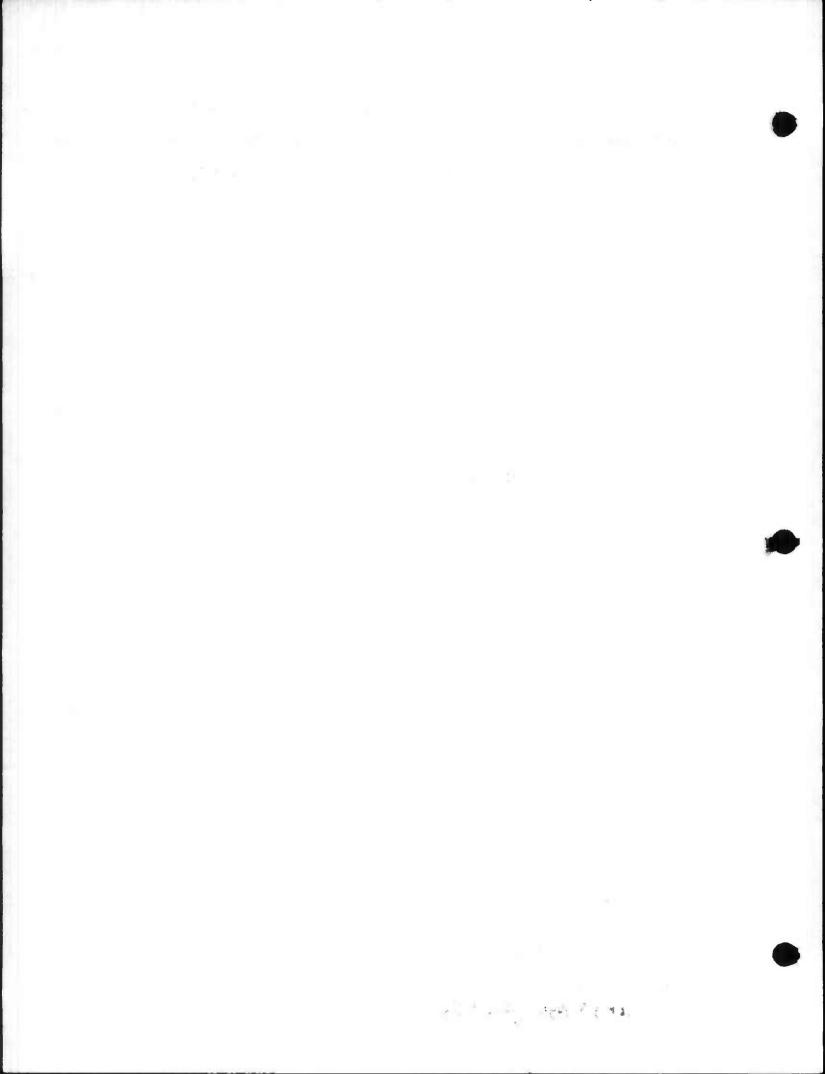
State Registrar

32 Registrar's Signature

10810 Connecticut Avenue, Kensington, MD

Martin Rosenthal, M.D.

31. Deta filed (Month, Dey, Year) 31. Deta filed (Month, Dey, Year)



			Ple	ease Type or State o		nd / Dep		Health and	•	1		8765
	Physic /Medi		Decedent's Name (First, Mid MIRIAM	idie, Last) MAE	SMI	тн			2. Date of D Month Septer	Death Day	Year 1996	3. Tima of Death 7:25 AM
7	Exami		4a. Facility Name (If not institution 1804 Keokee		mber)			4b. City, Town, or Hyatts	Location of Dea	ath 4c. Count	y of Death	eorges
	Funeral Director		5. Sociel Security Number 578-70-8551	6. Sex 1 ☐ M 2 ☐ XF	7. Age (In yrs.	last birthday 8 Yrs.	Months De		(Month, L	lirth Dey, Year) 22,1927	9. Birthpli Count Jama 1	ace (State or Foraigny) LCa, W.I
	h the Maryland r 28a-f show Lnothled at	stor	Usual Residence of Decedent 10a. State 10b. Coun MD Prin	ce Georg		ity, Town or l		2311			10	0d. Inside City Limits
	eth with the	rai Direc	10e. Street and Number 1804 Keokee	Street			10f. Zip Code 2 0 7 8	3		10g. Citizen of USA	What Count	ry?
020	72 hours after deeth with the Maryland natural; or frems 23s or 28s-1 show dical Examiner must be notified at	by Funeral Director	11. Meritel Status 1 ☐ Never Married 2 🛣 Ma 3 ☐ Widowed 4 ☐ Divorce	Armed Fo	2X No	J,S. 13	. Was Decedent of If Yes, specify C	of Hispanic Origin? (uben, Mexican, Pue No Specify: Jan			ca - America ick, White, e (Blac)	etc.
4	C	Completed	(Specify only high	ent's Education lest grade completed)		16a. Dec (Giv life.	edent's Usuel Occ e kind of work do DO NOT use ret	cupation ne during most of wo ired)	orking	16b. Kind of B	Businass/Ind	ustry
d 212	iled within Hygiene. her than " nt, the Mex	Com	Eiementery/Secondary (0-12) 4th 17. Father's Name (First, Middle		1-4or 5+)			sistant		Hosp	ital	
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, Mar	and 2 sh selth and 127 is m er traum		19a. Informent's Neme/Relation Eric W. Smit		and			e St., I				
Baltimore, Maryland 21215-0020	permit. Peges 1 and 2 should be filed within Department of Heelth and Mental Hygiene. Important: If Item 27 is marked other than any injury or other traumatic event, the Monce.		20a. Method of Disposition 1 ☐ Burial 2 ☐ Cremetion 4 ☐ Donation 5 ☐ Other (State	cametery, cri	oosition (Name of smetory or other position) on Ceme	olece)	Dete 9-10	20c. Location Rockvi		
Balti	permit. Departrimporta any inju		21. Signature of Funerel Service	e Licansee			Name and Add Marsha	dress of Fecility II's Fun th St. 1	neral H	Home, I	nc.	
	Physician		23a. Part 1. Enter the disease, shock, or heart failure. Lis	or complications that of st only one cause on	caused the dea each line.	th. Do not e						Approximate Interval Between Onset and Death
7	/Medical Examiner	er.	Immediate Cause (Final disease or condition resulting In death)	a Meta		Squa or as a conse		ell can	cer of	tongue		
60,	be executed ician and burial-transit	Examiner	Sequentially list conditions, if any, leading to immediate cause. Enter Underlying	b. ———	Due to (or as a conse	equence of):				1 0 0	
687	leeth certificete be ettending physici I for use as the bu	/Medical	Cause (Disease or Injury that initiated events resulting In death) Last	d	Due to (c	or as a conse	equence of);					
.O. Box	e the	Physician/M	Part II. Other significant condit	tions contributing to d	eath but not res	sulting In the	underlying cause	given in Part I.	23b. Die	d tobacco use co	ontribute to	the cause of death
S,	es that the igned by be detact	by Ph	hyponatremi	a					10	Yee 2 No	3 □ Prob	ebly 4 ☐ Unknow
Vital Record	aw requis	Completed								s an autopsy formed?	corr	re autopsy findings llable prior to apletion of cause eath?
la R	E ag	e Con	75 Was seen seleved to see the							Yes 2 No	10	Yes 2□ No
<u> </u>	ysician: is certific director,	ro Be	25. Was case referred to medic examiner? 1 ☐ Yes 2 No	Hospital:	Inpatient 2	3 ER/Outpatie	ent 3 DOA	Other	eath (Check only Home 5 The	r on <i>e)</i> sidence 8 □Oti	her (Specify)

Division of Vita

Certification: To 27. Manner of Deeth

1 2 Natural

2 Accident

3 Sulcide

29a. Certifier (Check only one)

4 Homicide

Medical

To the Hospital or Attending Physician: within 24 hours after death.

To the Funeral Director: After this certific completely filled in by the funeral director.

15 Certifying Physician: To the best of my knowledge, death occurred at the time, dete and place, and due to the cause(s) and manner as stated.
2 Medical Examiner: On the bests of examinetion end/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and manner stated. 29b. Signeture and title of certifier

5 Pending Investigation

8 Could not be determined

29c. License number

Hospital: 1 ☐ Inpatient 2 ☐ ER/Outpatient 3 ☐ DOA

28b. Time of Injury

28e. Pleca of Injury - At home, ferm, street, factory, offica building, etc. (Specify)

28a. Date of Injury (Month, Dey Year)

29d. Date signed (Month, Dey, Year)

D41881

28c. Injury at Work?

1 Yes 2 No

Other: 4 ☐ Nursing Home 5 ☐ Residence 8 ☐ Other (Specify)

28d. Describe how injury occurred

28f. Location (Street end Number or Rurel Route Number, City or Town, Stete)

30. Name and address of person who completed cause of death (item 23a) (Type, Print)

20910

8630 Fenton St., Suite 900, Silver Spring, MD Allan S. Rogers,
31. Date filed (Month, Day, Year)
SEP 0 9 1996 M.D. 32. Registrar's Signature

State Registrar

Y 181 · J P R D D P

State of Maryland / Department of Health and Mental Hygiene

				viai yiai		tificate			wientai ny	Reg. No.	96	28	766
Physic	ian	Decedent's Neme (First, Midd	le, Last)						2. Deta of De Month	Dev	Yeer		e of Death
/Medi			TAMIRE						SEPT.	5,	1996		25 AM
Exami	ner	4a. Facility Neme (If not institution	n, giva street and numbe	er)					Location of Deet		unty of Death		
		1711 ARCADIA				If Undar 1		CAPITOL			NCE GE		
Funeral Director		5. Sociel Security Number 248-36-8526 Usuel Residence of Decedent	6. Sax 7. / 12 M 2 F	67	last birthday) Yrs.		Deys	If Under 24 Hrs Hours Min			9. Birth Cou 29 SOU	TH CA	NE or Foreign
show	5	10a. Steta 10b. County		10c. Cit	y, Town or Lo	cation							le City Limits
the Many 28a-f sh notified a	Director	MD PRINCI	E GEORGES	CAF	PITOL H				Т				160 2 100
With With						10f. Zip C					of What Cou		
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Maryland 21215-0020 d 2 should be filed within 72 hours efter deeth with the Maryland th and Mental Hygiane. T is marked other than "natural", or Hems 23a or 28a-f show traumatic event, the Medical Examiner must be notified at	by Funeral	1 Never Merried 2 Mer	If Yes Give	No		Yes, specify		Specify:	Specify Yas or No rto Rican, etc.)		Black, White ecify:	a, etc.	11,
72 hours		15. Deceder	nt's Education		16e. Deced	lent's Usuei (Occup	ation	17.00	16b. Kind	of Business/I	ACK	
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and 21 be filed wi htal Hygian d other th	BeC	17. Father's Neme (First, Middle,	Last)					18. Mother's Ne	ome (First, Middle	, Meidan Su	mama)		
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Marylan d 2 should be th and Mental 7 is marked of traumatic ev		19e. Informent's Neme/Relations	ship (Type, Print)		19b. Meilin	g Address (Street	and Number or F	Rural Route Numb	er, City or To	own, State, Z	ip Code)	
alth a		DARRELL STOUTA	MIRE/SON		#32 S	OLITAI	RE	COURT G	AITHERSE	URG, M	4D		
Baltimore, bernit. Pages 1 er Department of Hea moortant: if hen a my Injury or other ange.		20a. Method of Disposition			Piece of Dispo	sition (Neme	of er plec	(a)	Dete	20c. Locat	ion - City or 1	Town, Stat	е
Page Page mt: H		1 ■Burial 2 □ Cremetion 4 □ Donetion 5 □ Other (S		10	LINC				0/11/06	DIADI	MODIID	G MD	
Baltimore, M permit. Pages 1 end 2 Department of Health a important: if Nam 27 is any Injury or other tra once.		21. Signeture of Funeral Service	Licensee	1.1	22	. Nema and	Addras	ss of Facility	9/11/96			z,_MD	
Depariment any in		ALEXANDER S. PO											
		5538 MARLBORO PIKE FORESTVILLE, MD 20747 23e. Pert1. Enter the disease, or complications that caused the deeth. Do not enter the mode of dying, such as cardiac or respiretory errest, Approximately 10 and										mate	
/Medical Examiner	iner	Immediate Cause (Finei disease or condition resulting in death)	e. CARDIO	Due to (c	or as a conseq	uenca of):	NOM	[A				3 YE	CARS
O. Box 68760, na death certificate be executed the attending physician and ched for use as the burial-transit	/Medical Examiner	Sequentially list conditions, if any, leeding to Immediate cause. Enter Undarlying Cause (Disease or injury the Initiated evants resulting in deeth) Last	c		r as a consequ					,			
BOX death cer estending for use	Physician/N										i		
P.O. dat the dd by the detached	iysi	Pert ii. Other significant condition	one contributing to death	but not res	ulting in the ur	nderlying cau	ise giv	en in Pert 1.					ee of death?
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(10)		DR. SAID BAID	AS 3800 RES	ERVOII	R RD N.		SHI	NGTON, I	o.c. 200	07			
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State of Maryland / Department of Health and Mental Hygiene Certificate of Death 1. Decedent's Neme (First, Middle, Last) 2. Dete of Deeth 3 Time of Deeth Month Dey **Physician** 5:45 PM STEVENSON 09 09 1996 /Medical 4e. Facility Neme (If not institution, give street end number) 4b. City, Town, or Location of Deeth 4c. County of Deeth **Examiner** Prince George's Hospital Center Cheverly Prince George's If Under 1 Year 5. Sociel Security Number if Under 24 Hrs. 7. Age (In yrs. lest birthday) 8. Dete of Birth (Month, Dey, Year) Birthplece (State or Foreign Country) **Funeral** Deys 1⊠M 2□ F Months Hours Min Yrs Director 213-76-1362 36 09-28-1959 Washington, D.C. Usuei Residence of Decedent the Maryland 10e. Stete 10b. County 10c. City. Town or Location 10d. Inside City Limits 28a-f show the Medical Examiner must be notified at Washington, D.C. TØ Yes 2 No Director N/A N/A 10e. Street end Number 10f. Zip Code 10g. Citizen of Whet Country? items 23a or 1421 Massachusetts Avenue, NW, #210 20005 U.S.A. Funeral 12. Was Decedent Ever in U,S. Armed Forces? 1 ☐ Yes 2 XNo If Yes, Give 14. Reca - American Indien, Bieck, White, etc. Wes Decedent of Hispenic Origin? (Specify Yes or No-If Yes, specify Cuben, Mexican, Puerto Rican, etc.) 72 hours after 1 Never Married 2 ☐ Merried 0 Baltimore, Maryland 21215-0020 1 Ves 2 No Specify: þ Black 3 ☐ Widowed 4 ☐ Divorced Veer or Dates "natural", Completed 16e. Decedent's Usuel Occupetion (Give kind of work done during most of working life. DO NOT use retired) 15. Decedent's Education (Specify only highest grede completed) 16b. Kind of Business/Industry Hygiene. Elementery/Secondary (0-12) College (1-4or 5+) Private Accounts Payable Clerk permit. Pages 1 and 2 should be filed Department of Health and Mental Hygik Important: If Item 27 is marked other: any Injury or other traumatic ausent 12th 17. Father's Neme (First, Middle, Last) 18. Mother's Neme (First, Middle, Meiden Sumeme) Be Bernard Stevenson Mary Dalton 19e. Informent's Neme/Reletionship (Type, Print) 19b. Meiling Address (Street end Number or Rural Route Number, City or Town, Stete, Zip Code) Mary Stevenson/Mother 7760 Burnside Road, Landover, Maryland 20785 20b. Pieca of Disposition (Neme of cemetery, cremetory or other piece) 20e. Method of Disposition 20c. Location - City or Town, State 1 X Buriel 2 ☐ Cremetion 3 ☐ Removel from Stete 09/14 4 ☐ Donetion 5 ☐ Other (Specify) Harmony Memorial Park Landover, Maryland 1996 21. Signeture of Funeral Service Licensee 22. Name end Address of Fecility J. B. JENKINS FUNERAL HOME Nanc Pe 7474 Landover Road, Landover, Maryland 20785 23e. Part 1. Enter the disease, or complications that caused the deeth. Do not enter the mode of dying, such as cardiec or respiretory errest, shock, or heart feliure. List only one cause on each line. Approximete Interval Between Onset and Deeth **Physician** /Medical Immediete Cause (Finei diseese or condition resulting In deeth) **Examiner** Due to (or as a consequence of): Examiner Sequentielly list conditions, if eny, leeding to immediate cause. Enter Underlying Couse (Diseese or injury that initieted events resulting in deeth) Last Bue to (or as a consequence of): Box 68760 - 2 certificate be Physician/Medical 8 Due to (or as a consequence of) 监 85 P.O. Pert II. Other significant conditions contributing to deeth but not resulting in the underlying cause given in Pert I. 23b. Did tobacco use contribute to the cause of death? 3 3 Probably 4 Unknown 1 Yes No Records, þ Completed 24b. Were autopsy findings eveileble prior to 24e. Wes en autopsy performed? completion of cause of death? **D8062** 94 certificate 1 Yes Division of Vital 25. Was case referred to medical exeminer? Be 26. Piece of Deeth (Check only one) Other: 4 Nursing Home 5 Residenca 6 Other (Specify) Hospitel: 9 1 Yes 2 ER/Outpetient 3 DOA Inpatient 2 Dete of Injury (Month, Dey Year) 27. Menper of Dec 28c. Injury et Work? Certification: 28b. Time of 28d. Describe how injury occurred Affer Attending Neturel 5 Pending investigation Injury 1 ☐ Yes 2 ☐ No death 2 Accident after death Director. 6 Could not be determined 3 ☐ Suicide 28e. Plece of Injury - At home, ferm, street, fectory, offica building, etc. (Specify) 28f. Location (Street end Number or Rural Route Number, City or Town, Stete) B 4 ☐ Homicide ò within 24 hours a To the Funeral I Hospital 29e. Certifier Certifying Physician: To the best of my knowledge, deeth occurred et the time, dete end plece, end due to the ceuse(s) end manner as steted.

2 Medicat Examiner: On the basis of examinetion end/or investigation, in my opinion, deeth occurred at the time, dete end pieca, and due to the cause(s) end menner steted. edical (Check only one) å 29b. Signeture end title of cartifier 29c. License number 29d Date signed (Month, Day, Year) 30. Name and authors of person who completed cause of deeth (Item 23e) (Type, Print) 20785 3001 Drive Catevenis, MD. James Hospital 31. Dete filed (Month, Dey, Year) 32. Registrer's Signature

DHMH 16 Rev 6/95

State Registrar and the state of t

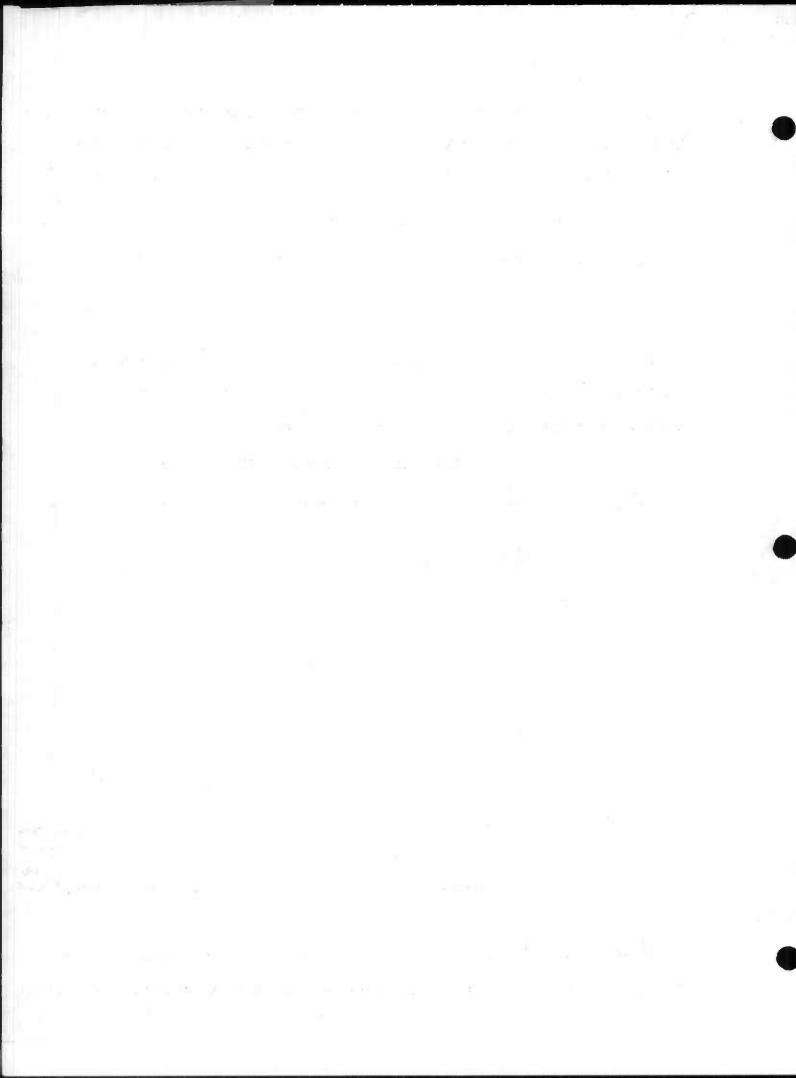
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Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible.

State of Maryland / Department of Health and Mental Hygiene

28768

						Cel	titicate c	I DE	eatn		Reg. No.			
	Physic /Medi		Decedent's Name (First, Middle, La GARY	CARLTON			SAN	DEF	RSON	2. Deta of De Month SEPTEM	Dey	Year	of Deeth	
1	Exami		4e. Fecility Name (If not institution, given 3200 BLK BROWN					4b. C	BOW	r Location of Deet	h 4c. Count		SES	
	Funerai Director		3/9 00 204/	Sex 7. Ag	ga (In yrs. last 44	birthday) Yrs.	If Under 1 Ya Months Day		Under 24 Hr Iours Mi		th ay, Year) , 1951	9. Birthplaca (State Country) Maryland	a or Foreign	
	hend we		Usual Residenca of Decedent 10a. Stete 10b. County		10c. City, To	own or Lo	cation					10d. Inside	City Limits	
	Many Perfeh	tor	Maryland Calver	t	Pr	ince	Frede	ricl	<				es 210 No	
	or 28	Directo	10e. Straet end Number				10f. Zip Code	в			10g. Citizen of	Whaf Country?		
	ath w	rai	804 Calvert Town	e Drive					20678		U	SA		
020	filed within 72 hours efter death with the Maryland Hygiene. ther than "naturel", or frams 23s or 28s-f show int, the Medical Exeminer must be invitted at	by Funeral	11. Marital Status 1 Navar Married 2 Married 3 Widowed 4 Divorced	12. Wes Decedant Armed Forces 1 7 Yas 2 If Yas, Give Yeer or Detes:	?		Ves Dacedent of Yes, specify C		nic Orlgin? (lexican, Pue pecify:	(Specify Yas or No arto Rican, etc.)	Special	ce - American Indien, ck, White, atc. 'y: white		
21215-0020	72 ho		15. Decedent's Ed	ducation	16	Sa. Deced	ent's Usuel Occ	cupetion	1		16b. Kind of B	usiness/industry		
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State of Maryland / Department of Health and Mental Hygiene 96 2877

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th with the	Funeral Director	10e. Street and Number 118 Longfields	Village		10	f. Zip Coda 206	34		10g. Citizen of V	What Country?	
within 72 hours after death with the Manyland ene. than "naturel; or items 23e or 28e-f ehow the Medical Examiner must be notified at	þ	11. Meritel Status 1 Never Merried 2 Merrie 303Widowed 4 Divorced	12. Was Decedant Armed Forcas? 1 Yas 2 It Yas, Give Yaar or Datas:			Decedant of specify Cut as 2 □\n		? (Specify Yes or No uerto Rican, etc.)		a - American fook, Whita, atc.	dian,
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ges 1 and 2 should be filed within 72 hr to Health and Mental Hygiene. If item 27 is marked other than "natur or other traumatic event, the Medical	To Be	17. Fethar'a Name (First, Middla, La	s Min				Sar		Ree	d	
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ysician: The security of the director, page directo	Be	25. Was casa refarred to medical axaminer?					26. Placa of	Death (Check only	ona)		
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State of Maryland / Department of Health and Mental Hygiene 96

						Cer	tificate	of	Death			Reg. No.		
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0	F to T		20a. Mathod of Disposition 1 ☐ Burial 2 ☐ Cremetion 3	□Ramovel from Stata	cema	tary, cram	sition (Nam.	har pla		į	Deta 09/12	20c, Location		own, Stata , maryland
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State of Maryland / Department of Health and Mental Hygiene 96 28773

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ysician Medical		Annie	Loui	Lse	Simm	nons	Tice		Septem			3	:55 P.M
aminer		4e. Facility Neme (If not institution, g	ive street end nu	m <i>ber)</i>			4b. City, To	own, or Lo	ocation of Deat	th 4c. Cor	inty of Deeth	h	
		Residence: 10607	Mulliki	n Drive			C1	intor			nce G	eorg	es
eral			Sex 1□M 2\ F	7. Age (In yrs.		Months De	ear If Under	24 Hrs. Min.	8. Dete of Bir (Month, De July 2	rth ey, Year)	9. Birth	nplece (S	tete or Foreign
ctor	-	244-46-9927	TUM 2017	61	Yrs.				July 2	8,1935	Nor		arolina
od et		Usuel Residence of Decedent 10a. Stete 10b. County		10c, Ci	ty, Town or L	ocation					T	10d Insi	de City Limits
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1 3	Director	10e. Street and Number		500		10f. Zip Coo	la .			10g. Citizen	of Miles Co.	· · · · · · · · · · · · · · · · · · ·	
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Firmeral	ner	11. Meritel Stetus	12. Wes Deck	edent Ever in U	I,S. 13.	. Was Decedent If Yes, specify (of Hispanic Or	igin? (Spe	ecify Yes or No	p- 14.	Race - Amar		an,
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	-	(Bishop) Andrew J	James Ti	-				in Dr	rive,Cl				
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8	-	23a. Pert1. Enter the disease, or conshock, or heart failure. List on	mplications that of	aused the deal							gton,	Appro	ximate
		23a. Pert1. Enter the disease, or conshock, or heart feilure. List only	mplications thet c y one cause on e	aused the deat							gton,	Appro	
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State Registrar

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32. Registrer's Signeture

Control of the American Street

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State of Maryland / Department of Health and Mental Hygiene

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State of Maryland / Department of Health and Mental Hygiene

Cortificate of Death

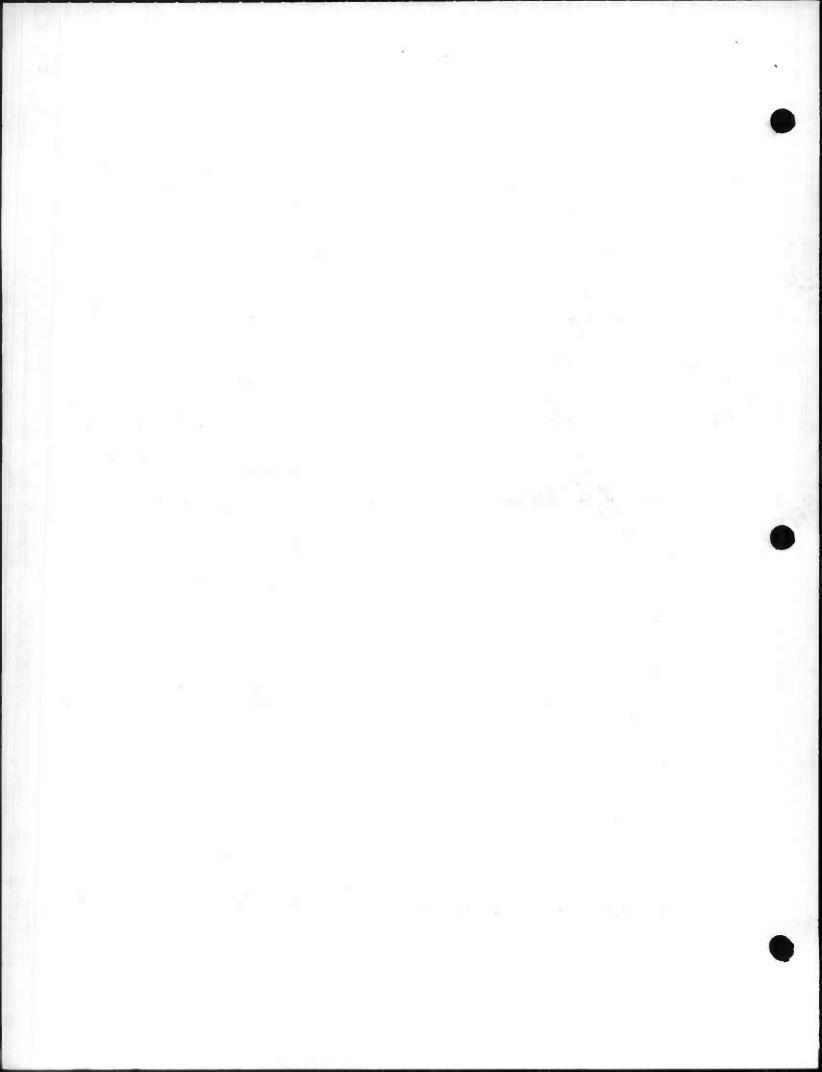
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or 28	Irec	10e. Street and Number					10f. Zip Code				10	g. Citizen of V	What Count	try?
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s 1 and of Health Item 27 other tr		20a. Method of Disposition	as/ Great-	20	b. Place of	Disposit	ion (Name of		, H	Date		Oc. Location -		
Pages nent of int: If Its		1 ☐ Burial 2 ☐ Cremation 4 ☐ Donation 5 ☐ Other (State U	nion	y, creme Bapt	ist Chu	ice) irch		09/16	:	incinn		
고투원증		21. Signature of Funeral Service					Ceme	etery		1996			4017	01120
Depa impo any ir				+:			. JENKI			AL HO	ME			
	\dashv		A. Perce	caused the	teeth Don		4 Lando						20785	Approximate
Dhysisian		23a. Part1. Enter the disease, of shock, or heert feilure. List	st only one cause on	each line.	304(III. DO II	or ornor	ino mode or dyr	ing, such as	cardiac	оттеория	atory arres	J.,		Interval Batween Onset and Death
Physician /Medical		Immediate Cause (Finel	4	Diag	lina	P	× 0	2001	a.					1
Examiner		disease or condition rasulting in death)	a. /12	/	to (or as e c		neun	10)00						1 week
	ner		Ro	mal	100	10	4 1 0						1	1 Year
outec nd ransi	Examiner	Sequentially list conditions.	В		o (or as a c	onseque	nce of):							9-00
be exe ician e burial-	Ě	Sequentially list conditions, if any, leading to Immediate cause. Enter Underlying Cause (Disease or injury that Initiated events	on	game	's R	Ort	rin &	md	som	11			i	1 year
eta b hysic the b	lica	that Initiated events resulting In death) Last	c.	Due to	o (or as a co	onseque	nce of):	0						-
n certificeta be executed inding physician end usa as the burial-transit	n/Medical		,										1	
	lan		<u> </u>										i	
that the deeth	Physicia	Part II. Other aigniticant condit	lone contributing to	death but not	rasulting in	the unde	erlying cause gi	ven in Part	l.	23b	o. Did tob	acco uee co	ntribute to	the cause of death?
	P.	Pelvic +	umor								1 🗌 Ye	2 3 No	3 Prob	ably 4 Unknow
8	d by	1-				-				240	ı. Was en	autono.	24h We	re autopsy findings
v require been si should	ete	Drabeles								2.40	perform	ed?	ava	allable prior to appletion of causa
The law requires that has been signe page 2 should be or	Completed	1+-2/2/2/1	nsion									_/		death?
ician: The lav certificate has rector, page 2											1 Yes		1L	Yas 2 No
	o Be	25. Was case referred to medic exeminer? 1 Yes 2 No	Hospital:		0 FD(0.4		3□ DOA Ot	hae		th (Check			(01	
Phys r this aral di	⊢⊹	27. Manney of Death		Inpatient : of Injury oth, Dey Yea	2 ER/Out 28b. T		28c. Inju	411141	ursing Ho			v Injury occur		′)
Attending or death.	t oi	1 Netural 5 Pend 2 Accident invas	ing (Moi tigation	nth, Dey Yea	r) In	ijury		ork?]Yes 2□	No					
i or Attending after death. Director: After d in by the fune	fice	3 ☐ Suicide 6 ☐ Could	mined 200. Plac	e of Injury - A	At home, far	m, stree	t, factory, office						er or Rure	I Route Number,
s afte	Certification:	4 ☐ Homicide	buik	ding, etc. (Sp	ecity)					City	or Town,	Stere)		
		29a. Certifier 1 Certify	ing Phyalcian: To th	e best of my	knowledge,	death o	ccurred at the ti	me, dete an	d place,	and due	to the cau	use(s) and ma	inner as sta	ated.
he Ho in 24 he Fu pleta	edical	(Check only 2 Medica one)	Examiner: On the I and mai	nner stated.	nination and	Vor Invas	itigation, In my	opinion, dea	ith occur	red at the	time, dat	te and piaca,	and due to	the cause(s)
To the composition	Σ	29b. Signatura and title of cartifi	er		1		29c. Licens			0	29	d. Data signe	d (Month, L	Dey, Year)
		1 mm P.	Kenna	WIKDI	-9-		0 -	200	060	7	5	apt 8	ון מין	176
	-	30. Nama and address of person	n who completed cau	se of death (Item 23e) (Type, Pri						sing		1 ,
		10NY P. K	ANNAT	KAT	1. 8	20	1 16	51	51.	1 ve	45Pl	bense	Man	Mand 209
Stat		31. Date filed (Month, Dey, Year	d1. 32.	Registrar's S	ignature								V	
Registra	ir	SEP 11 1996	your other	Barrian	لملا									

and marks our with a sit "a

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the	be filed within 72 hours after death with the State Dept. of Health and Merital Hygiene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
ATTENDING	RECTOR: After	irs after death	m 28 is m
TAL OF	PAL DIF	72 hou	If He
TO THE HOSPI	TO THE FUNES	be filed within	IMPORTANT:

	1 - STATE REGISTRAR	STATE OF MARYLAND	/ DEPARTME	NT OF H	EALTH AND	MENTAL HYGIEI			
ij	1. DECEDENT'S NAME (First, Middle, Last)					2. DATE OF DEATH		3	. TIME OF DEATH
4	Goldie Lee Taylor					MONTH I		EAR 6	8:20 P M
	4. SOCIAL SECURITY NUMBER 5.	. SEX 8. AGE (In yrs.		DER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIRTH (Month, Day, Year)			ACE (State or Foreign
	210 20 2201	□ M 2x□ F 9	8 YRS. MONTH	B DAYS	HOURS MIN.	5/9/98	M	arvl	and
~	9a. FACILITY NAME (If not institution, give street		9b. C	ITY, TOWN	OR LOCATION OF D	EATH	9c. COUNTY		
DIRECTOR	Hartley Hall Nursi	ng Home		Pocom	oke City		Word	este	r
EC	10e. STATE 10b. COUNTY		10c. CITY, TOW					1	Od. INSIDE CITY
	Maryland Worces	ter	Pocor	noke (City			1	LIMITS?
FUNERAL	10s. STREET AND NUMBER			101	ZIP CODE		10g. CITIZEI	N OF WH	AT COUNTRY?
Ä	Dividing Creek Road	d			21851		U	ISA	
5	11. MARITAL STATUS 12 1 Never Married 2 Married	2. WAS DECEDENT EVER IN U.S., FORCES? 1 YES 2	ARMED			NIC ORIGIN? (Specify Wan, Puerto Rican, etc.)	s or No- 14	RACE -	- American Indian, White, atc.
BY	3 XWidowed 4 Divorced	IF YES, GIVE WAR OR DATES	x	1 TYES	2 NO Specif	ly:		Specify:	White
8	15. DECEDENT'S EDUCAT	ION 18a.	DECEDENT'S USUAI	OCCUPATIO	DN .	16b. KINO OF BI	JSINESS/INDUS	TRY	MITCE
4	(Specify only highest grade con Elementary/Secondary (0-12)	College (1-4 or 5+)	(Give kind of work do life. Do NOT use retire	ne during mo d.)	st of working				
COMPLETED	7	Ho	memaker						
8	17. FATHER'S NAME (First, Middle, Last)					AME (First, Middle, Maide	Sumame)		
BE	Charles Brittingha		NAME OF TAXABLE PARTY.		Emma R				
9	Irene Painter / ni					Route Number, City or To			Md 21851
	20a. METHOD OF DISPOSITION	20h Pl AC	EAND DATE OF OISE				DCATION — CIT		
	1X Buriel 2 Cremation 3 Removal 4 Donation 5 Other (Specify)	from State cometery.	t Baptisi	Ceme	eterv		comoke,		
	21. SIGNATURE OF FUNERAL SERVICE LICENS				o Appress of F				
	SITEM	1.0				comoke, Ma	2185	1	
	23. PART I. Enter the diseases, or corr	plications that caused the	deeth. Do not en						Approximate
	snock, or heart failure. Liai	Orterio Sch DUE TO (OR AS A CONS Seneral	ne.						interval Between Onset end Death
	resulting in death) a	DUE TO (OR AS A CON:	SEOUENCE OF):	Cre	au e	riseas	-		3 yrs
z		reneral	uged	an	heros	celera	ers		5 440
CERTIFICATION	If any, leading to immediate	DUE TO (OR AS A CONS	SEMUENCE DF):						
5	CAUSE (Disease or Injury	OUE TO (OR AS A CONS	EQUENCE OF						
E	that initiated events resulting in deeth) LAST	00E 10 (011 X3 X CO112	SECUENCE OF);						
	d								
AL	PART II. Other significant conditions c	ontributing to death but no	t resulting in the	underlying	g cause given in	Part I. 24s. WAS AI PERFO	NAUTOPSY RMED?		ERE AUTOPSY FINDINGS AILABLE PRIOR TO
MEDIC	Senice Di	mencia	1771	1 -	0 1. 0	1 TYES	2 ND		DMPLETION OF CAUSE F DEATH?
	Preulin L	efenden	7 Les	rae	les hell	itus		1	TES 2 0 NO
AN	25. WAS CASE REFERRED TO MEDICAL	~							
PHYSICIAN:	EXAMINER?	OSPITAL:	OTH	ER:	ACE OF OEATH (C)				
H	27. MANNER OF DEATN	28e. DATE OF INJURY	28b. TIME OF		● 5 ☐ Residence	6 Other (Specify) 28d. DESCRIBE NOW	INJURY OCCUR	ED	
ВУР	1 Natural 5 Pending	(Month, Day, Year)	INJURY	WO	RK? 'ES 2 NO			ie.	
	2 Accident Investigation 3 Suicide 6 Could not be	28e. PLACE DF INJURY — At building, atc. (Specify)	home, larm, street, i	actory, office		281. LOCATION (Street	and Number or	Rural Rou	te Number,
TED	4 Homicide determined	building, area (opecay)				City or Town, State)		
COMPLET	29e. CERTIFIER (Check only	N: To the best of my knowledge,	death occurred at th	e time, data	and place, and due	to the cause(s) and me	nner es stated.		7 7 7 7
OM		In the basis of exemination and/o						ause(a) a	nd manner se stated.
BEC	296. SIGNATURE AND TITLE OF CERTIFIER	000	7		29c. LICENSE NUI	MBER	29d. DATE S	IGNED (M	onth, Day, Year)
0	Regorn M	. Della	with.	22.	Deas	05	19	-7	-96
1	30. NAME AND ADDRESS OF PERSON WHO CO			7 04					21801
6	GREGORIO M. B.	ELLOSO, M.	D. 5 30	2 CH	INABER	RY DR. S.	4LISB1	UR>	, MD
	SEP I I 1996	Java dander	arball						



Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene Certificate of Death 1. Decedent's Neme (First, Middle, Last) 2. Dete of Deeth 3. Tima of Death William Vannal September 10 4a. Fecility Name (If not institution, give street end number) 4b. Cifv. Town, or Location of Death 4c. County of Deeth Sinai Hospital Baltimore Baltimore City If Under 1 Yeer | If Under 24 Hrs. | 8. Dete of Birth (Month, Dey, Year) 5. Sociel Security Number 7. Age (In yrs. last birthday) Birthplace (State or Foreign Country) XXM 2□ F Yrs. 185-14-2387 73 October 10, 1922 Pennsylvania Usual Residence of Decedent 10b. Count 10c. City, Town or Location 10d. inside City Limits 13 Yes 2 □ No Maryland Baltimore 10e. Street and Number 10f. Zip Code 10a. Citizen of Whet Country? 4800 Seton Drive 20748 IFA 12. Wes Decedent Ever in U,S. Armed Forces? ↑☆ Yes, Give Yeer or Detes: 1942–46 11. Maritel Stetus Wes Decedent of Hispenic Origin? (Specify Yes or No-if Yes, specify Cuban, Mexican, Puerto Rican, etc.) 14. Rece - American Indian, Bleck, White, etc. 1 Never Married 20X Merried 1 ☐ Yes XX No Specify: Specify: 3 ☐ Widowed 4 ☐ Divorced Black 16a. Decedent's Usuel Occupation (Give kind of work done during most of working life. DO NOT use retired) 15. Decedent's Education 16b. Kind of Business/Industry (Specify only highest grade completed) Eiementery/Secondery (0-12) College (1-4or 5+) Drill Sergeant 12 United States Army 17. Father's Neme (First, Middle, Last) 18. Mother's Neme (First, Middle, Meiden Sumeme) Buster Varnall Margaret Black 19a. informent's Neme/Reletionship (Type, Print) 19b. Meiling Address (Street end Number or Rural Route Number, City or Town, Stete, Zip Code) 2518 Line Street Temple Hill, Maryland 20748 Evangeline H. Vannall 20b. Plece of Disposition (Name of cametery, cremetory or other plece) 20e. Method of Disposition 20c. Location - City or Town, Steta ₩ Buriel 2 Cremetion 3 Removel from Stete 4 ☐ Donetion 5 ☐ Other (Specify) Veterans Cemetery September 18,1996 Cheltenham, Maryland 21. Signeture of Funerel Service Licensee 22. Name end Address of Fecility Adams Funeral Home Aquasco, Maryland 23a. Part1. Enter the disease, or complications that daused the deeth. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line. Approximete interval Between Onset and Deeth immediate Cause (Finel respiratory failure Due to (or es a consequence of): diseese or condition resulting in deeth) Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Diseese or injury that initieted events resulting in deeth) Last Due to (or es e consequence of): disease end stage renal h? wn

Physician /Medical Examiner

Physician

/Medical

10a Stete

Directo

Funeral

à

Completed

Be

Examiner

Funeral

Director

permit. Pages 1 and 2 should be filed within 72 hours after death with the Maryland Department of Health and Mental hygiene. Important: If Item 27 is marked other than "natural" ~ ... any injury or other traumetic even

physician and the burial-transit use signed by the After this

Division of Vital Records, P.O. Box 68760,

Hospital or Attending Physician:

after death.

Examiner Physician/Medical P Completed Be 2 Certification: To the Hospital or Atta within 24 hours after de To the Funeral Directo completely filled in by th

	d				
Pert ii. Other afgnificant conditions of	ontributing to death but not re-	sulting in the underlying ca	ause given in Part f.	23b. Did tobecco use co	antribute to the cause of deat
				24a. Was an autopsy performed?	24b. Were eutopsy findings available prior to completion of cause of death? 1 □ Yes 2□ No
25. Wes case referred to medical exeminer?			28. Plece of De	eth (Check only one)	
1 Yes 2 No	Hospitel: 1 inpatient 2	☐ ER/Outpetlent 3☐ DO	A Other: 4 Nursing I	Home 5 ☐ Residence 6 ☐ Oth	ner (Specify)
27. Menner of Deeth 1 Meturai 5 ☐ Pending 2 ☐ Accident investigation		28b. Time of injury M	Bc. injury at Work? 1 ☐ Yes 2 ☐ No	28d. Describe how injury occur	red
3 Sulcide 6 Could not b determined	28e. Pleca of injury - At h building, etc. (Speci	nome, ferm, street, fectory	, office	28f. Location (Street end Numb City or Town, State)	ber or Rural Route Number,
				e, end due to the cause(e) end mourred at the time, dete end place,	

29d. Dete signed (Month, Day, Year)

2402321-HB-9019 September 10, 1996

State Registra

Medical

29b. Signeture end title of certifier

Heather Boxerman, M.D. 31. Dete filed (Month, Dey, Year) SEP 1 32. Registrer's Signeture

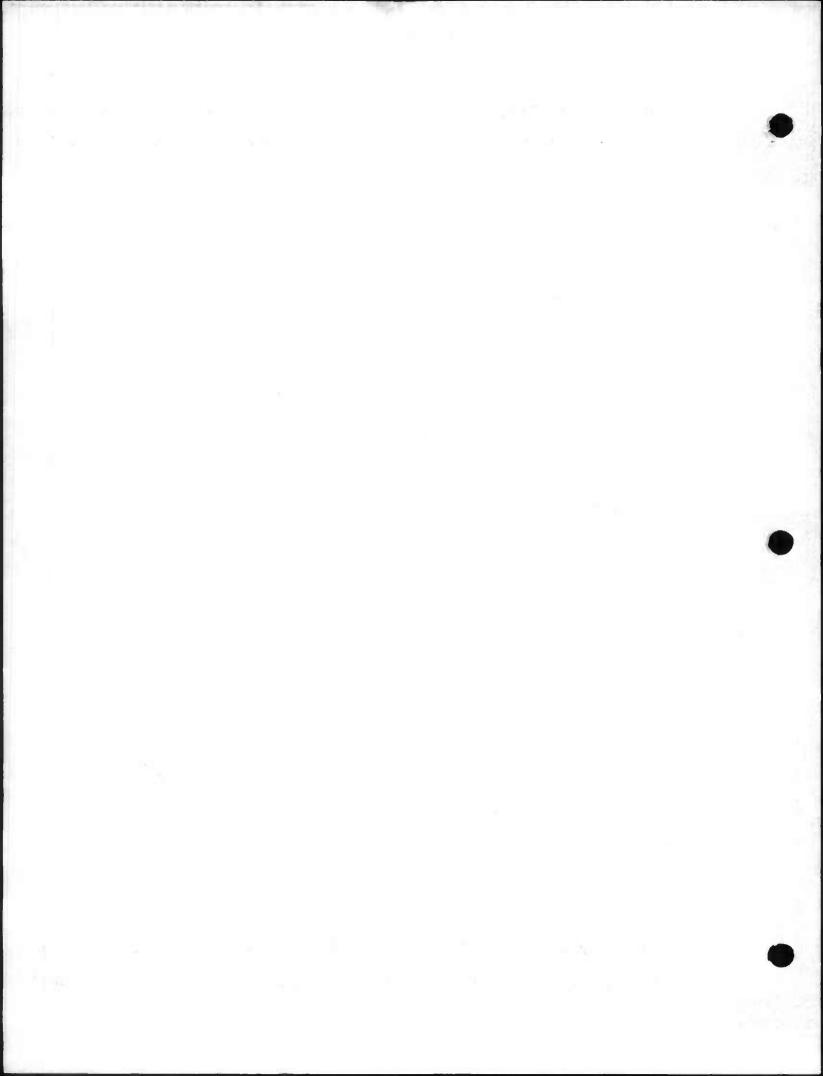
is Bauman, mx

30. Name end address of person who completed cause of deeth (item 23a) (Type, Print)

sinai Hospital 2401 W. Belvedere Ave. Baltimore, Maryland Julia d'aveler Revolatt

nouse

officer



96-5066-033

Director

Funeral

by

Completed

Be

Examiner

Physician/Medicai

by

Completed

Be

P

Certification:

Medicai

State

Registrar

Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible.

ment of Health and Mental I	Hygiene	9	6	2	8	1	1	
ficate of Death	_		0	liga	0			

Physician /Medicai Examiner

Month

3:10P.M.

WASH.

DC

10d. Inside City Limits

Yes 2 No

Funeral Director

the Maryland ms 23a or 28a-f show death Hems 2

"natural", or item filed within 72 hours after r than "nature the Medical I Hygiene. 7 is marked other traumatic event, i 2 should be fi end Mantel H . Pages 1 and 2 should be iment of Heelth end Mante lant: If item 27 is marked or other t

21215-0020

Baltimore, Maryland

Physician /Medical Examiner

Depertment of Important: If any Injury or

The law requires that the deeth certificate be axecuted bunial-transit pue P.O. Box 68760, physician the for use es ned by Division of Vital Records, 8 certificate Attending Physician: this In by the funeral After death. oftar death To the Hospital o within 24 hours eff To the Funeral Di filled

State of Maryland / Depart Reg. No. 1. Decedent's Name (First Middle | est) 2. Date of Death SEPTEMBER 7,1996 ROBERT WATTS JR. 4a. Facility Name (If not institution, giva street and number) 4b. City, Town, or Location of Death 4c. County of Death 7200 POWHATTEN STREET HYATTSVILLE PRINCE GEORGES 5. Social Security Number If Under 1 Year If Under 24 Hrs. 7. Age (In yrs. last birthday) 8. Date of Birth (Month, Day, Year) 9. Birthplace (State or Foreign 10**X**M 2□ F Deys Hours Yrs 29 157-60-1294 Usuai Rasidence of Decedent 10a. State 10b. County 10c. City, Town or Location MD P.G. LANHAM 10e. Street and Number 10f. Zip Code 10g. Citizen of What Country? 7200 POWHATAN STREET 20706 USA 12. Was Decedent Ever in U,S. Armed Forces? 1 ☐ Yes 2 ☑ No If Yes, Give Year or Dates: Wes Decedent of Hispanic Origin? (Specify Yes or No-If Yes, specify Cuben, Mexicen, Puerto Ricen, etc.) 14. Race - American Indian, Black, White, etc. 1 Never Married 2 ☐ Married BLACK 1 ☐ Yes 2X No Specify: 3 ☐ Widowed 4 ☐ Divorced 16a. Decedent's Usual Occupation (Give kind of work done during most of working life. DO NOT use retired) 15. Decedent's Education 16b. Kind of Business/Industry (Specify only highest grede completed) PRIVATE INDUSTRY Eiementary/Secondary (0-12) College (1-4pr 5+) 12TH ELECTRICAN 17. Father's Nama (First, Middle, Last) 18. Mother's Neme (First, Middle, Malden Sumame) ROBERT WATTS SR. NETTIE RAMSUR WATTS 19a. Informant's Name/Relationship (Type, Print) 19b. Mailing Address (Street and Number or Rural Route Number, City or Town, State, Zlp Coda) ROBERT WATTS SR. 7200 POWHATAN ST. LANHAM MD 20706 20a. Method of Disposition 20b. Pleca of Disposition (Name of cemetery, cramatory or other place) 20c. Location - City or Town, State 1X Burial 2 □ Cremation 3 □ Removal from State 4 ☐ Donation 5 ☐ Other (Specify) HARMONY MEMORIAL PARK 9/13/96 LANDOVER, MD 21. Signature of Funeral Service Licenses 22. Name end Address of Facility ROBERT G. MASON FUNERAL HOME, INC. ON 1661 GOOD HOPE RD, SE WASH. D.C. RXXXX 20020 23a. Part 1. Enter the disease, or complications that ceused the deeth. Do not enter the mode of dying, such as cardiec or respiratory arrest, shock, or hear/failure. List only one cause on each line. immediate Cause (Final NARCOTIC AND COCAINE INTOXICATION disease or condition resulting In death) Due to (or as a consequence of): Sequentially list conditions, if any, leading to immediate ceuse. Enter Underlying Causa (Disease or Injury that initiated events resulting in death) Last Due to (or as a consequence of): Due to (or as e consequence of)

Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I.

23b. Did tobacco use contribute to the cause of death? 1 ☐ Yes 2 ☐ No 3 ☐ Probably 4 ☐ Unknown

24a. Was an autopsy performed?

24b. Were autopsy findings evallable prior to completion of ceuse of death?

Approximate Interval Between

Yes 28. Piace of Death (Check only one) 2 No

25. Was cese referred to medical 1 Yes 2 No

Hospital: 1 Inpatient 2 ER/Outpatient 3 DOA 28a. Data of Injury (Month, Day Year) 5 Pending Investigation

28b. Time of FOUND 9-7-96 UNKNOWN

FOUND AT HOME

28e. Place of Injury - At home, farm, street, factory, office - building, alc (Soacity)

28c. Injury at Work? 1 ☐ Yes 2 ☐ No

Other: 4 Nursing Home 5 X Residence 8 Other (Specify) 28d. Describe how Injury occurred

UNKNOWN

28f. Location (Street and Number of Burel Route Number, City or Town, State) // DO POWHATTEN ST. HYAITSVILLE, MD.

29a. Certifiar

27. Mannar of Death

1 Naturai

2 Accident

4 Homicide

3 Suicide

1 Certifying Physician: To the best of my knowledge, death occurred at the time, date and place, and due to the ceusa(s) and mannar as stated.

2 Medical Examiner: On the basis of axamination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the ceuse(s) and manner stated.

29b. Signature end title of certifier

6XXCould not be

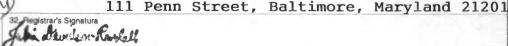
29c. License number O.C.M.E. 29d. Dete signed (Month, Dey, Year)

and address of person who completed ceuse of death (Itam 23a) (Type, Print)

SEPTEMBER 8,1996

LARON WHE, MD

31. Date filed (Month, Day, Year)



State of Maryland / Department of Health and Mental Hygiene

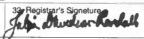
The law requires that the death certificate be axecuted pue Division of Vital Records, P.O. Box 68760. nding physician tha 3 cartificate hes After this death

Certificate of Death 1. Decedent's Name (First, Middle, Last) 2. Date of Death 3. Time of Death SEPT. **Physician** 2ª 1996 0709 AM ARTHRONE ABDUEL WILLIAMS /Medical 4a. Facility Nama (If not institution, give street and number) 4b. City, Town, or Location of Death 4c. County of Death Examiner ROUTE# 50 EAST & HALL ROAD WORCESTER Berlin 5. Social Sacurity Number If Undar 1 Year If Undar 24 Hrs. 7. Age (In yrs. last birthday) 8. Date of Birth (Month, Day, Year) 04-03-75 9. Birthplace (State or Foreign Country) Washington DC **Funeral** 1 € M 2 □ F Months Days Houra 577-98-8554 21 Director Usual Residence of Decedent 10a. State 10b. County 10c. City. Town or Location show 10d. Inside City Limits 17 is marked other than "natural", or items 23s or 28s-f shor traumstic event, the Madinal Examiner must be notified as Maryland Prince George's Landover Director 1 X Yas 2 No 10e. Street and Number 10f. Zip Code 10g. Citizen of What Country? with 2220 Brightseat Road #102 20785 USA permit. Pages 1 and 2 should be filed within 72 hours attar death 1. Department of Haailh and Mantai Hygiena. Important: If Item 27 is marked other than "natural", or Items 23a any Injury or other traumatic event, the Medical Examiner meast page. Funeral 12. Was Dacedent Ever in U,S Armed Forces? 11. Marital Status Was Dacedent of Hispanic Origin? (Specify Yas or No-If Yes, specify Cuban, Mexicen, Puerto Ricen, etc.) 14. Race - Amarican Indian. Black, White, etc. 1 X Naver Married 2 ☐ Married 1 ☐ Yes 2 No If Yes, Give 21215-0020 1 Yes 2 No Specify: Black þ 3 ☐ Widowed 4 ☐ Divorced Year or Datas: Completed 16a. Decedent's Usual Occupation (Give kind of work done during most of working life. DO NOT use retired) 15. Decedent's Education (Specify only highast grade completed) 16b. Kind of Business/Industry Elementary/Secondary (0-12) College (1-4or 5+) 12th Student Government Baltimore, Maryland 17. Father's Name (First, Middle, Last) 18. Mother's Name (First, Middla, Maiden Surnama) Be Jimmy Williams Jean Berry 0 19a. Informent's Name/Relationship (Type, Print) 19b. Malling Address (Street and Number or Rural Route Number, City or Town, Stata, Zip Code) Jean Hardy/Mother 2220 Brightseat Road #102, Landover, Maryland 20785 20a. Method of Disposition 20b. Place of Disposition (Name of Date 20c. Location - City or Town, State cemetery, crematory or other place. 1X Burlai 2 ☐ Cremation 3 ☐ Removal from State Harmony Memorial Park 9/7/96 Landover, Maryland 4 ☐ Donation 5 ☐ Other (Specify) 21. Signature of Funaral Service Licensae 22. Name and Address of Facility J. B. Jenkins Funeral Home Perce Nanca 7474 Landover Road, Landover, Maryland 20785 23a. Part1. Enter the disaase, or complications that ceused tha death. Do not enter the mode of dying, such as cerdiac or respiratory arrast, shock, or heart feilure. List only one cause on eech line. Approximata Interval Between Onset and Death **Physician** Immediate Cause (Final disease or condition rasulting In death) /Medical Multiple Injunes Examiner Examiner burial-transit Sequentially list conditions, if any, leading to immediate ceuse. Enter Underlying Ceuse (Disease or Injury that initieted events resulting in death) Last Due to (or as a consequence of): Physician/Medical usa es tha Dua to (or as a consequence of) Part ii. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 23b. Did tobacco use contribute to the cause of death? 1 Yss 2 No 3 Probably Winknown þ 2 Completed 24b. Were autopsy findings available prior to 24a. Was an autopsy performed? completion of ceusa of death? Yes 2 No 2 No Hospital or Attending Physician: Be 25. Was cese referred to medical examiner? 26. Piace of Deeth (Check only one) Other: $_{4}\square$ Nursing Homa $_{5}\square$ Residence $_{8}$ MOthar (Specify) ROAD 20 XX es 2□ No 1 ☐ Inpatient 2 ☐ ER/Outpatient 3 ☐ DOA 27. Manner of Death Certification: 28e. Date of Injury (Month, Day Year) 28b. Time of 28d. Describe how Injury occurred 28c. Injury et Work? 5 Pending investigation 1 Detural Injury 1 ☐ Yes 2 No meter vehicle cellision 704 AM 2 Accident 9-2-96 Director: 3 Suicide 6 Could not be 281. Location (Street and Number or Rural Route Number, 90 City or Town, Stata) Rf 50 west of Rf 90 Place of Injury - At home, farm, street, factory, office building, etc. (Specify) To the Hospital or Att within 24 hours efter of To the Funeral Direct complately filled in by 4 Homicide Street 1 Certifying Physician: To the best of my knowledge, deeth occurred at the time, date and piece, and due to the cause(s) and menner es stated.

**Medical Examiner: On the basis of examination end/or investigation, in my opinion, death occurred at the time, date end place, and due to the ceuse(s) and manner stated. Medical 29a. Certifier (Check only one) 29b. Signature and titla of certifier 29c. Licensa number 29d. Data signed (Month, Day, Year) Chutene O.C.M.E SEPT. 3, 1996 30. Name and address of person who completed cause of death (item 23e) (Type, Print) Street, Baltimore, Maryland 21201

State Registrar 31. Date filed (Month, Day, Year)

SEP 99



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tate of Maryland / Department of Health and Menta	al Hygiene
Certificate of Death	Dog No.

ne	96	28	7	8	(
		Lane Sal		-	-

Baltimore, Maryland 21215-0020 pernit. Peges 1 end 2 should be filed within 72 hours efter death with the Maryland Department of Health and Mental Hyglane. Important: If item 27 is marked other than "natural", or items 23a or 28a-1 show any injury or other traumatic event, the Medical Evaninar must be notified at any one.

	Physic /Medi		Decedent's Neme (First, Middle, L TONYA		te of Death			Time of Death						
	Exami		4a. Facility Name (If not institution, g ROUTE#50 EAST			D	8 81101 TANADAN	4b. City, Tow BERI	vn, or Location of	of Death	4c. County WORC	of Death CESTER		
	Funeral Director		5. Social Security Number 6. 214–23–7844 Usual Residence of Decedent	Sax 1□M 2⊠F	7. Age (In yrs.	last birthday)	If Under 11 Months E	Year If Undar 2 Pays Hours	Min. (Mc	te of Birth onth, Day, Ye 2-01-	ar) 1975	9. Birthplaca Country) Washing	(Stata or Foreignton, D.C.	
	f show	ō	10a. Stata 10b. County	Coorgol		ity, Town or Lo							Inside City Limits	
	286	Director	Maryland Prince 10e. Street and Number	George'	S	Clinto	10f. Zip Co	vde		100	Chiron of	What Country?		
	0 0		9905 Turret Lan	Δ.				735			J.S.A	,		
	me 23	Funeral	11. Marital Status		edent Ever in U	J.S. 13. V			In? (Specify Ya			e - Amarican Ir	ndian	
21215-0020	De liedo within / z nours enter death with the Maryand tall Hygiane. Ital Hygiane. d other than "natural", or items 23s or 28s-f show event, the Med sal Examiner must be notified at	þ	1 ☑ Naver Married 2 ☐ Married 3 ☐ Widowed 4 ☐ Divorced	Armed Fr 1 ☐ Yes If Yes, Gi Year or D	orces? 2 (No ive			t of Hispanic Orig Cuban, Mexican, No Specify:	Puerto Ricen,	atc.)		ck, White, atc.		
2-0	natur Scal	Completed	15. Decedent's I (Specify only highest g	Education		16e. Deced	ent's Usual C	occupetion fona during most	of working	16b	. Kind of B	usiness/Industr	у	
7	New York	npie	Elementary/Secondary (0-12)	College (life. C	O NOT use	retired)	or working					
64 4	ygiar Ygiar M.	S		3+		S	tudent					ernment		
Maryland	and Mental Hygiane. Is marked other than surmatic event, the Me	Be	17. Father's Neme (First, Middle, Las					18. Mother	's Name (First,	Middle, Maid	len Sumar	ne)		
yle y	Men	2		ilson				Dar		ephens				
Mai	is r		19a. Informant's Name/Reletionship				19b. Mailing Address (Street and Number or Rural Route Number, City or Town, State, Zip Code)							
altimore, I	permit. Peges 1 end 2 should be Department of Health and Menta Important: If item 27 is marked any injury or other traumatic events.		Danna Wilson/Mo 20a. Method of Disposition 1 ⊠ Burial 2 □ Cremation 3 4 □ Donation 5 □ Other (Spec	☐Removal from	State	Place of Dispos cemetery, crem	sition (Name natory or othe	et Lane, of rplace) emetery	09/06	200	Location -	on, Man	State	
Ball	Depart Import any in		21. Signature of Funaral Service Lice Name A. 23a. Part 1. Enter the disease, or corshook, or heerf failure. List only	Per cen	ceused the deal	J 74	. B. J 474 La	ddress of Facility ENKINS F ndover R f dying, such as c	UNERAL Road, La	andove	r, MD	App	proximate prval Between	
	hysician /Medical xaminer		Immediate Ceuse (Finel disease or condition resulting in deeth)	е/	Mult,	or as a consequ	y c(m	ies				One	set and Death	
cords, P.O. Box 68760,	ettending physician and for use es the bunal-transit	i Examiner	Sequentially list conditions, if any, leading to Immediate cause. Enter Underlying Cause, (Disease or Injury	b. ———	Due to (d	or as a consequ	uence of):					1		
Box 68760,	ling physic	an/Medical	that initiated events resulting in death) Last	c	Due to (d	or as a consaqu	ance of):							
Bo a	or us													
P.O.	signed by the e	Physic	Pert II. Other significant conditions	contributing to d	eath but not res	sulting in the un	derlying ceus	e given in Part I.	23			ntributa to the	cause of death	
Records,	28.5	Completed by							24	a. Was an au performed		avallab	autopsy findings la prior to tion of cause h?	
	ata ha page	No.								12 Yes	2 🗆 No	1006	6 2 No	
Vitai	s certificata ha	Be (25. Was cese referred to medicel exeminer?					26. Place	of Deeth (Checi	k only one)				
of Vita	his ca	L L	XX es 2□ No		Inpatient 2	ER/Outpatient			sing Home 5			c. (chec.)/	ROAD	
Olvision of		Certification:	27. Manner of Deeth 1 Natural 5 Pending Investigation	n 9-2	of Injury th, Day Year) - 96	28b. Time of Injury	9 M	Injury at Work? 1 □ Yes 2 N	- 1	28d. Describe how injury occurred motor which keel accelent				
DIVIS		Certific	3 Sulcida 6 Could not l 4 Homicide determined	28e. Place buildi	of Injury - At hing, etc. (Specif	oma, farm, stre	et, factory, of	fice	City	28f. Location (Street and Number or Rural Route Number, City or Town, State) 2 50 w R + 90				

29a. Certifier (Check only one) 1 Certifying Physician: To the best of my knowledge, deeth occurred at the time, dete and place, and due to the cause(s) and manner as stated.

**Medical Examinar: On the basis of examination and/or investigation, in my opinion, deeth occurred at the time, date and place, and due to the cause(s) and manner stated.

O.C.M.E

29b. Signature and the of certifiar

29c. Licansa number 29d. Date signed (Month, Day, Year)

SEPT. 3, 1996

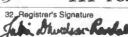
30. Name and address of person who completed ceuse of death (Item 23a) (Type, Print)

Pennis J. Chute MD 111 Penn

111 Penn Street, Baltimore, Maryland 21201

Registrar

31. Dete filed (Month, Day, Year) SEP 0 9 19



State of Maryland / Department of Health and Mental Hygiene 96

					Cer	tificate of	f Death		Re	g. No.						
	St. St.		Decedent's Neme (First, Middle, Last)					2	2. Dete of Death Month	Dey	Year	3. Time of Death				
	Physici /Medi		Cornelia		Wedge			S	eptembe	r 3,	1996	12:23P				
	Examir		4e. Fecility Neme (If not institution, give street and r	nu <i>mber)</i>			4b. City, Tow			4c. County						
			Doctors Community	Hasnita	P		Laula	1.71111		Princ	e Geo	orges				
	Funeral		5. Social Security Number 6. Sex	7. Age (In yr.	s. lest birthdey)	If Under 1 Yes		Min. 8	Dete of Birth (Month, Day,	Year)	9. Birthp	plece (Stete or Foreign				
	Director		214-36-3828 ^{1□ M 2} ØF	5	6 Yrs.	Morano Doy	710010	10101.	10-28-	39		land				
	pur *		Usuel Residence of Decedant 10a. Stete 10b. County	100 (City, Town or Lo	cetion						Od. Inside City Limits				
	sho	5	Maryland Prince George		ony, rown or Lo		Pleas	ant			'	1 ☑ Yes 2 ☐ No				
	the A	Director	10e. Street and Number	3		1		uiic	10	e Citinen of l	Albert Cour					
	with with		609 Birchleaf Avenue	2		10f. Zip Code	2074	2	10	g. Cifizen of	USA	Hry 7				
	# 23	Funeral		ecedent Ever in	IIS 13 V	Nee Decedent of			fu Vae or No.			can Indien,				
	iter d	P.	Armed	Forces?	0,3.	Ves Decedent of Yes, specify Cu	ban, Mexican,	Puerto Ri	can, etc.)		ck, White,					
21215-0020	within 72 hours efter deeth with the Maryland ene. than "naturel", or items 23a or 28e-f show he Medical Examines must be noticed at	by	3 ☐ Widowed 4 ☐ Divorced Year or	Give	1	□Yes 2⊠N	o Specity:			r: B1	ack					
9	"naturel",	8	15. Decedent's Education		16e. Deced	lant's Usuel Occ	upation		1	usiness/in	dustry					
212	I within 72 ho iene. Than "natur the Wed cal	Completed	(Specify only highest grade completes	-	(Give	kind of work don OO NOT use retii	e during most o	of working								
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	be filed itei Hygid d other	BeC	17. Fsthar's Name (First, Middle, Last)					's Neme (First, Middle, M	alden Sumen						
la	0 5 0 0	To E	John C. Ford					Maud	e Thorn	ton						
Maryland	d 2 should th end Men 7 is marke treumatic	-	19e. Informant's Neme/Reletionship (Type, Print)		Route Number,											
	E = N L		Thomas Wedge/Husband		609 B	irchlea	f Avenu	ie, S	eat Ple	asant,	MD	20743				
ore			20e. Method of Disposition 1 □XBurial 2 □ Cremetion 3 □ Removel from		Plece of Disportant	sition (Neme of netory or other p	lece)		Dete 2	0c. Location -	City or To	own, Stete				
Ĕ	Pages nent of I int: If its iry or o		4 Donetion 5 Other (Specify)	Re	essurrec	ction Ce	metery	9/	9/96	Clinto	on, M	, Maryland				
Baltimore,	permit. Page: Department of Important: If i any injury or once.		21. Signeture of Funerel Service Licensee		22	. Neme end Add	-									
m	8258		Nancy A Perca	tio		J. B. J					In mul	and 20705				
	35.0		23a. Pert1. Enter the disease, or complications that caused the deeth. Do not enter the mode of dying, such as cerdiac or respiratory errest, shock, or heart feilure. List only one cause on each line. 7474 Landover Road, Landover, Maryland 2078 Approximate Interval Batween Consett and Conset													
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	certificate be executed ding physician and se es the burial-transit	Examiner			(or es e conseq	uance of):			SARA		i					
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o	0 0 0	Physician	Pert II. Other significant conditions contributing to	death but not re	asulting In the ur	ndertying ceuse	given in Pert I.		23b. Did tob	acco use co	ntribute to	o the cause of death?				
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Records,	requires thet the seen signed by th hould be detach	d by							Dan Man on	analkan.	245 W	are autonou findings				
0	v requir been s should	Completed							24a. Wes en perform		ev	ere autopsy findings aileble prior to impletion of ceuse				
3ec	8 8	jdu									of	deeth?				
- C									1□ Yes	2 No	10	☐ Yes 2☐ No				
Vital	Physician: The this certificate and director, par	Be	25. Wes cese referred to medical exeminer?	of Deeth (Check only one)										
of	this cal dir	T ₀			☐ ER/Outpatien	1 3LI DOA			5 Resider			у)				
L C	D 9 5	Certification:	Neturel 5 □ Panding (Mo	le of Injury onth, Day Yeer)	28b. Time of Injury	28c. Inj W			d. Describe how	v Injury occur	red					
Sign	Attending or death.	Icat	2 Accident Investigation 3 Suicide 6 Could not be	on of folion. As	hama fami ale		Yes 2 N		f Location (Cto	ant and Numb	or or Pum	al Routa Number,				
Division	i or Attendir after death. Director: Af d in by the fu	Ties of	detarmined 209. Flo	Iding, atc. (Spec	nome, rarm, stri cify)	eat, fectory, offic	0	20	City or Town,		er or nure	ir riodia ridiliber,				
_	pital ours eral filled		29a. Cartiflar 1 Cartifying Physician: To the	he heet of my kr	sculados dosth	occurred at the	et the time, data and place, and dua to tha causa(s) and mannar as stated.									
	To the Hospital or A within 24 hours after To the Funeral Direct completely filled in b	edical	(Check only 2 Medical Examiner: On the	besis of axamir	nation end/or Inv	estigetion, in my	opinion, deeth	occurred	et the time, da	te and piece,	and due to	the ceuse(s)				
	of the	<u>≅</u>	Abb. Signature and title of certifier	A .		29c. Lice	nse number		29	d. Dete signe	d (Month,	Day, Year)				
	- 3 - 0		WYXX. OXYXX	VX-110	PHYS	CKAN	DH	1>1	5	9.3	.9%					
	112	30. Name and eddress of person who completed cause of deeth (Item 23a) (Type, Print)							, ,	101						
	(10)	Chitra Venkatraman M.D., 7343 Hanover Parkway, Greenbelt, MD 20770														
	Sta	te		Registrer's Sign	neture		way, 6	reent	ieci, Mi	20//(-					
	Registr		SEP 0 9 1996	M. Blushe	ar Rawfall											

State of Maryland / Department of Health and Mental Hygiene 9.5 28782

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	a		1. Decedent's Neme (First, Mid	ldie, Last)	1.1				2. Dete of Deeth		3. Tima of Death				
	Physici /Medi		Hazel Virgini	a Younker				d	September	PR 18	1996 2200				
	Examir		4a. Fecility Neme (if not instituti		er)			4b. City, Town, or Loc		4c. County	1				
4	EAGIIII		Washington Cou	nty Hospita	1			Hagerstow	m	Washir	acton				
	Funeral		5. Sociel Security Number	6. Sex 7.	Age (In yrs. las	st birthdey)	If Under 1 Yeer		8. Dete of Birth (Month, Dey, Y		Birthplece (State or Foreign Country)				
	Director		215-14-2401 Usuel Residence of Decedent	1□M 2\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	8	8 Yrs.	Months Deys	Hours Min.	October 20	,1907	MD Country)				
	/lend		10a. Stete 10b. Coun	ty	10c. City,	Town or Loc	ation				10d. Inside City Limits				
	Man Find	to	MD Wash	ington	Rig	Pool					1 ☐ Yes Ž҈ No				
	r 28	Director	10e. Street and Number	iriigeoir	DIE	1001	10f. Zlp Code		100	. Citizen of W	/het Country?				
	3a o	0	12741 Peckton	rrillo Dood			21711			TICA					
	deett	Funeral	11. Maritel Stetus	12. Wes Decede		13. W	in the second second	Hispenic Origin? (Spec pan, Mexican, Puerto F	city Yes or No-	USA 14. Reca	- American Indian,				
21215-0020	s 1 and 2 should be filed within 72 hours efter death with the Maryland Health end Mental Hygiene. tem 27 is marked other than "natural", or itema 23a or 28a-f show other traumatic event, the Medical Exprinse must be notified at	by	1 ☐ Never Merried 2 ☐ Me 3 💢 Widowed 4 ☐ Divorce	If Yes Give	Ď No		Yes, specify Cub □ Yes 2∑ No		lican, etc.)	Specify:	k, White, etc. White				
Ò	2 ho	P	15. Decede	ent's Education		16a. Decede	nt's Usuel Occu	petion	16	b. Kind of Bu	siness/Industry				
218	n'n'n	Completed	(Specify only high Elementery/Secondery (0-12)	nest grade completed) College (1-4)	or 5.1)	(Give k iife. Di	ind of work done O NOT use retire	during most of workingd)	9						
21	filed with Hygiene. ther then ent, the M	mo:	8) College (1-4)		Assemi	oler		Ai	rcraft					
	of Hy	Bec	17. Fether's Neme (First, Middle	e, Last)				18. Mother's Neme							
la	Mental Mental of artic eve	TOE	John Elmer Sh	ives		Minnie Mae Hull									
Maryland	2 should end Men is marke surnatic	-	19e. Informent's Neme/Reletion	nship (Type, Print)		19b. Melling	Address (Stree	t end Number or Rural		City or Town,	Stete, Zip Code)				
	and 2 paith e n 27 is		Bruce O. Younk	er/ Son				venue Hag							
Baltimore,	other tr		20e. Method of Disposition	CL/ 5011	20b. Pled	ce of Disposi	ition (Neme of				City or Town, State				
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I	그 등 등 등		1 Departs 2 Cremetion 3 Removel trom State 4 Donetton 5 Other (Specify) Parkhead Cemetery 9/21/96 Big Pool,												
Ba	Departiment in post		21. Signeture of Funeref Service Scenes Parkhead Cemetery 9/21/96 Big Pool, No. 22. Name and Address of Facility Grove Funeral Home, P.A. P.O. Box 368 Hancock, MD 21750 23a. Part1. Enter the disease, or complications that datased the death. Do not enter the mode of dying, such as cardiec or respiratory arrest,												
			thech	\mathcal{N}	lord		P.O.Box	368 Hancoc	k, MD 2	21750					
			23a. Part1. Enter the disease, shock, or heert fellure. Li	or complications and dau st only one cause on each	sed the death. h line.	Do not enter	the mode of dyi	ing, such as cardiec or	respiretory arrest	í,	Approximate interval Between				
	Physician										Onset and Death				
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	rificate be executed ng physician end as the buriel-transit	cam	Sequentially list conditions,		Due to (or e	s e consequ	ence of):								
00	sian d	ů l	Sequentially list conditions, if eny, leeding to immediate cause. Enter Underlying Cause (Disease or Injury that initiated events	J .											
68760,	hysic the t	Physician/Medical	thet initiated events resulting in deeth) Last		Due to (or es	s e consequ	ence ot):								
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Вох	attendin for use	an		d											
	dea od fo	SICI	Pert II. Other significant condit	tions contributing to deati	n but not resulti	ng In the und	terlying cause gi	ven in Pert I.	23b. Did toba	occo usa con	tribute to the cause of death?				
P.0	uires that the de signed by the a id be detached i	h/	D- 10. T	·	101				1 Yes	20 No	3 Probably 4 Unknown				
	and ded	by	RENAL I												
Vital Records,	iaw requires that the death ce as been signed by the attendir o 2 should be detached for use	8	URINARY	T3 000 T	1	1			24e. Wes an a		24b. Wera autopsy tindings available prior to				
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æ	0 - 0	mo							1 ☐ Yes	2₽No	1 Yes 2 No				
la	delan: The		25. Wes case referred to medic	nal .				00 Di		ALC: IVO	10 165 20 160				
5		o Be	axaminer?	Hospitel: 1 Inpu	ations 20rs	VOutpatient	20 DOA Ot	26. Place of Deeth			10				
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State of Maryland / Department of Health and Mental Hygiene 96 28783

To See an analysis of the part						Cer	tificate of	Death		Reg. No.	Ų [0,00
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Physician Medical Examiner Medical Examiner Me				23a, Part1. Enter the disease, or	complications that cause	d the death. Dorrot acts	24 - 81ff er the mode of dvi	SI., N. (or respiratory ar	rest.	. 200	
Immediate Cause (Fined Examiner Imme		Physician		shock, or heart feliure. List	only one ceuse on each i	lne.	,					Intervel Between
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29e. Certifier (Check only (C	18	dea ctor y the	fica	3 Sulcide 6 Could I	not be	jury - At home, ferm, stre	eet, fectory, office		28f. Location (S	Street and Numb	er or Rure	i Route Number,
29e. Certifier (Check only (C	Ö	after Dire	ert	4 Homicide			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		City or Tox	vn, Stete)		
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D22309 SEPT. 7, 1996				Phillie	W. Ook,	D	Da	2309		SEDT	7. 10	196

Registrar

PHILLIP W. POTH, M. D. 831 UNIVERSITY BLVD. EAST SILVER SPRING, MD 31. Dete filed (Month, Day, Year)

30. Name and eddress of person who completed ceuse of death (Item 23a) (Type, Print)

32. Registrer's Signeture

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State of Maryland / Department of Health and Mental Hygiene 96

96 28784

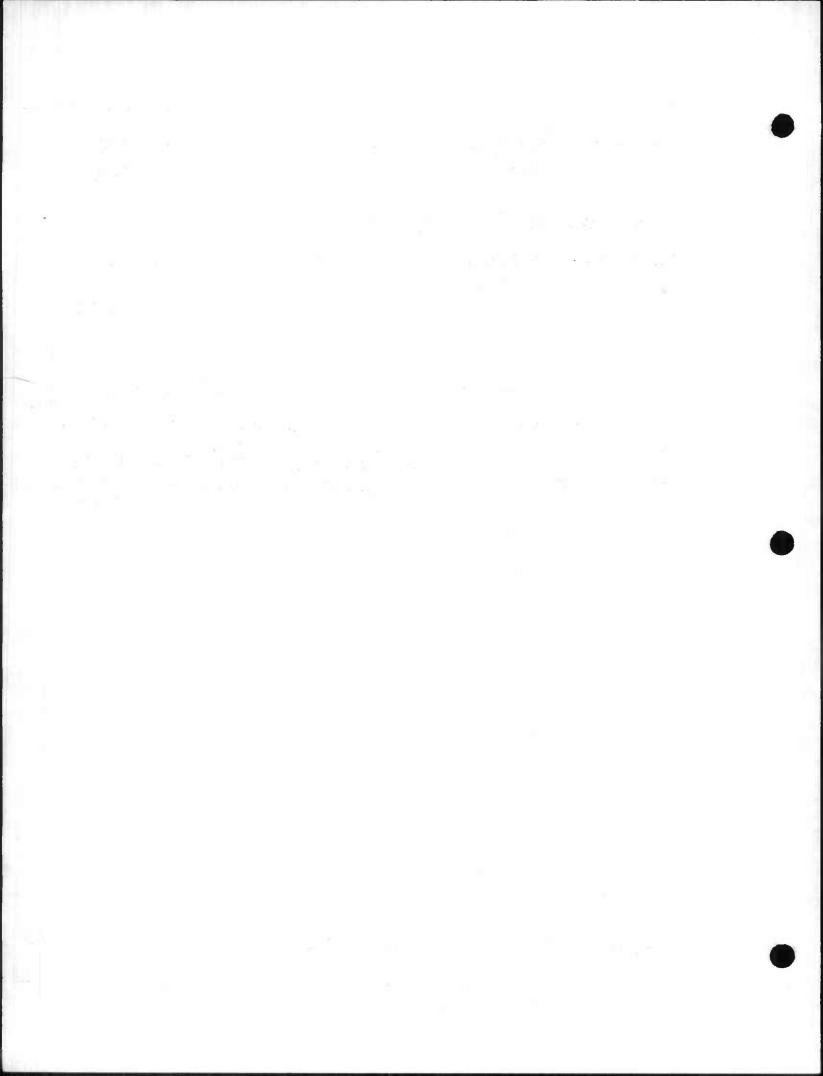
				Certificate of	or Death	F	leg. No.		
	1. Decedent's Nama (First, Middla,	Last)				2. Data of Dea Month		Yasr 3	. Time of Death
nysician Medical	Joseph Julius Z	ANE				Septem	ber 5.		4:12P
xaminer	4a. Fscility Nama (If not institution,				4b. City, Town, or L	ocation of Death	4c. County	of Death	
	Doctors Commun			Milada 4 Va	Lanh			ce Geo	
eral ector	5. Social Sacurity Number 175-16-6823 Usual Rasidanca of Decedant	3. Sax 1∭ M 2□ F	a (In yrs. last birt	thday) If Undar 1 Ya Months Da		6. Data of Birth (Month, Day July 30	Year) , 1921		(Stata or Foraign Virginia
**	10a. Stata 10b. County		10c. City, Town	n or Location				10d.	insida City Limits
5	MD Prince	George's	Fast 1	Riverdale					1 □ Yas 2 NO
Funeral Director	10e. Street and Number	George 3	Last 1	10f. Zip Cod	A		10g. Citizen of V	Vhat Country?	,
the Medical Examiner must be notified at ompleted by Funeral Director	5509 59th Aven	110		20737			U.S.A.		
Jera .	11. Marital Status	12. Was Decedent	Evar in U,S.		of Hispanic Origin? (Sp Juban, Maxican, Puarto			e - Amarican I	indian,
by Fur	1 ☐ Nevar Married 2 ☒ Married 3 ☐ Widowed 4 ☐ Divorced	Armed Forcas? d 1 ⊠ Yas 2 ☐ If Yas, Giva Yaar or Datas:	No	If Yas, specify C		Rican, atc.)	Specify Specify	k, Whita, atc. Whit	e
te D	15. Decedant's	Education	16a.	Decedant's Usual Oc	cupation		16b. Kind of Bu	sinass/Indust	iry
r, ne weares	(Specify only highast Eiamantary/Secondary (0-12)	Coilege (1-4or	5+)	lifa. DO NOT usa rel	na during most of work tired)	king			
100	12			od Service	Executive		Food Se	rvice	
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	Joseph Ignatiu	s Zmayuski			Josephi	ne Syrei	lka		
To Be Comp	19a. informant's Name/Raiationship		100		eat and Number or Ru				
n Jeuno	Anges Zane - W	ife			venue, Eas				
	20a. Method of Disposition 1 ☑ Burlal 2 ☐ Cramation 3	Bamoval from Stata	20b. Placa of cematar	Disposition (Nama of y, cramatory or other p	place)	Data	20c. Location -	City or Town,	Stata
n n	4 □ Donation 5 □ Other (Spe		MD Vet	eran's Cer	metery 09/	11/96	Chelten	ham, M	aryland
any injury or other	21. Signature of Funeral Service the	censes .			drass of Facility Gasch's So timore Ave				
	23a. Part1. Enter the dispasa, or co shock, or has t faikira. List or	omplications that cause	the daeth. Do n	not antar tha moda of	dylng, such as cardiac	or raspiratory ar	rast,	Ap	proximata arvai Batween
ian ical iner	Immedieta Causa (Final disaasa or condition rasulting in death)	a. Inh	Due to (or es e d	consequence of):	nomhag alopatru	~			set and Death
iel-transit Examiner	Sequantially list conditions, if any, lasding to immadista	- b. hyp	Dua to (or as a c	en cepho	alopahn	7			
a es the bunel-transit Medical Examir	if any, laading to immadista causa. Entar Underlying Causa (Diseasa or Injury that initiated avants resulting in daeth) Last	c	Dua to (or as a c	onsequanca of):					
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ad for	Part II. Other significant conditions	contributing to death b	ut not rasulting in	tha undariving causa	given in Pert I.	23b. Did t	obacco use co	ntributs to the	causs of death
be detached for us by Physician/							/ss 2□ No	3 Probabi	1/
ompleted						24a. Was a perfor	an autopsy med?	avaiial	autopsy findings ble prior to etion of causa th?
Com						1 D Y	as 2 XNo	1 🗆 Ya	as 2 No
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o Be	axsminar? 1 ☐ Yas 2 🕱 No	Hospital:	ant 2 ER/Out	tpatient 3 DOA	Other	oma 5 🗆 Rasid		ar (Specify)	
cation: T	27. Mannar of Desth 1 Naturel 5 Panding 2 Accident invastiga	28a. Data of Inju (Month, Da	ry 28b. T	Ima of 28c. in	njury at Nork? □ Yas 2 □ No	28d. Dascribe h			
	3 Suicida 6 Could no 4 Homicide datarmin	ed 288. Place of In	ury - At homa, fai c. <i>(Spacify)</i>	rm, streat, factory, offic	се	28f. Location (S City or Tow		er or Rural Ro	outa Number,
edical (29a. Cartifier Certifying (Check only one)	Physicien: To the best taminer: On the basis o and mannar st	axamination and	, death occurred at the d/or invastigation, in m	time, dete end piace, y opinion, death occur	and dua to tha d red at tha time, o	ausa(s) and ma lata and place,	nnar as state and dua to the	d. a cause(s)
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completely filled in Medical Cert	30. Name and address of person wh	no completed cause of	Pasth (Item 23a) /			20776	91619	6	

State of Maryland / Department of Health and Mental Hygiene

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						Cert	ificate	e of D	eath		Reg. No.	00 2	0100
	Physic	ian	1. Decedent's Neme (First, Middle, L	ast)						2. Data of De Month	eath Dev	Year 3.	Time of Deeth
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	Funeral Director		5. Sociel Security Number 6.	Sax 7. Ag	ge (In yrs. las	Yrs.	If Undar	1 Year Deys	Hours Min	8. Deta of Bl	th by, Yeer) 5 1996	9. Birthpieca (Country)	Steta or Foreign
	pu »	1	Usuel Realdence of Decedent 10a. Stata 10b. County		100 City T	Town or Loca	ation					404.1	-14- 60-11-0-
	Manyla -f eho	tor	MARIEN HARFI	SCO.	100. Ony, 1	REE							side City Limits Yas No
	r 28a	Director	10e. Street and Number		3	1 1000	10f. Zip	Code			10g. Citizen of V	What Country?	
	3a o		1523 WHITE FOR	10 Roar)			211	LD.		11	02	
	death	Funeral	11. Marital Statua	12. Wes Decedent	Ever in U,S.	13. W	es Decede	ent of Hisp	panic Origin? (S	Specify Yas or No to Rican, etc.)	- 14. Rec	a - Amarican inc	tian,
2	772 hours after death with the Maryland "natural", or items 23a or 28a-f show edical Examiner must be notified at	by Fur	152 Never Merried 2 Married 3 Widowed 4 Divorced	Armed Forces 1 Yes 2 If Yes, Give Yeer or Detes:			Yes, speci □ Yes 2		Maxican, Puar Specify:	to Rican, etc.)	Specify	ck, Whita, etc.	
5	2 hou	8	15. Decedent's E	ducation	1	6a. Decede	nt'a Usuel	i Occupati	ion		16b. Kind of Br	usiness/Industry	
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and June	should be filed nd Mental Hygi marked other matic event, I	BeC	17. Fathar's Nama (First, Middle, Las	t)	<u></u>			1	8. Mother's Ne	me (First, Middle	, Meiden Surnen	10)	
	Hentai Ked o	To B	ANTONY J.	ALAim					1:1	V.	DOTAL	121	
	should be and Mental s marked o		19a. informant's Name/Raletionship			19b. Meliing	Address	(Street en	d Number or R	ural Route Numb	er, City or Town,	Stete, Zip Code	PUIS
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	of He		20e. Mathod of Disposition		20b. Plec	e of Disposi etary, creme	ition (Nem	ne of		Dete 74	20c. Location -	City or Town, S	tata
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5	- 독립증		21. Signature of Funeral Service Lies	nsee /		22.	Nama and	d Address	of Fecility	~ 11000	-0110	h 00	0.00
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	كالجها	ě		EXTRO			-	1 T 11	DITY			1	
	death certificate be executed e attending physician and od for use as the burial-transit	Examiner	Sequentially list conditions	b. 4/1/10	Due to (or ea			4/0.	XIII				
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	ng ph	Med	resulting in death) Lest		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	,							
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	deat e att	Physician/	Part II. Other aignificant conditions	contributing to death b	ut not resultir	o in the unc	derivino ca	ause given	in Pert I.	23b. Did	tobacco usa co	ntribute to the	euse of death?
)	res that the de rigned by the s be detached i	h,					,,				Yas 25 No		4 □ Unknown
	s tha	by F											
	een s	Completed I									an autopay ormed?	evallable	on of cause
,	The law ate has b page 2 s	mo								10	Yes 28 No		2 No
		BeC	25. Wes case referred to medical						26 Place of De	ath (Check only		10.00	
	Physician: rthis certific rral director,	0	exeminer? 1 ☐ Yes 25 No	Hospitei:	ent 2∏EB	/Outpatient	3 DO/	Other			idence 6 Oth	er (Specify)	
	Physical or this	n: T	27. Manner of Deeth	28a. Dete of Inju	iry 28	b. Time of		Bc. Injury a Work?		1	how Injury occur		
	oding ith.	tlo	Neturei 5 Pending 2 Accident investigation	(Month, Da	y Year)	injury	М		s 2 No				
	at or Attending s after death. If Director: After ad in by the fune	ertification:	3 Sulcide 6 Could not 3 determined	28a. Place of in	ury - At home c. (Specify)	, ferm, stree	et, factory,	, office			Street and Numb wn, State)	per or Rural Rou	'e Number,
	Hospit 4 hour Funers tely fills	edical C	29e. Certifier (Check only one) 150 Certifying P 2 Medical Exa	hyaician: To the best miner: On the basis o end manner st	f exeminetion	dge, deeth o end/or Inve	occurred e estigetion,	et tha tima in my opir	, dete and place nion, daath occi	e, end due to the urred et the time,	cause(s) end me date and pieca,	enner as stated. and due to the c	ause(a)
	Within 2 To the comple	Me	29b. Signeture end title of certifier	Dosles	an/	4.0	29c.	License r	number (LAND 3101	or	29d. Data signe SEFTEM		
į			30. Neme and eddress of person who					7-	,,0,				
			A = A	SON.M.O.			•	101/5	WIIE L	ALLRE DE	GRACEM	10/11	0 21075

State Registrar

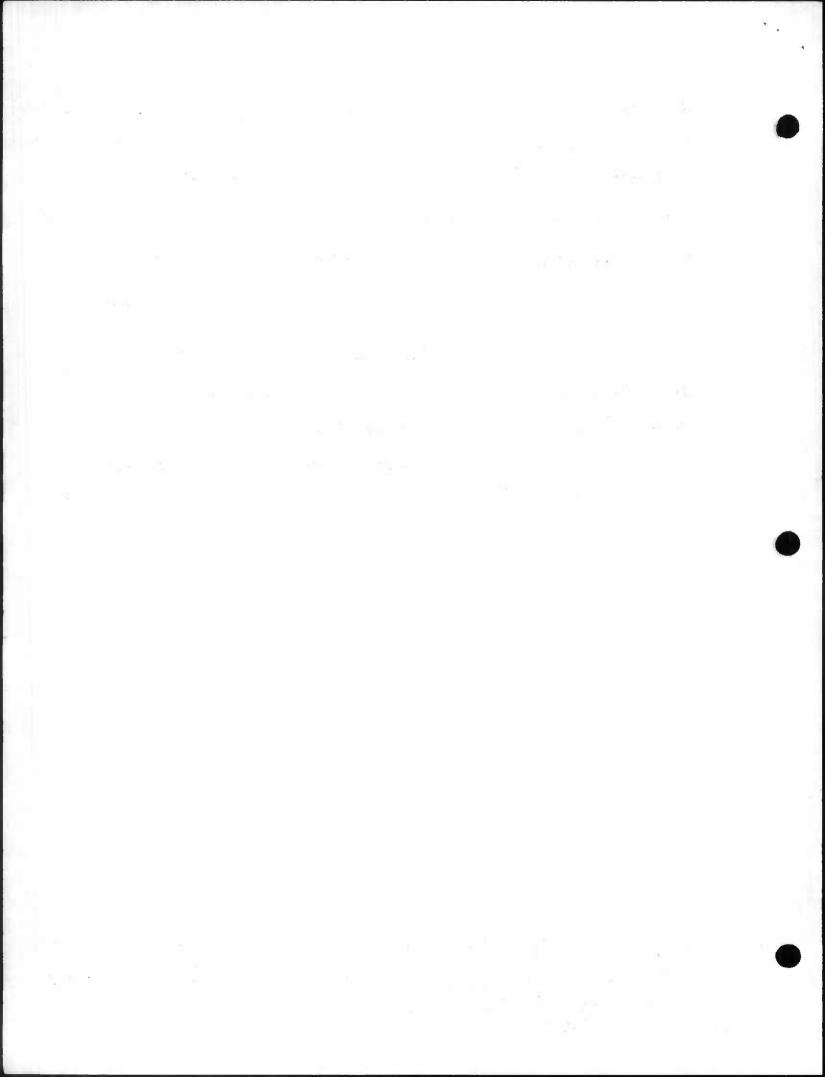


28786

					•	Certificate	of Death	R	leg. No.					
	Dhusia		Decedent's Neme (First, Middle, Li	est)				2. Dete of Dee Month	th Dev	Year 3.	. Time of Death			
	Physic /Medl		Lucy Mae Alst	on				Septembe			2:35 am.			
	Exami		4e. Fecility Neme (If not institution, gire					or Location of Deeth			- 1 7 [11]			
	Towns.		St. Agnes	Hospital				imore	n,					
3	Funeral Director		216-30-5300	Sex 7. Age 1 □ M 2 □ 1⁄5	6 2 (In yrs. lest bir	thdey) If Under 1 Y Yrs. Months D	eys Hours M		, 1934	9. Birthplece M 1 S S 1	(Stete or Foreign			
	pu *		Usuel Residence of Decedent 10e. Stete 10b. County		10c. City, Tow	n or Legation				1,01				
	aho	5	A CONTRACTOR OF THE PARTY OF TH	/ a	TOG. City, Tow	Baltimor	^ 0				Inside City Limits ✓ Yes 2□ No			
	r 28a-f show	ect	10e. Street end Number	ď										
	h with	Funeral Director		ook Circ	le apt	10f. Zip Co	21227	1	UNITE!		ATES			
5-0020	or he	by	11. Maritel Status 1 Never Merried 2 Married 3 XXX Widowed 4 Divorced	12. Wes Decedent & Armed Forces? 1 Tyes 2 Tyes if Yes, Give Yeer or Detes:	Ever In U,S.		of Hispenic Origin? Cuben, Mexican, Pu NX X Specify:	(Specify Yes or No- erto Rican, etc.)	14. Rec Bled Specify	e - American Inck, White, etc.	3			
5-0	"natural",	ted	15. Decedent's E (Specify only highest gr	ducation	16a.	Decedent's Usuel O	ccupation	unst ins	16b. Kind of Bu	usinass/industr	у			
21	within and the state of the Med	Completed	Elementery/Secondery (0-12)	College (1-4or 5	+)	(Give kind of work d life. DO NOT use n		vorking						
21	ygien Friberth	ပ်	12 th		(CAFE. M/	ANAGER				DUCATION			
Maryland	should be fill and Mental H marked oth umatic even	To Be	17. Fether's Neme (First, Middle, Last	TEVENS			18. Mother's Neme (First, Middle, Meiden Sumame) WILLIE BEA YOUNG							
Man	permit. Pages 1 end 2 should be filed within Depertment of Heelth and Mental Hygiene. Important: If fern 27 is marked other than in may Injury or other traumatic event, the Me page.		19e. Informent's Neme/Reletionship	Type, Print) STON	19b	Melling Address (Si 2948 LA	reet end Number or KEBROOK	CIRCLE, a	pt. 2	Stete, Zip Cod 01, BA	%) ALTO.,M[
Baltimore,	ages 1 e int of Heem It if item 7 or othe		20e. Method of Disposition 1XDBuriel 2 Cremetion 3 Removel from State 20b. Piece of Disposition (Name of cemetery, cremetory or other pieca) 20c. Location - City or To											
	ortme ortan		4 ☐ Donetion 5 ☐ Other (Special Service Lice	··	ANDU		ddress of Fecility	9-20	ANDOI	03, 111				
Ba	Depenti Depenti Importa any Info		France	12	5	100000000000000000000000000000000000000		H1101	E. N	ORTH	AVE.			
			23a. Pert1. Enter the diseese, or conshock, or heart feilure. List only	plicetions thet caused one ceuse on each lin	the death. Qo i	not enter the mode of	dylng, such es card	liec or respiretory arr	est,	App	proximete ervel Between			
	Physician /Medical Examiner		Immediate Cause (Final disease or condition resulting in death)	a a cute	- 525	oi(ator	u fail	urc		1	set and Deeth			
ш		100	resulting in deetily		Due to (or es e	consequence of):), ,	\						
	pet lisit	Examiner		6. 65 ONC	Laspa	w, m20	th ast	thra		4	2012			
-6	rificate be executed 19 physician and as the buriel-transit	Xai	Sequentielly list conditions, if any, leading to immediate cause. Enter Underlying Ceuse (Disease or Injury		Due to (or es a	consequence of):				0	4			
68760,	siciar buri	cal	Cause (Disease or Injury thet initiated events	00000		arten	10/1510	>SC		-17	eas			
89	ficate phy strike	edicai	resulting in death) Last	ı	one to (or eal e o	consequence of):								
	certi nding use a	5		d										
Box	d for	icia	Port II. Other elgoiffeent conditions	contribution to do at his		. the content describe	a abusa la Disa I	non Distan		- Audhora a a abra				
0	the day the	hys	Pert II. Other eignificant conditions of	contributing to death bu	it not resulting if	the underlying caus	e given in Pen I.	230. Did to		3 Probabl	y 45 Unknown			
S, P	ires that the death cer signed by the attendir d be detached for use	by Physician/	cordianyo	pathy,	high	plaad	pressu	الرا	20 10	3 FIOOED) 45 OHKHOWN			
Records,	law requires that the death certificate be- as been signed by the attending physicia. 2 should be detached for use as the bur	Completed I	dialectes	colar			1	24e. Wes e		avallab	autopsy findings ble prior to			
ec	law las b	ng.	, , , ,	0,00	2,0	7 0 9				of deat	etion of cause h?			
H	The law sate has	Co	distant					1 🗆 Y	es 20 No	1 ☐ Ye	s 2 No			
Vital	Physician: The this certificate and director, page	Be	25. Wes case referred to medical examiner?					eeth (Check only or	19)					
of	Physic this o	2	1 ☐ Yes 2⊠(No	Hospitel: 1 ☐ Inpatier		·		Home 5□ Reside	ence 8 Oth	er (Specify)				
ion	Attanding P or death. actor: After t by the funera	ation:	27. Manner of Deeth 1. Neturel 5 Pending 2 Accident investigation	28a. Dete of Injur (Month, Day	y 28b. 1	Time of 28c. njury M	Injury et Work? 1 ☐ Yes 2 ☐ No	28d. Describe h	ow injury occur	red				
Division	D age	Certification:	3 Suicide 8 Could not be determined	28e. Piece of Inju building, etc	ry - At home, fe . (Specify)	rm, street, fectory, of	fice	28f. Location (S City or Town		er or Rural Ro	ute Number,			
	Hospital La hours Funeral	edical C	29e. Certifier (Check only one) (Check only one)	ysician: To the best of ninar: On the besis of end menner ste	examinetion en	, deeth occurred at the	ne time, dete end ple my opinion, deeth oc	ce, and due to the c curred at the time, d	ause(s) and ma lete end piece,	anner as steted and due to the	J. ceuse(s)			
1	di di	M	29b. Signeture and title of certifier	Sid mailler sta		29c. Lie	cense number	2	9d. Dete signe	d (Month, Day,	Year)			
1	4.1		MANDARA	101111	1	0 0	77NK	1 9	cetral	2571	1995			
/	n		30. Neme end eddress of person who	completed cause of de	eth (Item 23e)	(Type, Print)	3300	`	time	20	, , , ,			
1)	7		Jeanine C	0 1= al 1		Agres'	Hospit	al Ral	time					
	1. 1 1/1/		21 2-1-11-11	innon,	2 0 /		-12- AI	0 1000	c. 11	170				

State of Maryland / Department of Health and Mental Hygiene

						Cen	tificate of	Death			Reg. No.	20	_ 0	101
	100	Ш	1. Decedant's Nama (First, Middle, Las	st)						2. Data of De	ath		3. Tima o	f Death
	Physici		Loretta 0	orothu	B	110	her			Septem	Day	5 199	65:45	Pin
N	/Medio Examir		4a. Facility Nama (If not institution, give	7		UC C		4b. City, To	wn, or Lo	cation of Deat		County of Deat		7
1	Examin	161	Enverous Garages V	1				FALL	STON			larford		
H	Europal		5. Social Security Number 6. S	AX 7. Age	(In yrs. last birt	thday)	If Undar 1 Yaar						tholaca (Stata (or Foreign
П	Funeral Director			□M 21 F		Yrs.	Months Days	Houra	Min.	8. Data of Bir (Month, Da	19, Year)		thplaca (Stata o	n r oranger
			Usual Rasidanca of Decedent		.,			1	L	Jan 17	1745	14/0	ryland	
	dan g		10a. Stata 10b. County		10c. City, Town	n or Loc	ation			-			10d. Inside C	Ity Limits
	Mary F	ö	Md Harford		Fores	- 4	11.1						1 🗆 Yas	20 No
	28e	Director	10e. Street and Number		, 0,00	, ,,	10f. Zip Coda				10a Chiza	an of What Co	number 2	
	ti o	ă									•	USA	outility?	
	a 23	Fa	1630 C Michelle C		1 110	140.11	2105						5 6 45	
	72 hours after death with the Maryland natural; or flems 23a or 28s-f show deal Examet must be nutified at	Funeral	11. Marital Status	12. Was Dacedant E Armed Forcas?		13. W	as Decedant of h Yas, specify Cubi	an, Maxicar	n, Puarto I	Rican, atc.)	- 14	 Race - Ame Black, Whit 		
20	A 9 5	by F	1 ☐ Nevar Married 2 ☐ Married 3 ☑ Widowed 4 ☐ Divorced	1 ☐ Yas 2 ☑ N If Yas, Giva	0	1	☐ Yas 21 No	Specify:			s	Specify:	11.75	
8	ural nour			Yaar or Datas:	T	- 000	Status III a a Test						HITE	
5	72 nat	Completed	15. Decedant's Ed (Specify only highast gra		16a.	(Giva k	ant'a Usual Occup ind of work done O NOT use retire	during mos	t of worki	ng	16b. Kind	d of Businass/	Industry	
12	should be filed within nd Mental Hygiene. marked other than "umatic event, the Men	E G	Eiemantary/Secondary (0-12)	College (1-4or 5-				a)			61			
7	hor in		17	***	n	ecep	TICHIST					enwald		
in	tai t d od ever	Be	17. Fathar's Nama (First, Middle, Last)							(First, Middle		umama)		
Ž	Mentai Mentai arked o	2	JAMES ANDRYSIAK					ID	AL A	WORSK	i			
Maryland 21215-0020	2 shd		19a. informant's Name/Relationship (7	Type, Print)			Addrass (Street							
	1 and Health em 27		JANIS L. CARLOS		14	36	NORTH BE	end Rr	, 10	rrettsvi	lle M	19. 510	184	
ore	of H		20a. Mathod of Disposition 1 ☑ Buriai 2 ☐ Cramation 3 ☐	Demousifrom Ctate	20b. Placa of cemeter	Dispos y, crem	ition (Name of a tory or other place	ce)	6	Data	20c. Loca	ation - City or	Town, State	
Ĕ	Pages nent of ant: If its ary or o		4 Donation 5 Other (Specify		MOREL	AND	Memoria	1 Pack		199L	Balt	to. Md		
Baltimore,	교원관금 .		21. Signature of Funaral Sarvice Lican	500			Nama and Addra			7.10	-	19.111		
m	Depa impo any i		10, 11 C.) /		2210	S 23374.	1 0 .		. «		1.10	I Bullo M	U.
	777		23a. Part 1 Entar the disease, or com-	ications that baused	the death. Do n	Ev.	the mode of di	ng auch as	Aema cardiac o	r respiratory a	aco Hs	istord Ko	Approximat	21234
	Dhamisian		23a. Part1 Entar tha disease, or consched shock, or heart failure. List only	ne cause on each line	1.			ng, aran ar		. roopiiatory a	· · · · · · · · · · · · · · · · · · ·		Approximat tnterval Bat Onsat and	ween Death
6	Physician /Medical		Immediata Causa (Finai	5 m/	111 (0 157	LLU	ME	0	AN (1=	R		1 45	un.
ſ	Examiner		disaasa or condition rasulting in death)	a. 0///	u	- 2-6		70 6		/// 00			1-10	mo
		70			oua to (or as a c	consequ	ence of):					1		
	bed is	Examiner		b										
	eath certificate be executed attending physician and for use as the buriel-transit	xan	Sequentially list conditions, if any, leading to immediate	,0	ue to (or as a c	consequ	ance of):							
68760,	be ay cian buris	a E	Cause (Disease or injury	c										
87	sata shysi	edical	that initiated evants rasulting in death) Last	D	ua to (or as a c	onsequ	ance of):			,		1		
9 X	ing p	Me		4										
80	ath ca thend or us	an	_	0.										
<u>.</u>	e de pe	SIC	Part li. Other significant conditions co	ontributing to death but	not resulting In	tha un	darlying causa giv	en in Part i	l.	23b. Dld	tobacco u	se contribute	to the cause	of death?
P.O.	The law requires that the death its has been signed by the atter page 2 should be detached for u	Physician	BONE M	ETASTAS	1=5					10	Yes 2	No 3 PF	robably 4	Unknown
	es that igned I	by	17 17											
Records,	require been si should I										an autops		Ware autopsy i	
S	aw requisite been 2 should	Completed								penc	AIIII GO 7		completion of o	ausa
Re	The la ata ha page 2	E								40	V 0[7]		1 □ Yas 2 □	libio
a			OS Man anno soformed to Sindles							10	45.	NO	TLI Yes 2LI	No
Vita	Physician: The certific	o Be	25. Was casa raferred to medical axaminar?	Hospital:			o□ po₄ Oth	or.		(Check only o				
o	Physical Phy	-	1 Yas 2 No 27. Mannar of Death	28a. Deta of injury			3LI DOA	4 LI NU		na 5 ☐ Rasi 28d. Dascribe			cify)	
E C	Aher	ion	1 ☑Naturel 5 ☐ Panding	(Month, Day		njury	28c. Injur Wor			.ou. Dascribs	now injury	occarred		
S	Attending r death. sctor: Alte by the fund	Certification:	2 Accident Investigation 3 Sulcide 6 Could not be					Yas 2□		204 111 /	Ot	Alice bases 0	and the second second	
Division	after Direc	ŧ	4 ☐ Homicide datamined	28a. Placa of Injur building, etc.	y - At noma, tei (Specify)	rm, stre	et, factory, office		2	City or To		Number or H	ural Routa Num	iber,
	lied of the	1												
	Hosp Mary Holy Holy	edical	Unock only 2 Madical Exam	vaictan: To the best of itnar: On the basia of a	ixaminetion and	, death of	occurred at tha tirestigation, in my o	ma, data an pinion, dee	d piaca, a th occurre	and dua to the ed et the tima,	cause(s) s date and p	nd mannar as place, and due	s stated. a to tha cause(s	3)
	a chiqu	Med	one)	and mannar state	ed.					_				
	TEA	7	29b. Sonature and title of confliar	1, 2. 2	M-1	5	29c. Licens		>			signed (Mont		1981
	("	/	The way	war		7	J J	711	/)		rept	EMINE	C 13/	1776
30	10		30. Name and eddrass of person who o	completed causa of da	ath (itam 23a) (Type, P	rint) 27,2	- BE	2A1.	R Mi	4)	1 1-	25,	/
1	1		- V	DWANDS,			FA	u Sn	DN,	MAT	ye	1400	21014	7
	Sta	te	SEP 2 7 1996	Sura Davids	s salling						0			



State of Maryland / Department of Health and Mental Hygiene

Certificate of Death

28788

							Ce	runcau	e or i	Deam	<u> </u>		Reg. No.			100
	Physic /Medi			Elizabeth		Bra	ndt					2. Date of D Month eptem	Day	Year 1996		of Death Op.m
	Exami	ner	4a. Facility Name (/ Stella	fnot institution, given Maris H		imber)			4		wn, or Loc WSON	ation of Dea		ty of Death		
	Funeral Director		5. Social Security N 214-22-42		Sex I□M 2ӁF		s. lest birthdey) 8 Yrs.	if Under Months	1 Year Days	if Undar Hours	24 Hrs. Min.	8. Date of B (Month, L June	irth (2007) 19,1908	9. Birth Cou Wasii	piace (Stete ntry) ngton,	or Foreign
	p .	7	Usual Rasidence of 10a. State	Decedent 10b. County		100 (City, Town or Lo	ontion							404 114-	Other I tree had
	shor short	5	Maryland	Baltimo	ro	100. 0	Towso								10d. Inside (s 2 No
	the N	90	10e. Street and Nur		10		TOWSC	10f. Zip	Code				10g. Citizen o	What Cou	112	
	With With	0	2300 Dula		ev Rd				204				United			
9	death	Funeral Director	11. Marital Status	iley vall		edent Evar in proes?	U,S. 13.			lispanic Or	igin? (Spec	cify Yas or Nican, etc.)		ce - Ameri	can Indian,	
020	ges 1 and 2 should be filed within 72 hours after death with the Maryland it of Health and Mental Hygiene. If item 27 is marked other than "natural", or items 23a or 28e-f show or other traumatic event, the Medical Examinet must be notified at	by	1∭ Never Marri 3 ☐ Widowed	ed 2 Married	Armed Fo	2. No ve		if Yas, spec 1 □ Yas 2				lican, etc.)		ack, White, ify: Whi		
2-0	72 ho	eted	(Spec	15. Decedent's En	ducation		16a. Dece	dent's Usua kind of wor DO NOT us	l Occup	ation during mos	st of workin	a	16b. Kind of	Business/Ir	dustry	
Maryland 21215-0020	permit. Pages 1 and 2 should be filed within Department of Health and Mental Hygiene. Important: If item 27 is marked other than "any injury or other traumatic event, the Manonce.	Completed	Elementary/Seco	ndary (0-12)	College (2 yea	1-4or 5+)	Nur		e retired				110000000000000000000000000000000000000	Compa	any	
pur	d off	Be	17. Father's Nama)								le, Meiden Sume			
7	should I	To		Brandt									ne Faull			
Ma	d 2 st th and 7 is n traur		19a. Informant's Na Debbie 11a			.~		ng Address Dulan					son, MD	n, Stete, Zi 21204		
a)	Health em 27 other tr		20a. Method of Disc		T WOLKE		Place of Dispo	sition (Nen	ne of		y Mu.	Date	20c. Location			
Ou	ages ant of t: M H		1 Donation	☐ Cramation 3 ☐ 5 ☐ Other (Specif	Removai from	State St	cemetery, cree				m 1	0/2	Washir			
Baltimore,	permit. Pages Department of F Important: If ite any injury or of once.		21. Signatura of Fu								ivMitc	he 11-	Wiedefe			
Ö	Depar Impor any ir		1 Och	A mi	tchell	IX					6500	York	Rd.		,,	10.
	_		23a. Part 1 Enter th	ne disease, or com			ath. Do not ent	er the mode	e of dyin	g, such as	Balt cardiac or	imore	arrest,	1212	Approxima Intervai Be	ate
ox 68760,	In certificate be assected to a secure of the secure of th	an/Medical Examiner	disease or condition resulting in death) Sequentially list condition and the condition and the cause. Enter Under Cause (Disease or that initiated events resulting in death) I	nditions, imediate rlying injury	a. Pneu b. Alzh c	Due to eimer' Due to	(or as a consector as	SE juence of):								
P.O. B	law requires that the death as been signed by the atte s 2 should be detached for	Physicia	Part 11. Other stgniff	cant conditions of	ontributing to de	eath but not re	esulting In the u	nderlying co	ause giv	en in Part	l.		d tobacco use o		o the cause	
s,	signed I	by														
Records,	has been si ye 2 should	Completed											is an autopsy formed?	81	fara autopsy vailable prior ompletion of death?	r to
	Dag at											10	Yas 21X No	1	☐ Yes 2[□ No
5	Physician: In this certificate ral director, pag	o Be	25. Was casa rafen examiner?		Hospital:				Oth	or		(Check only				
o t		I-	1 ☐ Yes 2 💢 27. Manner of Death		28a. Data	of Injury	☐ ER/Outpatier 28b. Time of		Bc. tnjun Worl	4 LZL IVI	-		sidance 8 0 how injury occi		fy)	
on	th. After funer	tio	1 XNatural 2 Accident	5 Pending invastigation	(Mon	th, Day Year)	Injury	М		k? Yas 2□						
=	to use nospital or Arending Fra within 24 hours after death. To the Funeral Director: After this completely filled in by the funeral	Certification:	3 Suicide 4 Homicide	6 Could not be determined	Zoa. Flace	of Injury - At ng, atc. (Spec	home, farm, str cify)	eet, factory	, office		21		(Street and Nun own, Stete)	nber or Rur	al Route Nu	mber,
	within 24 hours a To the Funeral C	edicai C	29a. Cartifiar (Check only one)	1 Cartifying Ph 2 Medical Exam	ninar: On the bi	best of my kr esls of examir ner stated.	nowledga, daath nation and/or in	occurred a	it the tim	ne, date an pinion, dea	nd piace, ar ath occurre	nd dua to the	a causa(s) and re e, date and place	nannar as :	stated. to the cause	r(s)
	To the	Me	29b. Signature and	fille of certifier		1 17		29c	. Licensi	a number	504		29d. Date sign	ned (Month,	Dey, Year)	
1	V		30. Nama and addre						-	, –			01.00			
			31. Date filed (Mont	akhuda,			laney V	аттеу	ROS	ad, T	owson	, MD	21204			
	Sta Registr		SEP 2			legistrar's Sigi										
DHM	H 16 Rev 6/9			1330	Taur	Son An	della									

DHMH 16 Rev 6/95



3. TIME OF DEATH

10d. INSIDE CITY LIMITS?

1 YES 2 NO

8. BIRTHPLACE (State or Foreign

Pennsylvania

14. RACE — American Indian, Black, White, stc.

Specify: White

21236

Approximate

6 days

24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE

OF DEATH? 1 YES 2 NO

Interval Between

Onset and Death

9c. COUNTY OF DEATH

10g. CITIZEN OF WHAT COUNTRY?

U.S.A.

Cecil

10:50 A. H

hours after death.

and completely filled in by the burial, cremation, or removal.

the attending physician a Mental Hygiene prior to

signed by the Health and N

been s

has by Dept.

L DIRECTOR: After this certificate has 2 hours after death with the State Di 1 Item 28 Is marked, or Item ?

FUNERAL within 72 i

DRITANT: II

BALTIMORE, MARYLAND 21215-0020

be detached for use as the burial-transit

Pages 1, 2, 3 should

permit.

DIRECTOR

FUNERAL

B

COMPLETED

BE

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notified

pe

must

medical examiner

the

traumatic event,

other 1

6 Injury,

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L RECORDS, P.O. BOX 68760	requires
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IVISION OF VITAL	PHYSICIAN:
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_	HOSPITAL

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE STATE REGISTRAR CERTIFICATE OF DEATH REG. NO 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH September 26,1996 FORREST BOOTH 4. SOCIAL SECURITY NUMBER 6. AGE (In yrs. last birthday) 7. DATE OF BIRTH IF UNDER 1 YEAR IF UNDER 24 HRS. Month, Day, Year)
Feb. 6,1921 DAYS HOURS 169-14-6541 1 💢 M 2 🗌 F 75 YRS. 9s. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH VA Maryland Health Care System Perry Point RESIDENCE OF DECEDENT 10a. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION Harford Maryland Bel Air 10e. STREET AND NUMBER 10f. ZIP CODE 1614 Redfield Road 21015 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 ∑ YES 2 ☐ NO IF YES, GIVE WAR OR DATES 11. MARITAL STATUS 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or No-If yes, specify Cuban, Maxican, Puerto Ricen, etc.)

1 YES 2 NO Specify: 1 Never Married 2 Married 3 Widowed 4 Divorced WW II 16a. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working life. Do NOT use retired.) 15. DECEDENT'S EDUCATION 16b. KIND OF BUSINESS/INDUSTRY (Specify only highest grade Elementary/Secondary (0-12) College (1-4 or 5 +) 12th grade Chauffeur/Truck Driver Motor Freight Express 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Melden Surname) Howard Brown Booth Caroline Schuman 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) Ruth D. Booth (wife) 1614 Redfield Road, Bel Air, MD 21015 20s. METHOD OF DISPOSITION
1 X Burlel 2 Cremetion 3 Removal from State 20b. PLACE AND DATE OF DISPOSITION (Name of DATE 20c. LOCATION — City or Town, State Gardens of Faith Cemetery ☐ Donation 6 ☐ Other (Specify) 9/28 Baltimore, Maryland 21. BIGNATURE OF FUNERAL SERVICE LICENSES 22. NAME AND ADDRESS OF FACILITY Schimunek Funeral Homes, Inc. 9705 Belair Rd., Baltimore, MD 23. PART 1. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiec or respiratory arrest, shock, or heart failure. List only one cause on each line. IMMEDIATE CAUSE (Final disease or condition resulting in death) Aspiration pneumonia DUE TO (OR AS A CONSEQUENCE OF): Sequentielly list conditions, DUE TO (OR AS A CONSEQUENCE OF): if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury DUE TO (OR AS A CONSEQUENCE OF): that initieted events resulting in death) LAST

DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES NO 🗓 UNCERTAIN N 26. PLACE OF DEATH (Check only one) 25. WAS CASE REFERRED TO MEDICAL OTHER:

PART II. Other algnificant conditions contributing to death but not resulting in the underlying cause given in Part i.

HOSPITAL: 1 YES 2 XNO ng Home 5 - Residence 6 - Other (Specify)

27. MANNER OF DEATH 28s. DATE OF INJURY 1 XNatural

5 Pending Investigation

3 Sulcide 6 Could not be 4 Homicide determined

2 Accident

(Check only one)

26b. TIME OF INJURY 28c. INJURY AT WORK? м 1 YES 2 NO

28s. PLACE OF INJURY — At home, ferm, street, factory, office building, etc. (Specify) 28f. LOCATION (Street and Number or Rural Route Number, City or Town, State)

29e. CERTIFIER (Check only 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(e) and manner ee stated. 2 MEDICAL EXAMINER: On the beele of examination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(s) and manner as stated.

295 SIGNATURE AND TITLE OF CERTIFIER uelina Her nandes 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

Parkinson's disease

D 27578

29c. LICENSE NUMBER

29d. DATE SIGNED (Month, Day, Year) 9/26/96

24a, WAS AN AUTOPSY

1 TYES 2 NO

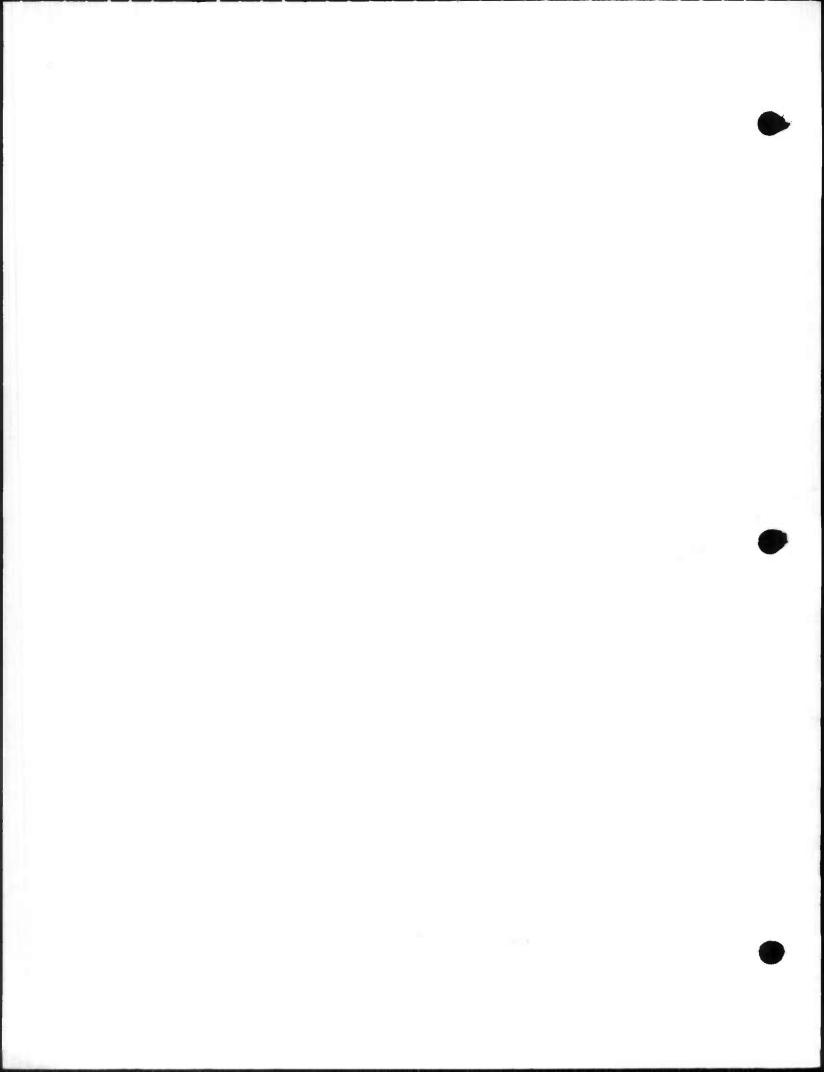
26d. DESCRIBE HOW INJURY OCCURED

AVELINA HERNANDEZ M.D. Perry Point, Maryland 21902 31. DATE FILED (Month, Day, Year)

SEP 2 7 1996

32 REGISTRAR'S TENATURES

DHMH-16 Rev 1/89



State Registrar

TO

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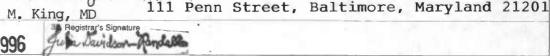
29a, Certifian

(Check only one)

29b. Signeture and titia of certified

31. Dete filed (Month, Dey, Year) SEP 2 7 1996

30. Name end eddress of person who complated cause of each (item 23a) (Type, Print)



10 Certifying Physician: To the best of my knowledge, death occurred et the time, data and plece, end due to the cause(s) and manner as stated.
21 Medical Examiner: On the besis of examinetion and/or investigation, in my opinion, deeth occurred at the time, data end place, end due to the cause(s) end menner stated.

29c. License number O.C.M.E

29d. Date signed (Month, Dev. Year) SEPT 25, 1996

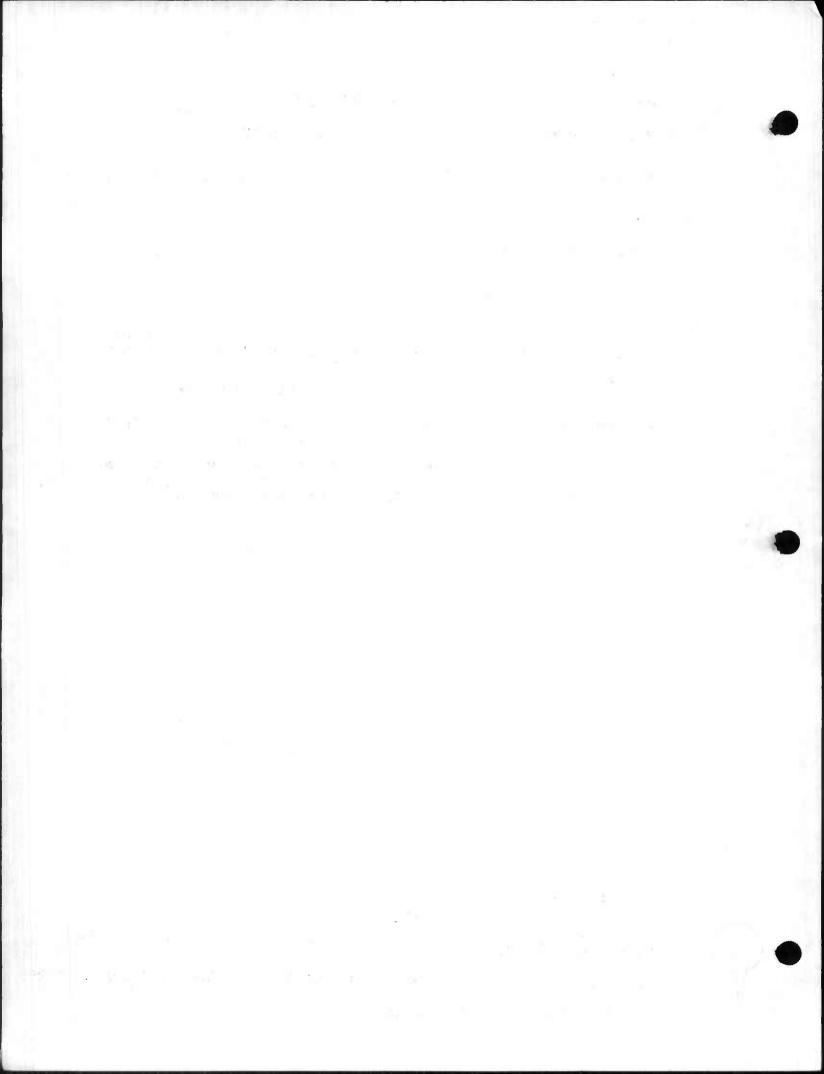
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Baltimore, Maryland 21215-0020

P.O. Box 68760,

Records,

Division of Vital



State of Maryland / Department of Health and Mental Hygiene

96

		Items: 2,7 & 8 per	M.D. G-740	10/9/96	reb <i>Cei</i>	rtificate	e of i	Death		F	Reg. No.		2019
		1. Decedent's Name (First, Mic	idle, Last)							2. Dete of Dee		Vee	3. Time of Deeth
Physi /Med		Samuel B	rock							Month Sept	Dey 24	Yeer 96	MA OF U
Exam		4e. Fecility Nama (If not institut	ion, give street and r		21228		4		wn, or Lo	cation of Daath	4c. Count	-	
Funera		5. Social Sacurity Number	6. Sex 1 M 2 □ F	7. Age (In yrs.	. last birthday)	If Undar 1	1 Yaar Days	If Under Hours		8. Dete of Birti (Month, Day	n Oct.3,		plece (State or Foreigntry)
Directo	r	Usuei Residenca of Decadent		70.	7, 110.					8/3/	1898	Vir	rginia
and		10a. Steta 10b. Cour	ity	10c. Ci	ity, Town or Lo	cation						1	10d. Insida City Limit
Mary	to	MD Ba	ltimore		Caton	sville	2						1√2 Yes 2□N
death with the Manyland ms 23s or 28s-f show		10e. Street end Number	20211020		OG COM	10f. Zip (10g. Citizen of	What Cou	21
with Sa or	0	2 Lincoln Av	onuo					21228					,
Jeath Tre 2	era	11. Maritel Status	12. Wes De	cedent Ever in L	J.S. 13. \	Wes Decede			oin? (Spe	cify Yes or No-	US 14. Red		can Indien.
	Funeral Director	1 Never Merried 2 M		200No		f Yes, speci	fy Cube	n, Mexican	, Puerto i	Rican, etc.)	Bie	ck, White,	etc.
72 hours after des	by	3 ☐ Widowed 4 ☐ Divorc	If Yes. (aive		1□ Yes 2	KN0	Specify:			Specif	y:	Black
72 hours after "natural", or ita	Completed	15. Deced	ent's Education	4)	16e. Deced	dent's Usuei	Occup	etion			16b. Kind of B	usiness/In	
e * 6	ple	Elementery/Secondary (0-12	nast grade completed College	(1-4or 5+)	life. I	kind of work DO NOT use	retired	<i>during</i> mosi ()	or workii	ng			
filed with Hygiena. rther than	00	Grade School		(W	ire Di	rawe	er			Bethleh	em St	ceel Corp
d 2 should be file th end Mentai Hy 7 is marked othe traumatic avent	Be (17. Fether's Name (First, Middl	e, Last)					18. Mothe	r's Name	(First, Middle,			
Should be filed within end Mental Hygiena. s marked other than aumatic avent, the Man	2	William H. B	rock				3	Jos	ephi	ne Lind	dsey		
2 sho end is me		19e. Informent's Neme/Reletio	nship (Type, Print)	wife	19b. Meilir	ng Address ((Street	and Numbe	or Aura	l Route Numbe	r, City or Town	, State, Zip	Code)
1 and Haalth Haalth em 27 i		Dorothy W. B	rock		2 Lin	coln A	Aver	ue	Cat	onsvil	le. Mar	vland	21228
		20e. Method of Disposition	2 D2		Piece of Dispo	sition (Nami	a of			Dete	20c. Location	City or To	own, Stata
Pages nent of I int: if Ite		1 ☑ Burial 2 ☐ Cremetion 4 ☐ Donation 5 ☐ Other			butus	Memori	ial	Park	Se	ept 28	Baltim	ore (County, MI
permit. Pages 1 and Department of Haalth Important: if Item 27 any Injury or other tr		21. Signetura of Funerel Service	a Licensee							ter Fur			
22E		D. 1	-3 h	11		2501 C	3wyn	ns Fa	ills	Parkway	7	,	
VIOLET CO		23a. Pert1. Enter the diseese,	or complications that	caused the dear	th. Do not ent	Baltin er the mode	nore of dyin	g, such as	cardiec o	nd 212 ³ or respiretory er	l 6 rest,	T	Approximete
Physician		shock, or heart teilura. L	st only one cause on	eech line.									Intervel Between Onsat and Deeth
/Medica	_	fmmediate Cause (Finei diseese or condition		0 1	. 0	L	0	0 .				i	1. 0
Examine		resulting in deeth)	a	Due to	TYC NO	Theres of).	400	(we-					cays
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certificate be executed tding physician end ise as the buriel-trensit	Examiner	Sequentially list conditions	b	Due to (or es e conseq	uence of):	ce M	naker	; /	4. Jours	Aus		Jerri.
an er		Sequantielly list conditions, if any, leading to immadieta cause. Enter Underlying Ceuse (Diseese or injury			The second second								
nysici	Medical	thet initieted events resulting in death) Last	C	Due to (c	or as a conseq	uence of):							
ntifica ng ph as ti	Jed	resulting in death) Last										i	
6.3	Sur Sur		d										
law requires that the daath of as been signed by the etten second be detached for up	Physician	Part II. Other significant condi	tions contributing to	death but not res	sulting in the ur	nderlying car	use aiva	an in Part I.		23b. Did to	obacco use co	ntribute to	o the cause of deat
t the d	hy	•	•										bably 4 ☐ Unkno
es that igned I be det	by F												,
v require been sig should b										24e. Wes	en eutopsy	24b. W	ere autopsy findings
w re	Completed									perfor	mear	CO	reilable prior to empletion of cause deeth?
0 - 0	E									1 🗆 Y	es 200 No		☐ Yes 2☐ No
		25. Was case referred to medic	ai					OF Dines	of Dooth	1		1	J Tes 2LI No
Physician: this cartific ral director,	o Be	exeminer? 1 Yes 2 No	Hospitei:	Inpatient 2	ER/Outpetien	t 3 DOA	Othe	25.	rsing Hon	(Check only or	ence 6 □Oth	ne (Canail	4.1
F FE	T:E	27. Menper of Death	28e. Dete	of Injury	28b. Time of		c. Injury Work		-	8d. Describe h	-		γ/
ding F th. After funer	tion	1 Neturel 5 Pend	9	nth, Day Year)	Injury	М			No		FA		
or Attanding after death. Director: After	Certification:	2 Accident investigation 3 Suicide 6 Could not be determined determined							2	8f. Location (Street and Number or Rural Routa Number,			
5455	ert	4 Homicide	bulk	ding, etc. (Specil	(y)	,				City or Tow			
Hospital 24 hours Funeral I		29a. Cartifier 1 Certify	ing Physician: To th	e best of my kno	wledge, deeth	occurred et	the tim	e date en	1 piece e	and due to the c	euse(s) and m	anner as s	teted
the Hospital or thin 24 hours after the Funeral Dir.	edicai		Examiner: On the	basis of axamina	tion end/or inv	restigation, l	n my or	pinion, deet	h occurre	ed at the time, d	late and piece,	and due to	the cause(s)
the the comple	Me	29b. Signatura and title of certif		TWO DEGLEGS.		29c.	Lloanse	number		2	9d. Dete signa	d (Month,	Day, Year)
1	1) = 7	Day 455	2 ~			DI	33 6	6		9/2		
NO)		SONMEZ	. M.D	- 00-1 77	Data A	اب	, , , ,	-		212	1 1	5
18	1	30. Neme end eddress of person 500 N . Re-	who completed cau	ise of deeth (Iter		Print)	21	228					
	1					the same	-1						
St Regist	ate	31. Dete tiled (Month, Day, Yea 9 / 25/76	SEP27	Registrar's Signe	Fichia Day	draw	ande	200					
110913	A SEE	, , , , , ,	V_1 N 1	BULL /		- Admin A A		-					

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State of Maryland / Department of Health and Mental Hygiene

Certificate of Death

2. Data of Daath

Day

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3. Time of Death

Physician
/Medical
Examiner

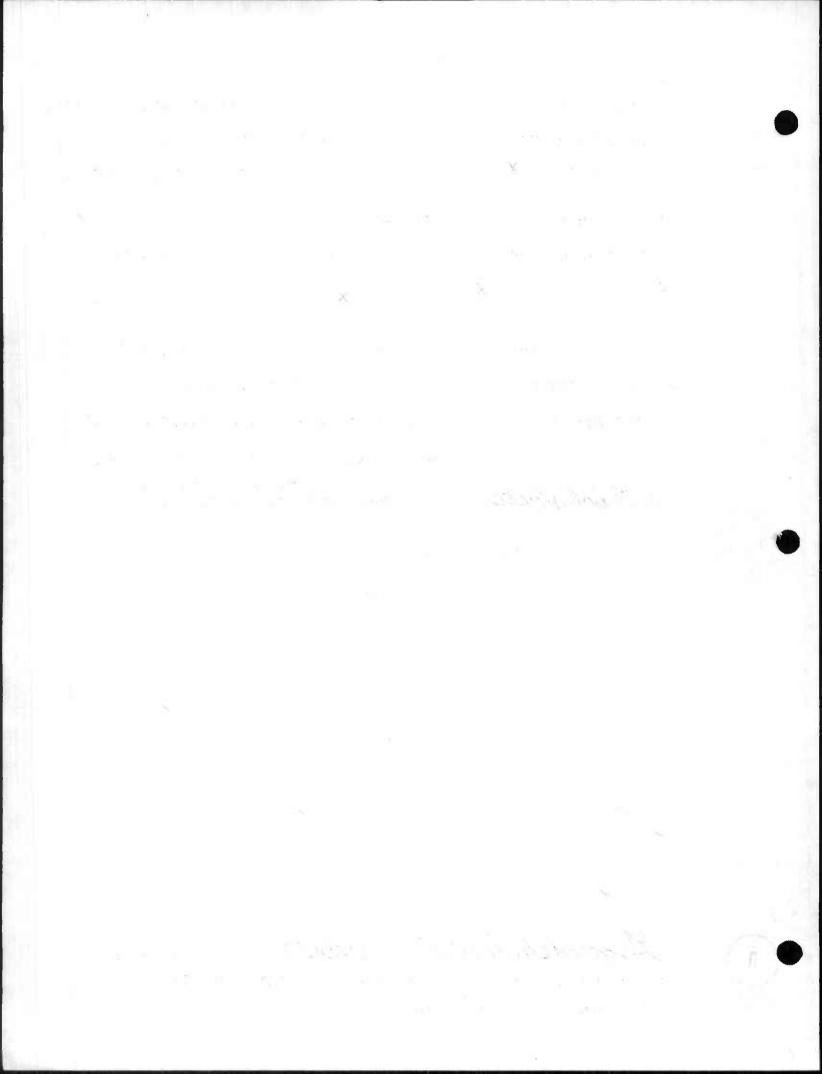
Funeral

1. Decedant's Nama (First, Middla, Last)

Director Usual Residence of Decedant the Maryland 10a State 10b. County 10c. City, Town or Location 28a-f show Examiner mant be notified at Director MD. N/A BALTIMORE 10a. Street end Numbar 10f. Zip Coda ò items 23a 830 WEST 40TH STREET 21211 Funerai 12. Was Decedent Ever in U,S. Armad Forcas? Pages 1 and 2 should be filed within 72 hours effer ient of Health end Mental Hygiena. Intern 27 Is marked other than "natural", or ite 1 Navar Marriad 2 Married 1 ☐ Yes 2 No If Yas, Giva Year or Detas: Baltimore, Maryland 21215-0020 1 ☐ Yas 2 No þ 3 ☐ Widowad 4 ☐ Divorced Completed The Medical 15. Decedent's Education (Specify only highast grada complated) 16e. Dacadant's Usual Occupation (Giva kind of work dona during most of working life. DO NOT usa ratired) Elementery/Secondary (0-12) College (1-4or 5+) 4YRS BANKING 17. Fathar's Nama (First, Middla, Last) Be OTTO E. BREGENZER 19a. Informent's Name/Ralationship (Type, Print) GEORGE THOMSEN Department of Health Important: If Itam 27 any injury or other to once. 20b. Plece of Disposition (Nema of camatary, cramatory or other plece) 20a. Method of Disposition 1 Bunal 2 □ Cramation 3 □ Ramovel from Stata 4 ☐ Donation 5 ☐ Othar (Specify) LOUDON PARK 21. Signatura of Funaral Servica Licansas 22. Nama and Addrass of Facility KILAM) **Physician** /Medical Immediata Causa (Finel disaasa or condition rasulting in daath) Examiner Examine The law requires that the death certificate be executed buriel-transit Sequantially list conditions, if eny, laading to immadiata causa. Entar Underlying Cause (Disaasa or injury that initiated avents raaulting in daath) Last P.O. Box 68760. Physician/Medical the Dua to (or as a consequanca of) USB Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Pert i. 3 Records, þ should be d Completed page 2 certificate Division of Vital or Attending Physician; funaral director. Be 25. Was casa raferred to medical axaminar? Hospital: 1 ☐ Inpatient Certification: To 1 Yas 2 No 2 ER/Outpetiant 3 DOA this 27. Menner of Death 28a. Deta of Injury (Month, Day Year) 28b. Tima of 28c. Injury et Work? 14 Neturel 5 Panding after deeth. 1 □ Yas 2 □ No investigation 2 Accidant 6 Could not be determined 3 Suicida 28e. Plece of Injury - At homa, farm, street, factory, offica building, atc. (Specify) in by 4 Homicide 24 hours Hospital 29a. Cartifian Medical within 2 To the 1 the th 29b. Signature end titla of certifiar 29c. License number 30. Nama end address of person who complated cause of death (itam 23a) (Type, Print) WALKER M.D. 3333 N. CALVERT ST. BALTO., MD. 21218. GREGORY State

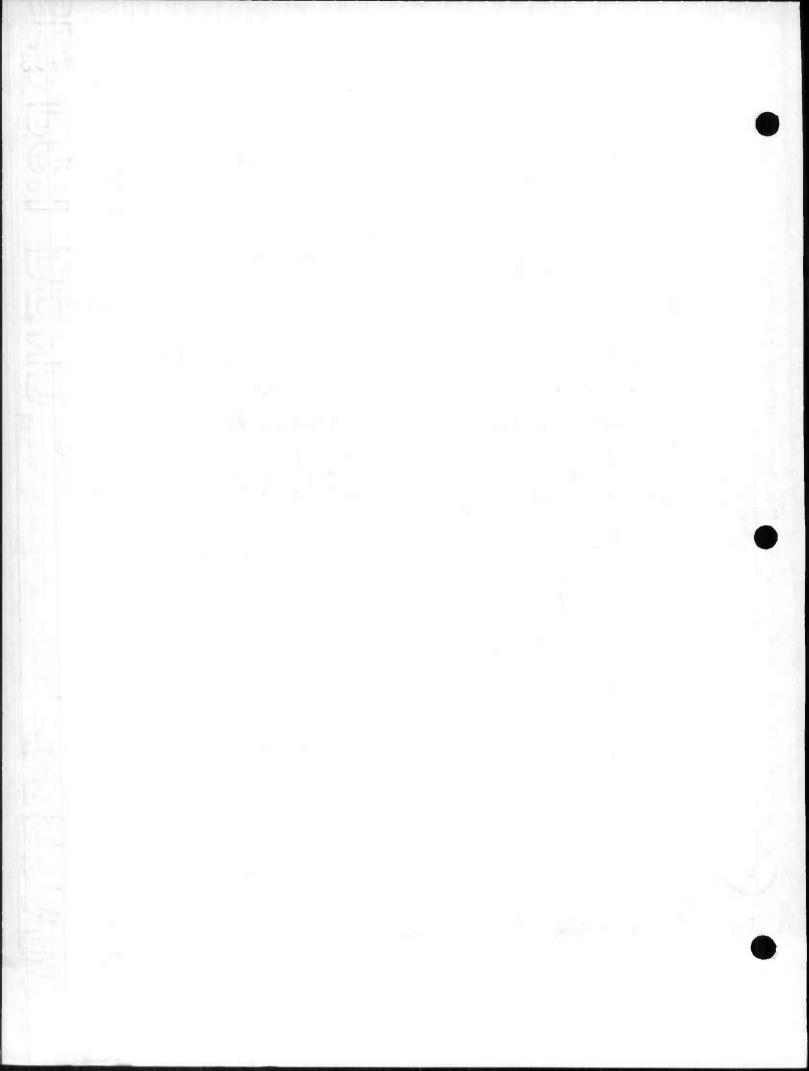
-17 LOUISE W. BREGENZER 09 -1996 1:26a 4a. Facility Name (If not Institution, give street and number) 4b. City, Town, or Location of Deeth 4c. County of Death ROLAND PARK PLACE BALTIMORE N/A If Under 1 Yaar If Undar 24 Hrs.
Months Days Hours Min. 5. Social Security Number 7. Aga (In yrs. last birthday) Birthplaca (State or Foreign Country) 1□ M 2 F Hours 213-10-3680 Yrs 91 01-18-1905 MARYLAND 10d. Insida City Limits 1 ¥Yas 2 □ No 10g. Citizan of What Country? U.S.A. Wes Decedent of Hispanic Origin? (Specify Yas or No-If Yas, specify Cuben, Maxican, Puarto Rican, atc.) 14. Rece - American Indian, Black, White, atc. Specify: WHITE 16b. Kind of Businass/Industry BANKING 18. Mothar's Nama (First, Middla, Maidan Sumema) ANNA L. GROSCUP 19b. Melling Address (Street and Number or Rurel Routa Number, City or Town, Steta, Zip Coda) NORTH CHARLES ST. BALTO., MD. 21201. 20c. Location - City or Town, Stata 09/23/96 BALTO., MD. HENRY W. JENKINS & SONS CO. 4905 YORK RD. BALTO., MD. 21212 23a. Pert1. Entar the disaasa, or complications that caused tha daath. Do not antar tha mode of dying, such as cardiac or raspiratory arrest, shock, or haart failure. List only ona causa on aach lina. Approximeta Intarval Between Onsat and Deeth 23b. Did tobacco use contribute to the cause of death? 3 Probably 4 ☐ Unknown 1 Yes 2 No 24b. Wera autopsy findings evelleble prior to completion of cause of daath? 24a. Was an autopsy performad? 1 ☐ Yas 1 ☐ Yas 2 ☐ No 26. Placa of Death (Check only ona) Othar: 4 Nursing Homa 5 Rasidanca 6 Other (Specify) 28d. Dascribe how Injury occurred 28f. Location (Streat and Number or Rural Routa Number, City or Town, Stata) 🗹 Certifying Physician: To the bast of my knowledge, deeth occurred at the time, dete end placa, and dua to tha cause(s) and mannar es stated. 2 Medical Examinar: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) end manner stated. 29d. Dete signed (Month, Day, Year)

Registrar



y be retained by the hospital or attending physician.	age 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should		be notified at once.	
L OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within a flours after death. Page 6 may be retained by the hospital or attending physician.	DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should	hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	item 28 is marked, or item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.	
TO THE HOSPITA	TO THE FUNERAL	Filed within 72	IMPORTANT: II	

m1	1 - STATE REGISTRAR 1. DECEDENT'S NAME (First, Middle, Last)	Der I	n	CATE OF DEATH	REG. 2. DATE OF DEAT		3. TIME OF DEATH				
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	1.1 11 min	1 D M 2 PF 7/	YRS. M	F UNDER 1 YEAR IF UNDER 24 HR: ONTHS DAYS HOURS MIN	April 2		BIRTHPLACE (State or Foreign				
DIRECTOR	9 VINGTON KNO	timore									
	106. STATE 106. COUNTY 21228 USA 106. CITY, TOWN OR LOCATION 104. INSIDE CITY LIBERTS 11 YES 2										
FUNERAL	501 Dolphin	157,		101. ZIP CODE 2121	7	U	19: A				
BY	11. MARITAL STATUS 1 Never Married 2 Merried 3 D Widowed 4 Divorced	12. WAS DECEDENT EVER IN FORCES? 1 YES IF YES, GIVE WAR OR DAT	2 PNO	13. WAS DECENDENT OF HIS If yes, specify Cuben, Mei 1 YES 2 NO Spe	don, Puerto Rican, etc		RACE — American Indian, Black, White, etc.				
PLETED	15. DECEDENT'S EDUCA (Specify only highest grade of Elementary/Secondary (0-12)	College (1-4 or 5+)	Give kind of won	k done during most of working	16b. KIND OF	BUSINESS/INDUS	TRY				
E COMP	17. FATHER'S NAME (First, Middle, Last)	ROWINI	<u> </u>	18. MIGHEN'S	NAME (FUT) MOSTIC MI	IN THE T	ANL				
0 8	19a INFORMANT'S NAME (Krappells)										
1	20s. METHOD OF DISPOSITION 1 METHOD OF DISPOSITION 4 Donation 5 Of Other (Specify)	wi from State	V. SUPPRES OF COS	DISPOSITION / Warge of	alandar 20	ROLLING - CH	or Town Otata				
	21. BIGMATURE ON STHERAL BERVICE LICE	met /	- 4.6.67.	22. NAME AND ADDRESS OF	TAPOPT	MERA/	HOME VIA				
	23. PARTA. Error the diseases, or co	mplications that caused	the death. Do not	270 FRET	HUTON I	MERA/ ASS PA	Approximate				
	· Sun 1971	mplications that caused at only one cause on ear Me to Ste	ch line.	270 FRET			Interval Betw				
	23. PARTY. Error the diseases, or co shock, or heart failure. U IMMEDIATE CAUSE (Final disease or condition	mplications that caused at only one cause on ear Me to Ste Due to (or as a of Due to (or a) Du	etic E	270 FRET			Interval Betw				
CEMIN	23. PARTY Enforths diseases, or constitute. Li IMMEDIATE CAUSE (Final disease of condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events	mplications that caused at only one cause on ear to one as a control of the contr	CONSEQUENCE OF):	enter the mode of dying, a	In Part I. 24a. W		Interval Betwonset and Dr.				
MEDICAL CERTIFI	23. PARY L Enfor the diseases, or constant shock, or heart failure. Li IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	mplications that caused at only one cause on ear to one as a control of the contr	CONSEQUENCE OF):	enter the mode of dying, a	In Part I. 24a. WA	A AN AUTOPSY	Interval Betw Onset and D 5 (J & C) 24b. WERE AUTOPSY FINDI AMALABLE PRIOR TO				
MEDICAL CERTIFI	21. FARTY Emily the diseases, or constant, or heart failure. Li immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other significant conditions.	DUE TO (OR AS A COntributing to death bu	CONSEQUENCE OF): CONSEQUENCE OF): CONSEQUENCE OF): CONSEQUENCE OF):	enter the mode of dying, and the underlying cause given	In Pert i. 24a. WA PE	S AN AUTOPSY REFORMED?	24b. WERE AUTOPSY FINDI AMAILABLE PRIOR TO COMPLETION OF CAUM OF DEATH?				
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DIVISION OF VITAL

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be writin 72 hours after death with the 20-per, of Health and Mental Hygiene prior to burial, cremated.

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND	MENTAL HYGIENE
CERTIFICATE OF DEATH	BEG NO

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4 Homicide determined City or Town, State)									
29e. CERTIFIER (Check only one) 29e. CERTIFIER (Check only one) 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and manner as stated.									
2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and place, and dus to the cause(s) and menner as star 29b. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER 29d. DATE SIGNED (Mighth, Day, Veer)									
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0 W 17 760 M M M M M M M M M M M M M M M M M M M									
30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Typo, Print) WHFOArd MD 3223 Mais St Marchester Md 21102									
WILLOARD 32 13 Mais ST MANCHESTER MA 2110									

Please Type or Print in Black Indelible ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene

ITEM#20b 9/27/96ag perFH g739

Certificate of Death

Reg. No.

1. Decedant's Name (First, Middle, Last) 28795 3. Time of Death Sept Charles 24 4a. Facility Nama (If not Institution, give street and number) 4b. City, Town, or Location of Death 4c. County of Death BALTIMORE LEVINDALE NURSING Home NA If Under 1 Yaer | If Under 24 Hrs. 6. Data of Birth (Month, Day, Year) 5. Social Security Number 7. Age (In yrs. last birthday) Birthplace (Stata or Foreign Country) 213-32-9223 Houre 1 M 2 F 58 Yrs MAY 24, 1938 MARYLAND Usuel Rasidence of Dacedent 10a Stata 10b. County 10c. City, Town or Location 10d. Inside City Limits 1 Vas 2□No BAUTIMORE CITY MARYLAND 10a. Street and Number 10f. Zip Code 10g. Citizen of What Country? 2104 W. SARATOGA STREET 2182 12. Was Decedent Evar in U,S Armed Forces? 13. Wes Decedent of Hispanic Origin? (Specify Yas or No-If Yas, specify Cuban, Mexican, Puerto Rican, atc.) 14. Race - Amarican Indian, Black, White, atc. 1 ☐ Yas 2 ☑ No If Yes, Give Yaar or Datas: 1 Mayer Merried 2 ☐ Merried Specify: RLACK 1 ☐ Yas 2 ☑ No Specify: 3 ☐ Widowed 4 ☐ Divorced 16a. Decedant's Usual Occupation
(Giva kind of work dona during most of working life. DO NOT usa retired) 15. Decedant's Education (Specify only highast grada completed) 16b. Kind of Business/Industry Elamantary/Secondary (0-12) Collega (1-4or 5+) SPRINGROVE HOSPITAL 9TH GRADE Service Worker 18. Mother's Name (First, Middla, Malden Sumama) 17. Fathar's Name (First, Middla, Last) EUZARETH MAY CHARMES PATTLE CHARLES WINFIELD 19a. informant's Name/Ralationship (Type, Print) 19b. Mailing Address (Street end Number or Rural Routa Number, City or Town, State, Zip Code) 4003 WABASH AVE., BALTIMORE, ND. 21215
ce of Disposition (Name of party of company of other place)

10 / Pate 06

20c. Location - City or Town, State WARREN AGAR (BROTHER) 20a. Mathod of Disposition

1. Buriai 2 Crametion 3 Ramoval from Stata 19/30/96 KING MEMORIAL PARK 9-27-96 WOODLAWN, MD. 4 Donation 5 Othar (Specify) 21. Standing of Funeral Service License JOSEPH H. DROWN JR. FUNERAL HOME, P. A. 23a. Part1. Entar the diseasa, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest,

Approximate

Approximate Squamous Cell Career immedieta Causa (Final disease or condition resulting in deeth) Dua to (or as a consequence of) Dua to (or as a consequence of) 23b. Did tobacco use contribute to the cause of death? 1 ☐ Y88 2 ☐ No 3 Probably 4 Unknown 24b. Ware sutopsy findings evallable prior to 24a. Was an autopsy performed? Grade + Sacral pressure sore

Physician /Medical Examiner

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physician s the burial

been signed by the should be detach

this funeral

To the Hospital or Attending Physibin 24 hours after death.
To the Funeral Director: After the completaly filled in by the funera

P.O. Box 68760

Division of Vital Records.

Physician

/Medical

Examiner

Director

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Completed

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Examiner

Physician/Medical

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Be

Certification:

Medical

Funeral

Director

item 27 is marked other than "natural", or items 23a or 28a-f sho other traumade event, the Medical Examinal must be notified at

pemit. Pages 1 and 2 should be filed within 7 Department of Health and Mental Hygiene. Important: if them 27 is marked other than "n any injury or other traumatic avant.

the Maryland

with

Baltimore, Maryland 21215-0020

Sequantially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or Injury that initiated avents resulting in death) Last

Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I.

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25. Was casa rafarrad to madical axaminar? 27. Manner of Death 1 Natural 5 Pending

Hospital: 1 Inpatient 2 ER/Outpetient 3 DOA

28a. Place of Injury - At home, ferm, street, fectory, office building, atc. (Specify)

28c. injury et Work? 28b. Tima of 1 ☐ Yas 2 ☐ No

Other: 4 Nursing Homa 5 Rasidence 6 Othar (Specify) 28d. Dascribe how injury occurred

26. Place of Daath (Check only ona)

28f. Location (Street and Number or Rural Route Number, City or Town, Stata)

29a. Cartifier

2 Accidant 3 ☐ Suicida

4 Homicida

1 Certifying Physician: To tha best of my knowledga, daath occurred at tha tima, data and piece, end due to the causa(s) end mannar as stated.

2 Medical Examiner: On tha basis of axaminetion and/or invastigation, in my opinion, daath occurred at the time, dete and place, and dua to the cause(s) and menner stated.

29b. Signeture end title of certifian

6 Could not be determined

29c. Licanse number D23767 29d. Data signad (Month, Dey, Year)

30. Nama and address of person who completed causa of death (Itam 23a) (Type, Print) 2434 WERTHEINER 5

W. Belleder Ave. Batto TH 21215

State Registrar

31. Dete filed (Month, Day, Year) 32. Registrer's Signatura SEP 27 1996

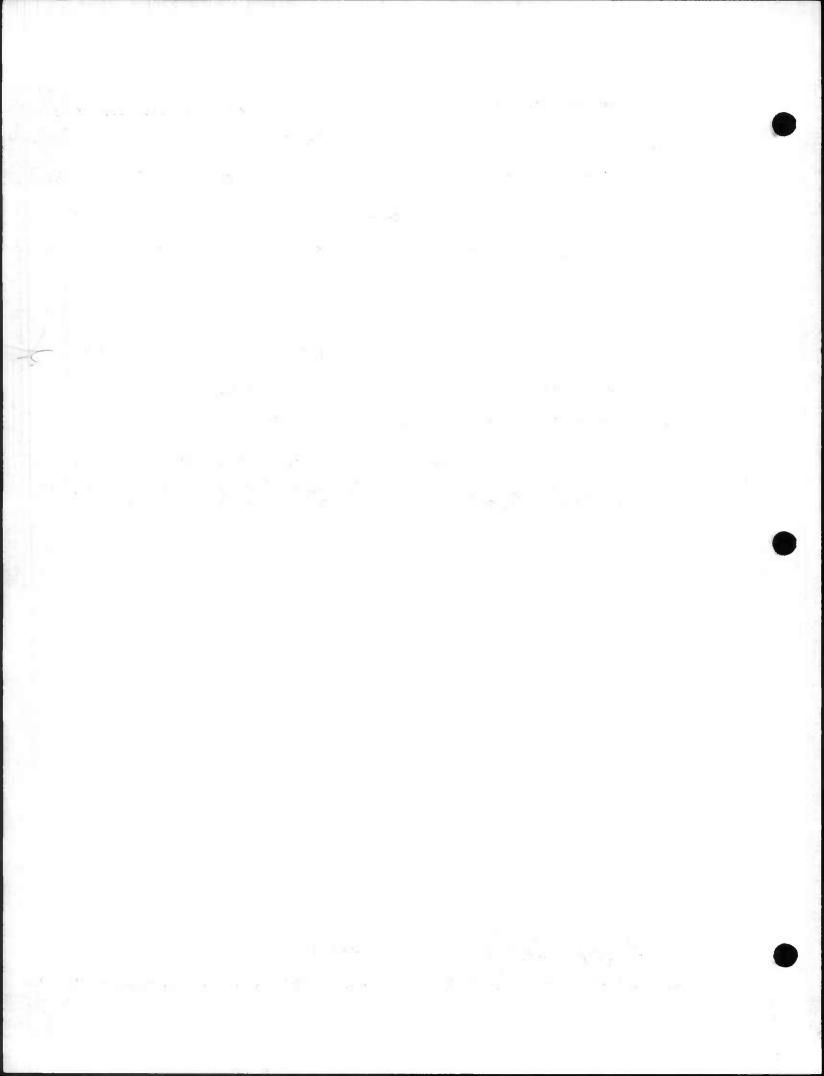
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State of Maryland / Department of Health and Mental Hygiene 96

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	Physic /Medi		1. Decedent's Name (First, Middle, Robin Denise	Last) Balonis						2. Date of Dea Month Septemb	Day	Year 1996	3. Time of Death 0245 PM
	Exami		4a. Facility Nama (If not institution,	giva street and nu	m <i>ber)</i>				b. City, Town, or Lo		4c. County		02.13.11
			St. Agnes Hosp:				William		Baltimore		n/a		
	Funeral Director		216 72 2725	6. Sex 1□ M 2□√F	7. Aga (In yrs.	10 Yrs.	If Under 1 Y	ays	If Under 24 Hrs. Hours Min.	8. Data of Birti (Month, Day Nov. 2	v, Year)	9. Birthpl Coun	lace (State or Foreign try) MD
d 21215-0020 filed within 72 hours after death with the Maryland Hygiene. ther than "netural", or frame 23e or 28e-f show ent, the Medical Examiner must be notified at		Usual Residence of Decedant 10a. Stata 10b. County		10c. Cit	ty, Town or Lo	cation					10	Od. Inside City Limits	
	0	MD			Baltim	ore						1 No Yes 2 No	
	al Director	10e. Street and Number 6630 Eberle Dr	. Apt.	102	-	10f. Zip Co	Coda 21215			10g. Citizen of What Country?			
020	i within 72 hours after deathiene. iene. than "netural", or Itama 2 the Medical Exertner ma	by Funeral	11. Maritai Status 1 □ Never Married 2 □ Marrie 3 □ Widowed 4 1 Divorced	Armed Fo	2 No ∕e	1	Vas Decedent f Yes, specify I ☐ Yes 2 🛭		spanic Origin? (Spen, Maxican, Puarto	ecify Yas or No- Rican, atc.)	14. Rac Bia Specifi	ce - America ck, Whita, e y: Wh	
5-0	netural',	ted	15. Decedent's (Specify only highast	Education areda completed)		16a. Deced	ient's Usual O	ccupa	ation luring most of worki	ina	16b. Kind of B	usiness/Ind	iustry
121	within ene.	Completed	Elementary/Secondery (0-12)	Collega (1-4or 5+)					,,9	2020	truct	ion
Maryjand 21215-0020	S la b y	Be	12 17. Father's Nama <i>(First, Middle, L</i> Edward Balon		-	Aspes	stos Re	emov	18. Mothar's Name		Maiden Suman		1011
Z	d 2 should by th and Menta 7 is marked traumatic ex	To	19e. Informent's Name/Relationshi			10h Mailie	na Address (S	troof s	Ind Number or Rure	Hekler		Ctate Zin	Code
Ma	478		Brenda Sandova		er		-		Dr. Apt.		-		
re,	- H E A		20a. Method of Disposition		20b. F	Place of Dispo				Data	20c. Location		
E	Pages nent of I int: If its		1 ☐ Burial 2 ☐ Cremation 3 4 ☐ Donation 5 ☐ Other (Spe		State	-				/28/96	Beltsvi	lle.	Md. 20705
Baitimore,	permit. Pages Department of Important: If it any injury or once.		21. Signature of Funeral Service Li		/				S of Facility UFMAN FUN				
œ	88 5 8		· mm	- 113	Lane	56	ART L. 895 MAT	TN -	ST., ELKR	TOGE N	IME UF E	:LKKIL	IGE, INC.
			23a. Part1. Enter the disease, or of shock, or heart failure. List of	omplications that only one cause on e	aused the deat	th. Do not ente	er the mode of	f dylng	g, such as cardlec o	or respiretory ar	rest,		Approximate Interval Between
	Physician /Medical	Immediate Cause (Finel Disseminated intravascu											Onsat and Death days
В	Examiner	L	resulting in death)	a	Due to (d	or as a conseq	uence of):						
	b it	Examiner		b. Seps:	is							(days
	icate be asscuted physician and s the burial-transit	xan	Sequentially list conditions, if any, leading to immadiate cause. Enter Underlying Cause (Disaasa or injury		Dua to (d	or as a conseq	uence of):						
68760,	s be a sician burie		cause. Enter Underlying Cause (Disaasa or injury that initiated events	c. Cell	ulitis	alle messa area	200000						3 days
	certif ding	VMedical	resulting In death) Last Due to (or as a consequence of):										
Box	death cer e attendin ed for use	Physician/	Part II. Other significant condition	a confributing to de	aath huf not rae	ulting in the ur	deriving caus	e alve	an in Part I	23h Did t	obacco usa co	ntribute to	the cause of death?
P.0	£ +8	hys											ebly 4 Unknow
	es that i igned by be deta	by F	History of intr	avenous	arug ab	use; si	tatus p	oos	<u>t</u>				
Cord	aw requir	Completed	splenectomy							24a, Was a	an autopsy med?	cor	ere autopsy findings allable prior to appletion of cause death?
	0 - 8	E O								1 2 3 y	res 2 No	12	Yes 2□ No
Vitai		Be	25. Wes case referred to medical examiner?						28. Place of Death	(Check only o	ne)		
of \	S 50	2	1 Yas 2 No		Inpatient 2	ł .		Othe	4 Li Nursing no)
	Ing P	ion:	27. Manner of Death 1 ☑Naturat 5 ☐ Pending		of Injury th, Day Year)	28b. Time of Injury		Injury Work		28d. Describe h	now injury occur	red	
Sic	Attending r death.	cat	2 Accident investiga 3 Suicida 6 Could no	t be	41.1 411		М		res 2 No	206 Location (6	Name of the second		/ Cauta Mumbas
Division	P # 7 E	ertification:	3 ☐ Suicida 6 ☐ Could not be determined 28e. Place of Injury - At home, farm, street, fa building, etc. (Specify)						factory, office 28f. Location (Street and Number or Ru City or Town, State)				Houte Number,
	To the Hospital or Att within 24 hours after of To the Funeral Direct completely lilled in by	edicai C	29a. Certifier (Check only one) 1 Certifying 2 Medical E	caminer: On the be	best of my kno asis of examina ner statad.	owledge, death ition and/or inv	occurred et the	he tim my op	e, date and place, of	and due to the ded at the time, d	cause(s) and midate and place,	anner as at and due to	ated. the cause(s)
	Vithin Vithin To the	Me	29b. Signature and title of certifier		1		29c, Li	icense	number		29d. Date aigne	d (Month, I	Day, Year)
			1 / Llyh	25ml	and		D43	345	3				
	/		30. Name and address of person w	no completed caus	e of death (Item	n 23a) (Type,	Print)		000				MD 21220

State Registrar



State of Maryland / Department of Health and Mental Hygiene

Certificate of Death 1. Decedent's Nama (First, Middle, Last) 2. Date of Death **Physician** Month H.10 P.M acque /Medical 4a. Facility Name (Innot institution, give street and number 4b. City, Town, or Location of Death 4c. County of Death **Examiner** St. Agnes Hospital Baltimore Baltimore City 5. Social Sacurity Number If Under 1 Yaar If Under 24 Hrs. 7. Age (In yrs. last birthday) 8. Date of Birth (Month, Day, Year) Birthplace (Stata or Foreign Country) **Funerai** ¥ M 2□ F Months Days Yrs. Director 220-16-3577 71 Nov. 12, 1924 Maryland Usual Residence of Deceden death with the Maryland 10a. State 10h. County 10c. City, Town or Location 10d. Inside City Limits show r than "natural", or items 23s or 28s-f short and Medical Examiner must be notified at Baltimore MD Catonsville 1 ☐ Yes 2 No Director 10e. Street and Number 10f. Zip Coda 10g. Citizen of What Country? 315 Ingleside Avenue 21228 U.S.A. Funeral **Items** 12. Was Decedent Ever In U,S. Armed Forces? 1 ☐ Yes 2 ☐ No If Yes, Give Was Dacedent of Hispanic Origin? (Specify Yes or No If Yes, specify Cuban, Mexican, Puerto Rican, etc.) 14. Race - American Indian, Black, White, etc. Pages 1 and 2 should be filed within 72 hours after 1 Nevar Married 2 Married 21215-0020 1 ☐ Yes 2 No Specify: Completed by Specify 3 ☐ Widowed 4 ☐ Divorced White 16a, Decedent's Usual Occupation (Giva kind of work done during most of working lifa. DO NOT use ratired) 15. Decedent's Education (Specify only highest grada completed) 16b. Kind of Business/Industry Hygiene. Elamantary/Secondary (0-12) Collage (1-4or 5+) 6 Carpenter Construction other Baltimore, Maryland 17. Father's Name (First, Middle, Last) permit. Pages 1 and 2 should be file Department of Health and Mental Hy Important: If item 27 is merked otherny injury or other traumetic eventone. 18. Mother's Name (First, Middle, Maldan Surname) Be 2 Nimrod Barnhart Myrtle Unknown 19a. Informant's Name/Ralationship (Type, Print) 19b. Mailing Addrass (Street and Numbar or Rural Route Number, City or Town, Stata, Zip Code) 315 Ingleside Avenue, Baltimore, MD 21228

20b. Place of Disposition (Name of Date 20c. Location - City or Town, State Forest Haven Nursing Home Piace of Disposition (Name of cemetery, crematory or other place) 20a. Mathod of Disposition 1 ☐ Burial 2 ☐ Cremation 3 ☐ Removal from State 4 ☐ Donation 5 ☐ Other (Specify) Springfield Cemetery 9/26/96 Sykesville, MD 21. Signature of Funeral Service Licensee 22. Name and Addrass of Facility HAIGHT FUNERAL HOME & CHAPEL (P.O. Box 195) 23a. Part1. Entar the disease, or complications bat caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrast, shock, or heart failura. List only one cause on aach line. Approximate Interval Between Onsat and Death **Physician** /Medicai Immediata Cause (Final PNEUMONIA days disaase or condition rasulting in death) Examiner Due to (or as a consequence of) Examiner SEPSIS days The law requires that the death certificate be executed as the bunal-transit Sequantially list conditions, if any, leading to immediate cause. Entar Underlying Causa (Disaase or Injury and Due to (or as a consequance of): P.O. Box 68760. attending physician Physician/Medical that initiated avants resulting in death) Last Dua to (or as a consequence of) for use ed by the a Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 23b. Did tobecco use contribute to the cause of death? signed by 1 Yee 2 No 3 Probably 4 Unknown - N/A -Division of Vital Records, by 24b. Ware autopsy findings available prior to completion of cause Completed 24a. Was an autopsy of death? this certificate has 1 Yes 2 No 1 ☐ Yes 2 1 No or Attending Physician: Be 25. Was case referred to medical 26. Place of Death (Check only one) Hospital: Other: 4 Nursing Home 5 Residence 6 Other (Specify) 10 1 Yes 21 No 1 ☐ Inpatient 2 ☐ ER/Outpatient 3 ☐ DOA Certification: 27. Mannar of Death Data of Injury (Month, Day Year) 28c. Injury at Work? 28d. Describe how injury occurred After ! 1 Natural 5 Pending invastigation after death. NIA 1 ☐ Yes 2 ☐ No 2 Accident 6 ☐ Could not be datarmined 3 Suicide Place of Injury - At home, farm, street, factory, office building, etc. (Specify) 28f. Location (Straat and Number or Rural Route Number, City or Town, State) 4 Homicide To the Hospital of within 24 hours a To the Funeral D 1 Certifying Physician: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(s) and mannar as stated.

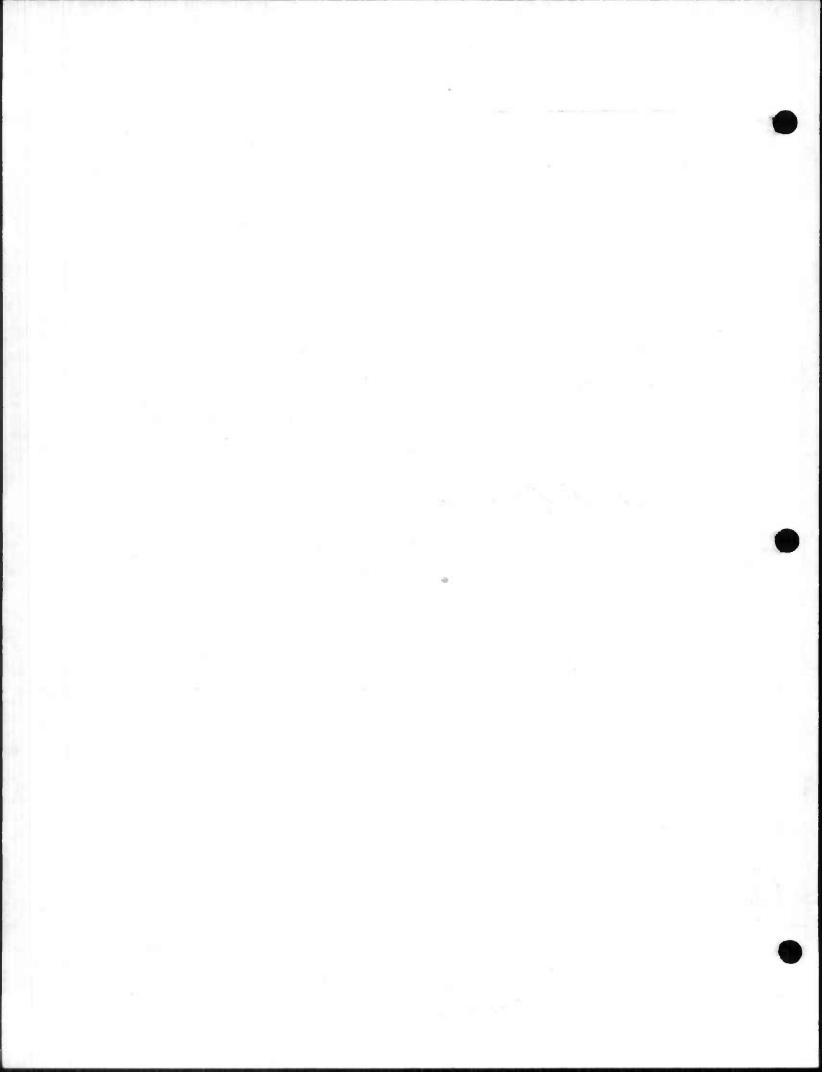
2 Medicat Examiner: On the basis of examination and/or invastigation, in my opinion, death occurred at the time, date and place, and due to the causa(s) and manner stated. Medical 29a. Cartifier (Check only one) 29b. Signature and titia of certifier 29c. Licensa number 29d. Data signed (Month, Day, Year) (RESIDENT) ST. AGNES HOSPITAL 30. Nama and address of person who completed causa of death (Item 23a) (Type, Print) ,900 S. CATON BALTIMORE M.D. 21229 MEHRA AVE 31. Data filed (Month, Day, Year) SEPS 7 1996 32. Registrar's Signature State

Registrar

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Physic /Medi			CLAGETT				2. Dete of De Month	BED Dey 25	Year	ma of Death 45A·M
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th with the Mary 23s or 28s-f sh	Funeral Director	10e. Street and Number 8381 Sycamore			01. Zlp Code 21108			10g. Citizen of V	Whet Country?	
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be file doth	To Be C	17. Father's Nama (First, Middla, Last) FREDRICK BIEN				18. Mother's New KATHER	ma (First, Middle			
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Baltimore, Nemit. Pages 1 and Populment of Health Important; if Item 27 my Injury or other totals.		20a. Method of Disposition 1. Burial 2 □ Cremation 3 □ Ramova 4 □ Donation 5 □ Other (Specify)	from State 20b. Plece of Commatary,	cremator	y or other place		Date 1-27-96		City or Town, Ste	
Balt permit. Depart import any inj		21. Signature of Funeral Service Unassee	Karla Je.			s of Facility FINK FUI Luny SW			D 21061	
Physician // Medical Examiner per sector of as the burial-transit of as	Medical Examiner	23a. Part1. Entar the disease, or implications shock, or heart feilure. List only one cause Immediate Cause (Final disease or condition resulting in death) Sequentially list conditions, if any, leeding to immediate cause. Enter Underlying Cause (Disease or Injury thet initiated events resulting in death) Last	ACUTE REDue to (or es e co	N Annsequence	L F se of): ovarry	FAILUR		11031,	Inlervi Onset	ximate al Between and Death
is, P.O. Box 6: res that the death certific res that the attending p igned by the attending p	Physician/M	Part II. Other significant conditions contributing	g to death but not resulting In t	he underly	ying cause give	en in Pert I.		tobacco use so Yss 2 No	ntributs to the ca	
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(101)	edical	one) 2 Medicat Examiner: On	To the best of my knowledge, of the basis of examination and/of manner stated.	or Investig	getion, in my op	Inlon, deeth occu	rred at the time,	dete and pleca,	anner as stated. and due to the ca	use(s)
0 10 8	Σ	29b. Signatura end titla of certifier	Ua: N		29c. Licansa	-		-	d (Month, Day, Yo	
6		30. Name end eddress o) person who complete	- 2 - 11	/pe, Print)	0 43°	11/ 1005 P-	LONI A	SUP M	16125 10 210	1996
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State of Maryland / Department of Health and Mental Hygiene 96

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re, Maryland 21215-0020 and 2 should be filed within 72 hours after death with the Maryland Health and Mental Hygiene. In any 27 is marked other than "natural", or itema 23a or 28a-f show other traumatic event, on Medical Examinar must be notified as		MD Anne Ar	undel	Mille	rsville							1 ☐ Yas 2 ☐ No
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Dep dem dem		1/11/	1%.		Hardes	sty Fu	neral 1	Home, I	A.			
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e law requires met ma daam has been signed by the etter ya 2 should be detached for u	by	Part II. Other eignificant conditions or		not rasuiting			in in Part I.	248.	1 ☐ Yes Was an aut performed?	2□ No	3 Probate 24b. Wara availa comp of date	autopsy findings able prior to lation of cause ath?
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ITEM: 24a, 25,27,29a, film 739 CB per Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. 9-27-96 eoh State of Maryland / Department of Health and Mental Hygiene Certificate of Death 3. Time of Death 2. Data of Death 1. Decedent's Name (First, Middle, Last) Month **Physician** Bady avahava /Medical 4a. Facility Name (If no institution, give street and number) 4b. City, Town, or Location of Death 4c. County of Death **Examiner** Battomore Beltomore Hayland Sax 7. Age (UNIUNSIT fl Under 1 Year | If Under 24 Hrs. | 8. Date of Birth (Month, Day, Year) 7. Age (In yrs. last birthday) Birthplaca (Stata or Foraign Country) **Funeral** Days 1 M 200 F Months Yrs. n/a Director Maryland Apr. 6, 1996 Usual Residence of Decedent 10b. County 10c. City, Town or Location 10s. State 10d. insida City Limits r than "natural", or lients 23a or 28e-f show the Medical Examinar must be notified at Maryland Prince George's Hyattsville 1 Yes 2 No Director 10e, Street and Number 10f. Zip Code 10g. Citizen of What Country? 5245 Kenilworth Avenue-#204 20781 U.S.A. Funeral 14. Race - American Indian. 12. Was Decedent Ever In U,S. Armed Forcas? Was Dacedant of Hispanic Origin? (Spacify Yas or No-if Yas, specify Cuban, Mexicen, Puerto Rican, etc.) Black, Whita, etc. 1 Yes 2 No If Yes, Give Year or Dates: 1 XNever Married 2 Married Maryland 21215-0020 1 ☐ Yea 2 ☐ No Specify: specify: Black by 3 ☐ Widowed 4 ☐ Divorced Completed 16b. Kind of Busineas/Industry 15. Decedent's Education (Specify only highest grade completed) 16a. Decedent'a Uauai Occupation (Give kind of work done during most of working life. DO NOT usa retired) Hygiene. College (1-4or 5+) Elementary/Secondary (0-12) n/an/a n/a h and Mental Hygie 7 is marked other t filed 17. Father's Name (First, Middle, Last) 18. Mother'a Name (First, Middle, Maidan Surnama) 2 unknown Arkiea Cavanaugh ploods 2 19b. Malling Addrass (Street and Number or Rural Route Number, City or Town, Stata, Zip Code) 19a. Informant's Name/Relationship (Type, Print) Arkiea Cavanaugh/Mother 5245 Kenilworth Avenue-#204-Hyattsville, MD. 20781 Health Hern 27 altimore, 20b. Place of Disposition (Name of cemetery, crematory or other place) 20a. Method of Disposition 20c. Location - City or Town, State Pages ment of Department of Important: If It any injury or o 1 ☐ Burial 2 ☐ Cremation 3 ☐ Removal from State 4 IXDonation 5 ☐ Other (Specify) 22. Name and Address of Facility
State Anatomy Board-655 W. Baltimore Street 21. Signature of Funeral Service Lic oseph B. VanSant Part Enter the disease, or complications their caused the death. Do not enter the mode of dying, such as cardiac or respiratory errest, shock, or heart failure. List only one cause on each line. 21201-1559 Approximata Interval Between Onset and Death Physician Immediate Cause (Final disease or condition resulting in death) /Medical Examiner Examine Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or injury gud the attending physician 8 Physician/Medical that initiated events resulting in death) Last 96 8 Box 997 23b. Did tobacco use contribute to the cause of death? P.O. Part II. Other significant conditions contributing to death but not resulting in the underlying ceuse given in Part I. yd bengie 1 Yes 2 No 3 Probably 4 Unknown Records, by 9 24b. Were autopsy findings available prior to completion of cause of death? 24a. Was an autopsy performed? Completed peeu certificate has edad Y□ Yes 2 No 1 ☐ Yes 2 ☐ No Vital 25. Was case referred to medical 8 26. Placa of Death (Check only ona) Hospital: 1 Inpatient Othar: 4 Nursing Homa 5 Residence 6 Other (Specify) 1X Yes 2 No 2 ER/Outpatient 3 DOA 20 to 200 28c. Injury at Work? 27. Manner of Death 28b. Time of 28d. Describe how Injury occurred Certification: Affec Division 5 Pending investigation 1 X Natural death. 1 Tes 2 No 2 Accident or Attend after death Director: 8 6 ☐ Could not be 28f. Location (Street and Number or Rural Route Number, City or Town, State) 3 Suicide 28e. Place of Injury - At homa, farm, street, factory, office building, etc. (Specify) Illied in by 4 Homicide To the Hospital within 24 hours a To the Funeral D 29a, Certifier 1 Cortifying Physician: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(s) and manner as stated.

2 Medical Examiner: On the basic of examination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(a) and manner stated. Medical (Check only one) 29d. Data signed (Month, Day, Year) 29b. Signature and

completed cause of death (Item 23a) (Type

vda

31. Date filed (More), Day, Yai

SEP 2 7 1996

State Registrar

State of Maryland / Department of Health and Mental Hygiene 96

28801

		ertificate of Death	Reg. No.	
Physician	1. Decedent's Name (First, Middle, Last) BABY BOY COHEN	TERRY	2. Date of Death Month Day Yes	3. Time of Death
/Medical	4a. Facility Neme (If not institution, give street and number)	4b. City, Town, or L	ocation of Death 4c. County of De	0 10 71
Examiner	Sinal Hospital of Bal	L' 40 (F Balto (4c. County of Di	ean
neral	5. Social Security Number 6. Sex 7. Age (In yrs. last birthda	y) If Under 1 Yeer if Under 24 Hrs.	8. Date of Birth (Month, Day, Year) 9. 8	Birthplace (State or Foreign Country)
ctor	N/A 1□M 2□F Yrs.	Months Days Hours Min.	JUNE 5th 96 Rd	R HO MARYLAND
	Usual Residence of Decedent 10a. Stete 10b. County 10c. City, Town or	Landin		
by Funeral Director		Location		10d. Inside City Limits 1 ☑ Yes 2 ☐ No
Director	10e. Street and Number	10f. Zip Code	40- 0%	
급	AMILA WAKE TALA DA	7 7 7 7	10g. Citizen of What	Country?
Funeral	11. Meritel Stetus 12. Wes Decedent Ever in U.S. 13	3. Was Decedent of Hispanic Origin? (Sr	pecify Yes or No- 14. Race - A	merican indien,
Fun	Armed Forces? 1 Never Merried 2 Married 3 Widowed 4 Divorced Armed Forces? 1 Yes 2 No	3. Was Decedent of Hispanic Origin? (Spirit Yes, specify Cuban, Mexican, Puerto	o Rican, etc.) Black, W	
þ	3 Widowed 4 Divorced If Yes, Give Year or Dates:	1 ☐ Yes 2 ☑ No Specify:	Specify:	STACK
Completed	15. Decedent's Education 16a. De (Specify only highest grade completed) (Gi	pedent's Usuai Occupation we kind of work done during most of work	16b. Kind of Busine	ss/Industry
du	Elementery/Secondary (0-12) College (1-4or 5+)	. DO NOT use retired)	1//	4
		10 Methodo New	ne (First, Middle, Maiden Surname)	7
B B		18. Mother's Nam	(First, Middle, Malden Sumame)	HEN
2		Illing Address (Street and Number or Ru.	m Pouto Number City or Town State	7 Zin Codel
	TERRY COHEN-MOTHER 4	ILL LIAVEE'S A	RD BOLLO HD	21716
	20a, Method of Disposition 20b, Place of Dis	position (Name of	Date 20c. Location - City	or Town, State
	1 Burial 2 Cremetion 3 Removal from State 4 Donetion 5 Dother (Specify) Hospital Company Compa	remetory or other place)	6/78/ BAHIN	ARE MARILAN
	21. Signature of Funerel Service Licensee	22. Name and Address of Fecility	10 405 2 101	The state of the s
Suca	dive these	2401 1. Balver	VAI MUSPITAL	
	23a. Part1. Enter the disease, or complications that caused the death. Do not one	enter the mode of dying, such as cardiac	or respiratory arrest,	Approximeta Intervel Between
an	shock, or heart failure. List only one ceuae on each line.			Onset and Death
al	tmmediate Cause (Final disease or condition	RI+1		
er	resulting in death) a. Due to (or as a cons	equenca of):		
line	- Preterm	1 A bok		
Examiner	Sequentially list conditions, if any, leading to immediate cause. Enter Underlying	equenca of):		
	Cause (Diseese or Injury			
VMedical	resulting in deeth) Last Due to (or as a cons	equence of);		
-	d			
Physician	Part II. Other significant conditions contributing to death but not resulting in the	underlying cause given in Pert I.	23b. Did tobacco uee contribe	ute to the cause of death?
, t		and the state of t	1	Probably 4 Unknown
by				
			24a. Was an autopsy performed?	b. Were autopsy findings available prior to
ple	4			completion of cause of death?
Completed			1 □ Yes 2 No	1 ☐ Yes 2 ☐ No
Be	25. Was case referred to medical examiner?		th (Check only one)	
2	1 Yes 20 No Hospital: 1 In topatient 2 ER/Outpat		ome 5 Residence 8 Other (S	(pecify)
Certification:	27. Manner of Death 1 Naturat 5 □ Pending 28a. Date of Injury (Month, Day Year) 28b. Time Injury	Work?	28d. Describe how injury occurred	
cat	2 Accident Investigation 3 Suicide 6 Could not be	M 1 Yes 2 No	29f Location /Ctract and Number of	: Dura I Doute Number
ertit	4 ☐ Homicide determined determined 28e. Plece of Injury - At home, farm, building, etc. (Specify)	street, rectory, onica	28f. Location (Streef and Number or City or Town, State)	Hural Houte Number,
-	29a. Certifier 10 Certifying Physician: To the best of my knowledge, de	ath occurred at the time, date and place	and due to the cause(s) and manner	'ac cloted
edica	(Check only 2 Medical Examiner: On the basis of examination end/or and manner steted.	Investigation, in my opinion, death occur	rred at the time, date and placa, and o	due to the cause(s)
Me	29tt Signature anythise of certifier	29c. License number	29d. Date signed (Mo	onth, Day, Year)
	- HANDEN-HAULA	10 D41854 e, Print) . 2401 W. BEIVE	+ GUNE E	5+h 1996
	30. Name and address of person who completed cause of teath (Item 23a) (Typ	e, Print)	^ 7	14.41
	NANCY Brown-Holt MO	2401 W. BEIVE	EDERE HUES	21215
State	31. Date (led (Month, Day, Year)	1		
egistrar	SEP 2 7 1996 gulia Deviden Mandelle			

Registrar

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State of Maryland / Department of Health and Mental Hygiene 96 28802

						Cei	rtificate o	f Death		Reg. No.	U ?	.0002								
Ph	ysici	an	1. Decedant's Nama (First, Mid				al.		2. Date of I Month	Dey	Yaar	3. Time of Death								
	/Medical		THANKING H. CSULINS						SEP		1996	200 pm								
Ex	kamin	er	4a. Facility Nama (If not Instituti						, or Location of De			^								
			HOWARD CO						MBIA		VAR									
	Funeral Director 5. Social Security Number 219 30 4737 6. Sex 1 □ M 2 ☒ F 7. Age (In yrs. last birthday) 7 on the last birthday) 7 on the last birthday 1 □ M 2 ☒ F 7 on the last birthday 1 □						Min. (Month, I													
and and	10		10a. Stata 10b. Count	ly	10c. C	City, Town or Lo	cation				10	Od. Inside City Limits								
the Mery 28s-1 sh	offied	ector	Md. How	ard ——————		Elli	cott Ci					1 ☐ Yas 2 ☐ No								
th with t	o act the o	Funeral Director	10e. Street and Number 3106 Evergree	n Way			10f. Zip Code 21042			U.S.A.	What Coun	try?								
5-0020 72 hours after death with the Men/land natural, or Herm 23a or 28a-f show	Examiner must be notified at	by	11. Maritel Stetus 1 Navar Merried 2014Ma 3 Widowed 4 Divorce	Armed F	2 ™ No live	s? If Yes, s]No 1 ☐ Yas		s Decedant of Hispenic Origin? (Specify Yes or es, specify Cuben, Maxican, Puerto Rican, atc.) I Yas 2√√ No Specify:			e - America ok, Whita, a ite									
5-0 72 ho		ted	15. Decede	ent's Education ast grade completed	1	16a. Dece	dant's Usuel Occ	upation	fa.dilaa	16b. Kind of B	usinass/Ind	lustry								
aryland 21215-0020 should be filed within 72 hours af ad Mental Hygiene. marked other than "natural", or	or other traumatic avent, the Medical	Completed	Elementary/Secondery (0-12)		(1-4or 5+)		kind of work don DO NOT usa reti y Roll (r working	Army &		change rce								
The H	F.	BeC	17. Fathar's Nama (First, Middle					18. Mothar's	Nama (First, Midd	lle, Melden Sumen	na)									
Maryland 2 d 2 should be filed th and Mental Hygin 7 is marked other	ic sv	ToB	Dr Wi	lliam How	bro			Carol	ine Apgar											
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in a set	jury or		1 ☐ Buriai 2 ☐ Cramation 4 ☐ Donation 5 ☐ Other (Specify)	Stata Me	Cometary, Crai	netury or other p	race)	9/27/9											
Balt Permit. Depart	any injury		21. Signeture of Funaral Sarvice	e Licensee	ti-	22	. Nema end Add	ress of Fecility	Haight E	unoral W	2000									
n gg E s	9 9		Haight Funeral Home P.O.Box 195 Sykesville, Md. 21784																	
		\neg	23a. Part1. Entar the disaasa, o shock, or haart ailura. Lit	or complication. That	caused tha da	ath. Do not ant	er the moda ot d	ying, such as ca	rdiac or respiretory	errest,		Approximata								
Physic /Med Exam	lical		Immediate Cause (Final disease or condition rasulting in deeth)	V.			emop					Intarval Between Onset and Death								
	4.5	_			Dua to (or as a consequence ot): NUPTURED PULLINAMINAY MATERY															
8		틭		p	しりてい	Pul~	y m	LTGALY												
50, se execut	uniel-trar	I Examiner	Sequentially list conditions, if any, leading to immediate ceuse. Enter Underlying Cause (Disease or injury thet initiated avants		Dua to (or as a consequance of):															
Box 68760, eath certificate be executed ettending physicien and	use as the l	eted by Physician/Medical	thet initiated avants resulting in daeth) Last	Dua to (or as a conseq															
death c	for		by	D 41 01 4 10 4																
P.O.	deteched			by	by	by	þ		þ	by	Part It. Other significant condit	BNAL F			ndarlying causa (givan in Part I.		d tobacco use co □ Yss 2 (No		the cause of death' ably 4 Unknow
000000000000000000000000000000000000000	should be										leted b	eted b	leted b	leted b	eted b)	Concest	NB LIBA	NT	FAIL	IRE
I Rec The law	CV.	dE.	Da 50 - 1	•						/	of c	leath?								
= F #	director, page					1000000	IA					15	Yes 2□No	1 🗆	Yas 20 No					
of Vital Physician: This certificate	ecto	å	25. Was casa ratarred to medic examinar?						Death (Check only											
of of others of this o	-2	2	1 Yes 2 No			☐ ER/Outpatier		Athar: 4 🗆 Nursi	ing Homa 5□Ra	sidance 6 □Oth	er (Specify)								
E & §	90	atlon:	Z LI MOOIDBIN	tigation	of Injury oth, Day Year)	28b. Tima of Injury	W	uryet ork? □Yas 2 □ No		e how injury occur	red									
Division al or Attending Is after death.	ed in by	Certification:	3 ☐ Suicida 8 ☐ Could datan	mined 288. Plec	28a. Piece of injury - At home, farm, street, tactory, office building, etc. (Specify)			28t. Location City or T	(Street and Numb own, Steta)	er or Rura	Route Number,									
Divisio To the Hospital or Attendir within 24 hours after death. To the Funeral Director: At	completely filled in by	edical (29a. Certifier 1 Cartifyl (Check only one) 1 Madice	ing Physictan: To the i Examtner: On tha t and man	a bast of my kn pasis of examin nnar stated.	owledga, daath ation and/or Inv	occurred at tha restigation, in my	tima, data and p opinion, daeth	piace, and dua to the	a causa(s) and me a, date end place,	enner as sta and dua to	ated. tha cause(s)								
To the To the To the	com	Σ	29b. Signature end title of certifi		- ~~>		29c. Lice	nsa number	4	29d. Data signe	d (Month, L	Dey, Year)								
		20	30. Nama and address of person 5995 INALPER	n who complated ceu	sa of daeth (its	m 23a) (Type, 501て&	Print)	Core	1~9,0	m										
	Stat	6	31. Data tiled (Month, Day, Year	7) 32.1	Registrer's Sign	atura														
Re	gistra	-	SEP2 7 199		avelend															

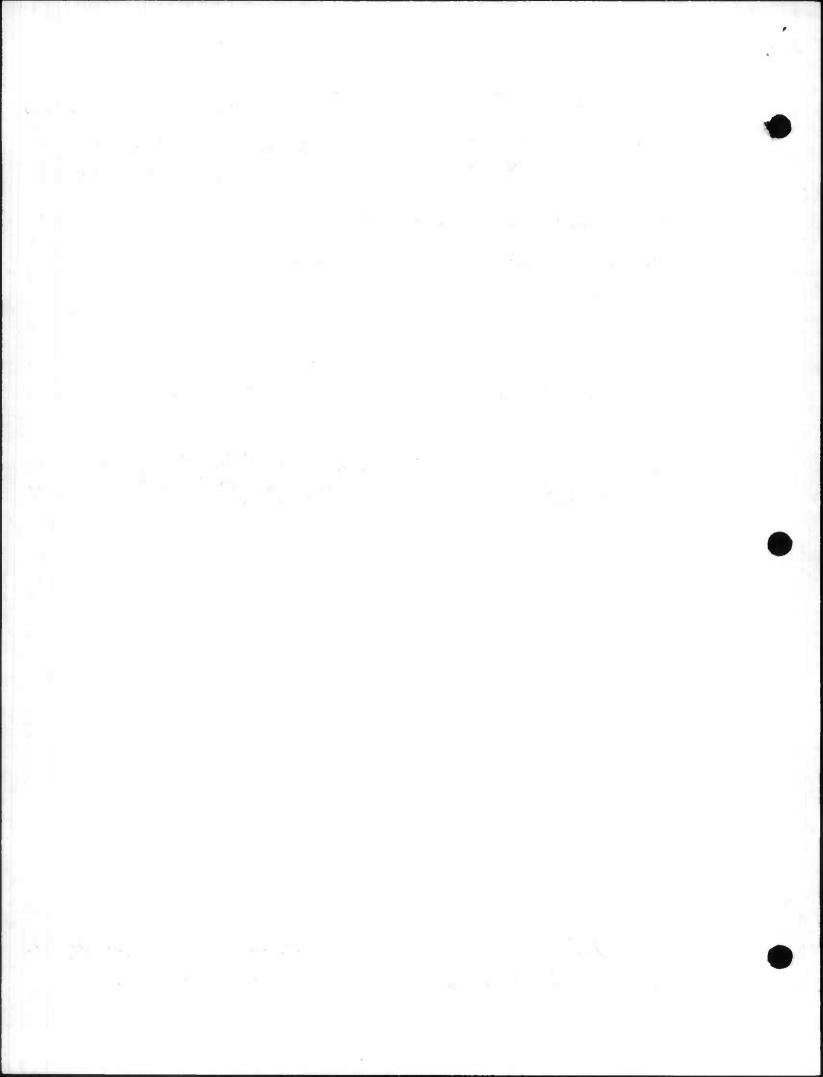


State of Maryland / Department of Health and Mental Hygiene

Certificate of Death

ene 96

					Certificate of	Death	Reg. No.	
	Physic		1. Decedent's Name (First, Middle, Last	ρ.	Do	2015 2. Date	of Death	3. Time of Death
Y.	, /Medi Exami		4a. Facility Name (If not institution, give	street and number)		4b. City, Town, or Location of	Death 4c. County	y of Death
t .	Funeral Director		BSLAR LONVA 5. Social Security Number 6. Se	LESCENT L	ast birthday) If Under 1 Year Months Days		HAG	9. Birthplace (State or Foreign Country) ENGLAND
	death with the Maryland rms 23a or 28a-f show	ector	10a. State 10b. County MARYLAN HARF 10e. Street and Number		REST HILL		10 Chica di	10d. Inside City Limits 1 ☐ Yes 2型 No
020	be filed within 72 hours after death with the Maryla ntal Hygiene. Identify the "natural", or items 23a or 28a-f show event, the Medical Examiner must be notified at	by Funeral Director	11. Marital Status 1 Never Married 25 Married 3 Widowed 4 Divorced	12. Was Decedent Ever in U.S Armed Forces? 1 Yes ZN No If Yes, Give Year or Dates:		dispanic Origin? (Specify Yes an, Mexican, Puerto Rican, et Specify:	or No- 14. Rac Blac Specifi	ce - American Indian, ck, White, etc.
21215-0020	filed within 72 hours after Hygiene. ther then "naturel", or the ant, the Medical Examina	Completed	15. Decedent's Edu (Specify only highest grad Elementary/Secondary (0-12)	cation le completed) College (1-4or 5+)	16a. Decedent's Usual Occup (Give kind of work done life. DO NOT use retire	pation during most of working d)	16b. Kind of B	usiness/industry
Maryland	2 should be filed within and Mental Hygiene. Is marked other than aumatic evant, the M	To Be C	17. Father's Name (First, Middle, Last)	ZRRY		18. Mother's Name (First, A	RUSHTO	1
imore,	it. Pages 1 and riment of Health reams: If Hem 27 njury or other tr		19a. Informent's Name/Relationship (T) N. Chael V. DAVIS 20a. Method of Disposition D⊠ Burial 2 □ Cremation 3 □ F 4 □ Donation 5 □ Other (Specify) 21. Signature of Funeral Service Lipene	SPOUSE 20b. Pi	ace of Disposition (Name of ometery, crematory or other pla	E TERY 1994	W. 21056	- City or Town, Stata
ä	Depm Impo any i		1007	/ /2	EVANS F	LEGIST COLLEGE	21-131-1	TILL MARYLAND
ox 68760,	Physician Medicale pe secutificate pe secutificate per unding physician and note as the prival-transit	n/Medical Examiner	Immediate Cause (Finel disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or injury that initiated events resulting in death) Last	b. — Due to (or	as a consequence of): as a consequence of): as a consequence of):			Approximate Interval Between Onset and Death
m	d for	icia	Part II. Other significant conditions cor	ntributing to double but not requi	None in the content day of the	ton in Doct I	Did tehana usa sa	entributs to the cause of death?
ords, P.O.	The law requires that the death ate has been signed by the atter page 2 should be detached for a	ted by Physicia	P.	Heart			1 Yes 2 No Was an autopsy performed?	3 Probably 4 Unknown 24b. Were autopsy findings available prior to
Vital Records,		Completed					1 Yea 2 No	completion of cause of death?
VII.	lcian: pertific ector,	Be	25. Was case referred to medical examiner?	Hospital:		28. Piace of Death (Check	only one)	
o uois		Certification: To	27. Manger of Death 1 DNatural 2 Accident 3 Sulcide 6 Could not be	28e. Date of fnjury (Month, Day Year)		y at 28d. Des k? Yes 2 \(\text{No} \) No	cribe how Injury occur	rred
8	spital bran		4 Homicide determined	building, etc. (Specify)	me, farm, street, factory, offica	or Town, State)	per or Rural Route Number,	
	To the Hospital Within 24 hours To the Funeral completely filled	edical		ner: On the basis of examination and menner stated.	on and/or Investigation, in my o	ppinion, death occurred et the	time, dete end plece,	and due to the cause(s)
	To the Hospital within 24 hours To the Funeral completely filled	Me	29b. Signature and title of certifier	,	29c. Licens			by - 2), 1994
	Y		30. Name and address of person who co			AIR MARY	11ND 2	b. r 2), 1994
	Sta		31. Date filed (Month, Day, Year) SFP 2.7 1006	32. Registrar's Signatur	erda 92			



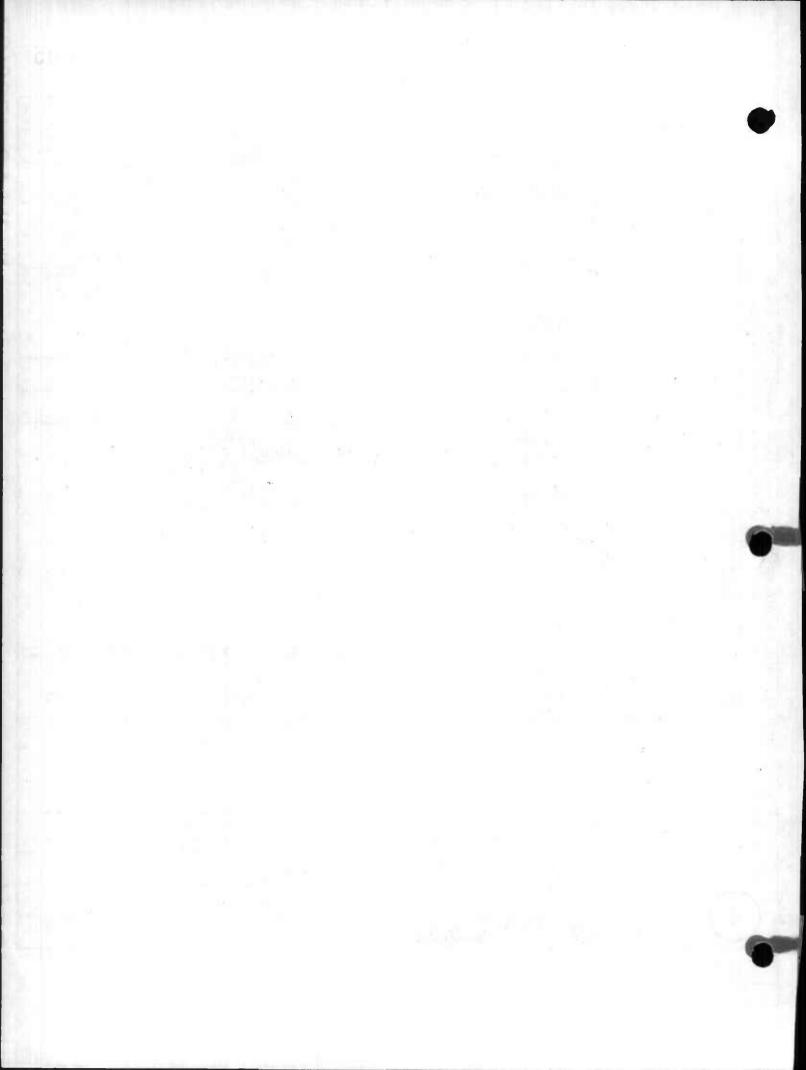
AL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed will hours after death. Page 6 may be retained by the hospital or attending physician.	L DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1. 2. 3 should	2 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
TO THE HOSPITAL OR ATTENDING PHYSICIA	HE FUNERAL DIRECTOR: After this of	be filed within 72 hours after death with t	DRTANT: If Item 28 is mar
TO THE I	THE I	be filed y	IMPORT

	FOR 1 - STATE REGISTRAR	STATE OF MARYLA		NT OF HEALTH AND	MENTAL HYGIENE REG. NO.					
	1. DECEDENT'S NAME (First, Middle, Lest) Gloria Diag		rtin]		2. DATE OF DEATH DAY SEPTEMBER	23 199	6 9:00 Am			
	4. SOCIAL SECURITY NUMBER 219-78-3287 SepPacifity NAME (If not institution, give street	□ M 2 💢 F 3	YRS. MONT	IDER 1 YEAR FUNDER 24 HRS. IS DAYS HOURS MIN. HITY, TOWN OR LOCATION OF DE	7. DATE OF BIRTH (Month, Day, Year) May 29, 1	RTHPLACE (State or Foreign unitry) F DEATH				
ECTOR	Bayview Nurs	ing Star	me	Balto		(A				
DIA.	104 STATE 10b. COUNTY	14	10c. CITY, TO	ON OR LOCATION,		10d. INSIDE CITY LIMITS? YES 2				
FUNERAL	4940 Eastern Ave 21224 10g. CITIZEN OF WH									
BY	11. MARITAL STATUS 12. 1 DI Never Merried 2 Married 3 Widowed 4 Divorced	WAS DECEDENT EVER IN FORCES? 1 YES IF YES, GIVE WAR OR DA	2 X NO	13. WAS DECENDENT OF HISPA If yes, specify Cuban, Mexico 1 YES 2 NO Specif	in, Puerto Rican, etc.)		ACE — American Indian, llack, White, etc.			
COMPLETED	15. DECEOENT'S EDUCATI (Specify only highest grade com Elementary/Secondary (0-12) C		ille. Do NOTquee retiq	one during most of working		S Chool				
ш	17. FATHER'S NAME (First, Middle, Last)	75		18. MOTHER'S NA	ME (First, Middle, Malden :	artir	·			
TO B	Eneray Mart	in-mother	196. MAILING ADOP	Wesley A			21207			
	20e METHOD OF DISPOSITION 1 Burlel 2 Cremetion 3 Removal 4 Donation 5 Other (Specify)	1 Suriel 2 Cremetton 3 Removal from State gernetery, cremetary or other place)								
21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY March F. It Wast 4300 Wabash AVE										
	23. PART 1. Exfer the diseases, or com shock, or heart failure. List IMMEDIATE CAUSE (Finel disease or condition resulting in death)	ONLY ONE COURSE ON EA	ch line.	OFFUENU			Approximate intervel Between Onset and Death			
ERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST b. DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF):									
AL C	PART II. Other algolificant conditions of	ontributing to death bu	Part I. 24s. WAS AN PERFOR		24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO					
MEDIC		NKUONY			1 TYES 2	×no	OF DEATH?			
SICIAN	DID TOBACCO USE CONTRIB 25. WAS CASE REFERRED TO MEDICAL		F DEATH YES L		N L					
YSIC		OSPITAL: Inpatient 2 ER/Outp	stient 3 DOA 47	HER: Qurning Nome 5 - Residence	6 Other (Specify)					
ВУ РНУ	27. MANNER OF DEATN Natural 5 Pending 2 Accident Investigation	/								
ETED	3 Suicide 8 Could not be determined 28a. PLACE OF INJURY — At home, term, street, factory, office building, etc. (Specify) 28b. PLACE OF INJURY — At home, term, street, factory, office City or Town, Stete)									
COMPLE	CONSCIN ONLY	_		the time, data end place, and du my opinion, death occured at th			use(e) end manner es stated.			
TO BE C	29b. SIGNATURE AND TITLE OF CERTIFIER What Was a property of the property of				29c. LICENSE NUMBER 29d. DATE SIC					
	YUKALI C. MA	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) YUKAKI C. MANASIE, JOHNS HOKINS HUSPITAZ BALD MORE, M.D. 31. DATE PILED (Month, Day, Mar)								
	SEP 27 1996	320 REGISTRAR'S	,							

	item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner	
hours after death with the state begr. of neathl and mental hygiene prior to bursa, premistation, or removal.	nedicai	ŀ
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A IO DON	aumatic	
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01 1169	or Hem 23 shows a	
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ATTE	28	ı
Mours	item	l

Q

	1 - STATE REGISTRAR	STATE OF MA	RYLAND / DEPAI CERTIF					MENTAL	REG. NO.			
	1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH MONTH DAY SEAT. 24										EAR	TIME OF DEATH
DIRECTOR	4. SOCIAL SECURITY NUMBER	. AGE (In yrs. last birthday)	est birthday) IF UNDER 1 YEAR IF UNDER 24 HRS.				7. DATE OF BIRTH & BIRTH			70	ACE (State or Foreign	
	213-20-9097	1 M 2 Te	YRS.	MONTHS	DAYS	HOURS	MIN.		Day, Year)		NC	
	9a. FACILITY NAME (If not institution, give	11	9b. CITY,	TOWN OF	LOCATIO		D D 2 2 2 7 1 1 1 1 1 1				N .	
	MEDIDIAN MIIDO	TNG HOME			BA	LTO				N/	A	
	MERIDIAN NIIRS RESIDENCE OF DECEDENT 100. STATE 100. COUN											
IRE	10a, STATE 10b, COUN	10c. CI	10c. CITY, TOWN OR LOCATION				THE SECOND				d. INSIDE CITY LIMITS?	
L D	10g, STREET AND NUMBER		BALTO.				I and a series and				YES 2 NO	
HA			101. ZIP CODE 21212							U.S	T COUNTRY?	
FUNERAL	4805 MIDWOOD	EVER IN U.S. ARMED	I 12 W	MAS DECE								
BY FL	t Never Married 2 Nerried 3 Widowed 4 Divorced	YES 2 NO OR DATES	H		offy Cuben	, Mexicar	n, Puerto R	tican, etc.)	14		American Indian, (hite, stc.) BLACK	
ED	15. DECEDENT'S ED		16a. DECEDENT'S	S USUAL OC	CUPATION	4	+	16b.	KIND OF BUS	SINESS/INDUS	TRY	
Ē	(Specify only highest grad Elementary/Secondary (0-12)	College (1-4 or 5+)	(Give kind of life. Do NOT u	work done di use retired.)	luring most	of working	7					
COMPLETED	10th	N/A	PRESS	SER				E	ASTER	N LAU	NDR	Y
00	17. FATNER'S NAME (First, Middle, Last)					1a. MOTN	ER'S NAI	ME (First, A	fiddle, Meiden	Sumeme)		
BE (OSCAR LITTLE					LUC	Y T	ERR	7			
10	tea. INFORMANT'S NAME (Type/Print)									n, State, Zip Co		
-	WILLIE DIXON		480	5 MII	DWOC	D A	VE	BA	ALTO,	MD 2	121	2
	20e. METHOD OF DISPOSITION 1XXX Guriel 2 Cremetion 3 Rei	moval from State	20b. PLACE AND DATE cemetery, crematory or in		ITION (Nam			DATE		CATION - CH		State
	4 Donetion 6 Other (Specify)	LOCALORE	HOLTA H	ILL (CEM	1	996	9012	BAI	TO.	MD	
	21. SIGNATURE OF PUNERAL SERVICE L	JCENSEE	/ , -	22. N	NAME AND	ADDRES	S OF FAC	B]	ETTS	FUNER	RLA	HOME
	21. SIGNATURE OF PUNEAU SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY BETTS FUNERLA HOME 1129 N CAROLINE ST BALTO, MD 21213											
											Approximate	
	IMMEDIATE CALISE (Final											Onset and Death
	disesse or condition resulting in death)	ovascu 1	cular Accident								Instant	
	DUE TO (OR AS A CONSEQUENCE OF):										7.13	
Z	Samuellelle les conditions a Atheroschuses is											20 year
CERTIFICATION	Sequentially list conditions, if any, leading to immediate DUE TO (OR AS A CONSEQUENCE OF):										0	
2	CAUSE (Disease or Injury											
E	that Initiated events DUE TO (OR AS A CONSEQUENCE OF): resulting in death) LAST											
Ë	d.											
ICAL (PART II. Other significent condition		eath but not resulting	In the unc	derlylng	ceuse g	lven in	Part I.	24s. WAS AN	AUTOPSY	24b, W	ERE AUTOPSY FINDINGS BILABLE PRIOR TO
2	Multimodula						PERFORMED?		CC	OMPLETION OF CAUSE F DEATN?		
MED	Diabeter M	lellitis										□ YES 2 □ HO
	Hupertensie	n										
NA N	25. WAS CASE REFERRED TO MEDICAL EXAMINER?					ACE OF DE	ATH (Che	eck only on	e)			
SIC	1 YES 2 NO	t Inpetient 2 E	ER/Outpatient 3 🗆 DOA	OTHER 4 Nurs	t: sing Nome	5 🗆 Rei	sidence	6 🗌 Other	r (Specify)			
PHYSICIAN:	27. MANNER OF DEATH	28e. DATE OF IN			28c. INJU WOR			28d. DES	CRIBE HOW	INJURY OCCU	RED	
ВУ							NO					
ED	3 Suicide 6 Could not be	28e. PLACE OF I	INJURY — At home, ferm, c. (Specify)	street, fecto	ory, affice			261. LOC	ATION (Street or Town, State)	and Number or	Aural Aoul	le Number,
ETE	4 Nomicide determined											
PL		SICIAN: To the best of m	y knowledge, death occur	red at the tir	ime, dete d	end place,	end due	to the cau	ise(e) end me	nner as stated		
COMPLET	one) 2 MEDICAL EXAMI	NER: On the basis of exar	mination end/or investigat	ion, in my o	pinion, de	ath occur	ed at the	time, date	and place, er	nd due to the	ause(e) e	nd menner ee stated.
ш	295. SIGNATUR AND THE OF CERTIFIER 296. DATE SIGNED										INGNED (M	ofth, Day, Year)
0	D33897 > 9/24									241	96	
10	30. NAME AND ADDRESS OF PERSON W		OF DEATH (ITEM 27) (TO	e, Print)	01	1	a	2	() .		100	1 1
	Robert Vissiv	ig M.D.	4300 N	e-th (Char	151	24	13	x Itin	10-6	MA	roland
	1. DATE FILED (Month, Day, Year) 32. REGISTRAR'S SIGNATURE											



State of Maryland / Department of Health and Mental Hygiene

DEPT. OF MEDICINE, ST. AGNES HOSPITAL

28806

Certificate of Death 1. Decedant's Name (First, Middle, Last) 2. Dete of Death **Physician** ROLAND FRANKLIN DOXZON 11:45 PM 23 /Medical 4e. Fecility Name (If not institution, give street and number) 4b. City, Town, or Location of Deeth 4c. County of Death **Examiner** St. Agnes Hospital Baltimore N/A If Under 1 Year 5. Sociel Security Number If Under 24 Hrs Hours Min. 7. Age (In yrs. last birthday) 8. Date of Birth (Month, Day, Year) Birthplace (State or Foreign Country) **Funeral** Months Days 18 M 2□ F 218-18-7092 75 Yrs Director Dec. 17,1920 Maryland Usual Residence of Decedant 10a State 10b. County 10c. City. Town or Location 10d. insida City Limits 28a-f show the Medical Examiner must be notified at Md. Baltimore Director Catonsville 1 ☐ Yes 2 No 10e. Street end Number 10f. Zip Code 10g. Citizen of What Country? 8 2307 Old Frederick Road 21228 U.S.A. 238 Funeral items ; 12. Wes Decedent Ever in U,S. Armed Forces? Was Decedent of Hispanic Origin? (Specify Yes or No-If Yes, specify Cuben, Mexicen, Puerto Rican, etc.) 14. Rece - American Indian, should be filed within 72 hours effer and Mental Hygiene. Bleck, White, etc. 1 X Yes 2 □ No If Yes, Give Yeer or Dates: 1 ☐ Never Married 287 Married Baltimore, Maryland 21215-0020 1 ☐ Yes 2 No Specify. by Specify: White 3 ☐ Widowed 4 ☐ Divorced Completed 16a. Decedent's Usual Occupation (Give kind of work done during most of working lifa. DO NOT use retired) 15. Decedent's Education (Specify only highest grade completed) 16b. Kind of Business/Industry Elementary/Secondary (0-12) College (1-4or 5+) Engineering Assistant Telephone Company permit. Pages 1 end 2 should be file.
Depertment of Health end Mental Hygi.
Important: If them 27 is marked any injury or other. 17. Father's Name (First, Middla, Last) 18. Mother's Name (First, Middle, Maiden Surname) Be Howard Doxzon Anna Sauer 19a. Informant's Name/Ralationship (Typa, Print) Rita Doxzon (Spouse) 19b. Malling Addrass (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2307 Old Frederick Road Catonsville, Maryland 21228 20b. Place of Disposition (Name of cematery, crematory or other page to 26,1998° Loudon Park Cemetery 20a. Method of Disposition 20c. Location - Cltv or Town, Stete Burlal 2 ☐ Cremation 3 ☐ Removel from State Baltimore, Maryland 4 ☐ Donation 5 ☐ Other (Specify) 21. Signature of Funeral Service Licensee 22. Neme end Address of Facility Witzke Funeral Home, Inc. 1630 Edmondson Avenue Catonsville, Maryland 23a. Part 1. Enter the disease, or complication in at cause the death. Do not anter the mode of dying, such as cerdiac or respiratory errest, shock, or heart failure. List only one cause on pack in a Approximate Intervel Between Onset end Death **Physician** /Medical Immediata Causa (Final CACHEXIA AND DEHYDRATION 1 MONTH diseese or condition resulting in death) **Examiner** Due to (or as a consequence of): Physician/Medical Examiner The law requires that the death certificate be executed physicien and the buriel-trans Sequantially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or Injury that initiated evants resulting in death) Last Due to (or as a consequence of): P.O. Box 68760, Due to (or as a consequence of) 98 Part II. Other significant conditions contributing to death but not resulting in the underlying ceuse given in Part I. 23b. Did tobacco use contribute to the cause of death? PARKINSON'S DISEASE 1 Yee 2 No 3 Probably 4 Unknown Records, by 24b. Were autopsy findings evellable prior to completion of cause of death? Be Completed DECUBITUS ULCERS 24a. Was an autopsy performed? 1 Yes PENO 1 ☐ Yes 2 No of Vital or Attending Physician: 25. Was cese raferred to medical examiner? 26. Place of Death (Check only one) 11 inpatient 2 ER/Outpatient 3 DOA Other: 4 Nursing Home 5 Residence 6 Other (Specify) Certification: To 1□ Yes 22 No this 27. Manner of Death 28a. Date of Injury (Month, Day Year) 28b. Time of 28c. Injury at Work? 28d. Describe how injury occurred After Division Natural 5 Pending investigation after deeth. 1 ☐ Yes 2 ☐ No 2 Accident 6 Could not be detarmined 3 Suicide in by 28e. Place of Injury - At home, farm, straet, factory, office building, atc. (Specify) 28f. Location (Street and Number or Rural Route Number, City or Town, State) 4 Homicida Certifying Physician: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(s) and mannar as stated.

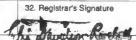
| Certifying Physician: To the best of my knowledge, death occurred at the time, date and due to the cause(s) and mannar as stated.

| Certifying Physician: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(s) and mannar stated. 29a. Certifier Medicai (Check only one 29c. License number 29b. Signature and tide of certifie 29d. Dete signed (Month, Day, Year) D 50655

Registrar

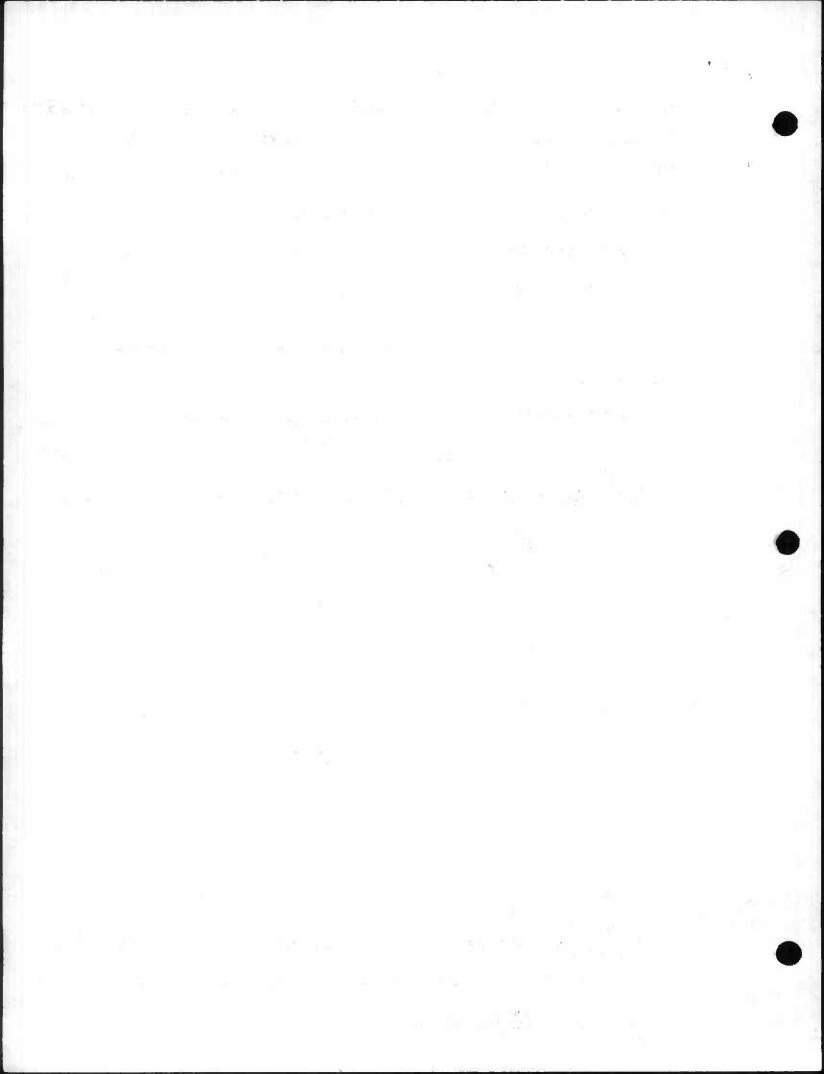
REEWEN

31. Date filed (Month, Day, Year)



D'SOUZA-KAMATH,

30. Nama and addrass of person who complated ceusa of death (Itam 23a) (Type, Print)



State of Maryland / Department of Health and Mental Hygiene

28807

9. Birthplace (Stete or Foreign

10d. Inside City Limita Yes 2 No

Country) Nebraska

Physician
/Medicai
Examiner

Director

Funeral

þ

Completed

98

2

KATHERING

3. Time of Death 630 DN

4c. County of De

Howard

U.S.A.

14. Race - American Indian, Bleck, White, etc.

White

Funeral

Director

with the Maryland r than "natural", or items 23s or 28s-f show the Medical Examiner must be notified at Il Hygiena.

Pages 1 and 2 should be filed within 72 hours after death altimore, Maryland 21215-0020 Health and Mental Is marked Item 27 Department of H Important: If its any injury or of once.

Physician /Medical Examiner

The law requires that the death certificate be executed bunal-transit physician s the burial attending for use as signed by the a peed paga 2 certificata Physician: this. Affec death. after death in Dy à hours

Records, P.O. Box 68760.

Division of Vital

Examiner Physician/Medical ģ Completed Be 10 Certification:

Certificate of Death Reg. No 1. Decedent's Name (First, Middle, Last) 2. Date of Death SEPT 4a. Facility Name (If not institution, give street end number) 4b. City, Town, or Location of Deeth Howard County Hospital Columbia 5. Social Security Number if Under 1 Year | If Under 24 Hrs. 7. Age (In yrs. last birthday) 8. Date of Birth (Month, Dey, Yeer) 07/17/1908 Days 1 □ M 2 D F Months Hours 88 380-24-6223 Usual Residence of Decadent 10a. State 10b. County 10c. City, Town or Location MD. Howard Columbia 10e. Street end Number 10f. Zip Code 10g. Citizen of What Country? 9574 Angelina Circle 21045 12. Was Decedent Ever in U.S. Armed Forces?

1 Yes No If Yes, Give Was Decedent of Hispanic Origin? (Specify Yes or No-If Yes, specify Cuban, Mexican, Puerto Rican, etc.) ☐ Never Married 2☐ Married 1 ☐ Yes 2 ☐ No Specify: 3☐Widowed 4 □ Divorcad Yeer or Dates: 16a. Decedent's Usual Occupation (Give kind of work done during most of working life. DO NOT use retired) 15. Decedent's Education (Specify only highest grede completed) 16b. Kind of Business/Industry Elementary/Secondary (0-12) College (1-4or 5+) Self Employed Agriculture 17. Father's Name (First, Middle, Last) 18. Mother's Name (First, Middle, Meiden Surneme) Henry Gorte Margaret Dittenber 19a. Informant's Name/Relationship (Type, Print) 19b. Mailing Address (Street end Number or Rural Route Number, City or Town, Stete, Zip Code) Gertrude Reichle/Daughter 9574 Angelina Circle Columbia, MD. 21045 20a. Method of Disposition 20b. Place of Disposition (Neme of 20b. Place of Disposition (refine of cametery, crematory or other place)

Sims-Whitney Cemetery 9.27-96 Date 20c. Location - City or Town, State 1 Burial 2 □ Cremation 3 □ Removal from State Au Gres. MI. 4 ☐ Donation 5 ☐ Other (Specify) 21. Signature of Vieral Service I 22. Name and Address of Facility
Sterling Ashton Funeral Home, Inc. 736 Edmondson Ave. Balto., MD. 23e. Part1. Enter the disease, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heer! failure. List only one cause of each line. Immediate Cause (Final disease or condition resulting in deeth)

CHRONIC CONSESTIVE HEACT Due to (or es e consequence of):

THE VALVULAR DISEASE.

Due to (or as a consequenca of):

Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I.

1 Yes 2 No 3 Probably 4 Unknown

23b. Did tobacco usa contribute to the cause of death?

24a. Was an eutopsy performed?

28d. Describe how injury occurred

24b. Were autopsy findings available prior to completion of ceuse of death?

Onset and Death

2 0 No 1 Tes 26. Piece of Death (Check only one)

1 ☐ Yes 2 ☐ No

25. Wes case referred to medical examiner? 1 Yes 2 No

Sequentially list conditions, if any, leading to immediate ceuse. Enter Underlying Cause (Disease or Injury that initiated events resulting in death) Lest

Hospital:

1 Inpatient 28a. Date of Injury (Month, Dey Yeer)

28b. Time of

28e. Placa of Injury - At home, farm, street, factory, office building, etc. (Specify)

Other: 4 Nursing Home 5 Residence 6 Other (Specify) 2 ER/Outpatient 3 DOA 28c. Injury at Work?

1 ☐ Yes 2 ☐ No

Location (Street and Number or Rural Route Number, City or Town, State)

29a, Certifier

27. Manne of Deeth 1 DNatural

2 Accident

3 ☐ Sulcide

4 Homicide

the Certifying Physician: To the best of my knowledge, death occurred at the time, dete end place, and due to the cause(s) and manner as stated.

2 Medical Examiner: On the basis of examinetion and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s)

29b. Signature

5 Pending investigation

6 Could not be determined

29c. License number

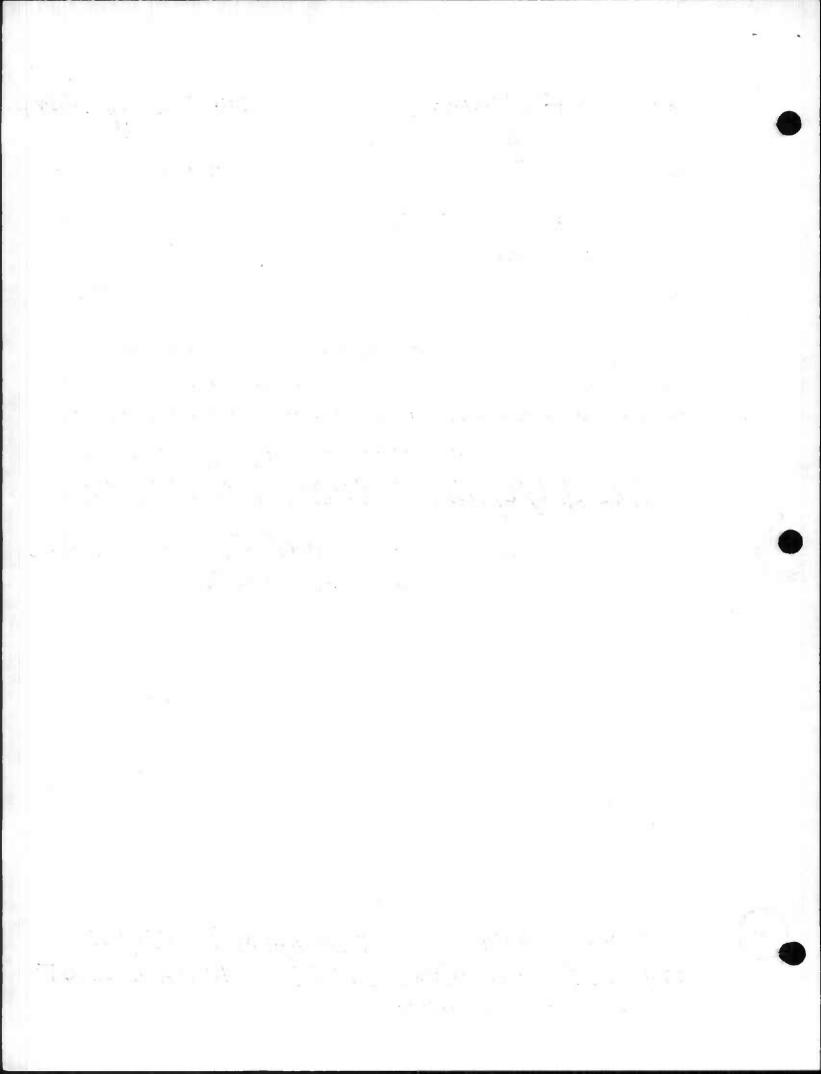
29d. Date signed (Month, Dey., Year)

MD 2 KNOW NORTH, COUNTERAND

State Registra

Medicai





29d. Data signed (Month, Day, Year) 25/96

21204

				State of M	faryland / [*	rtment tificate				giene S	36 2	8808	
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	/Medi Exami		4a. Facility Nama (If not institution, gi	ve street and number	7)			4b.	City, Town, or L			y of Death	0.00 11	
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	Funeral Director		212-26-8163	Sax 7. A 1 □ M 2 💢 F	ga (In yrs. last bir 67	thday) Yrs.	If Undar 1 Months I		Hours Min.	8. Date of Bir (Month, Da Feb 1	th ly, Year) 9 1929		(State or Foreign	
	and *		Usual Rasidance of Decedent 10a. Stata 10b. County		10c. City, Tow	n or Loc	ation					104	Insida City Limits	
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	Jeeth Tre 2	Funeral	11. Maritai Status	12. Was Deceden	t Ever In U.S.	13. W	as Decedar	nt of Hisp		ecify Yas or No		United States 14. Race - American Indian,		
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and			17. Father's Nama (First, Middle, Las	″ John Ran	nia Sn			"		(First, Middle, Maldan Surname) ^et Fanback				
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ox 68			rasulting In daath) Last	d	Dua to (or as a o	consequ	ance or):					1		
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Record	ecords lew requires as been sign 2 should be		Type II Diabe	tes Mell	itus wi	ith	Rena	l F	ailure		an autopsy emed?	availab	autopsy findings le prior to tion of causa h?	
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<u>ra</u>	certificate	Be C	25. Was casa rafarrad to medical					2	6. Placa of Deat	h (Check only o	one)			
of Vital	0 0	To	axaminar? 1 ☐ Yas 2X No	Hospital: 1 1 Inpat	lant 2 ER/Ou	tpatient	3 DOA	Other				har (Specify)		
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7	8 8 8 5	Certific	3 Suicide 6 Could not be datamined	288. Place of Ir	jury - At homa, fa tc. (Specify)	rm, stre	at, factory, o	office		28f. Location (. City or To	Street and Num wn, State)	ber or Rural Ro	ute Number,	
-	Hoppital	dical	29a. Cartifiar 1	nysician: To the bast miner: On the basis of and manner s	of axamination and	, daath d d/or Inva	occurred at estigation, in	tha tima, n my opin	date and place, ion, daath occur	and due to tha red at tha tima,	causa(s) and m data and place,	anner as stated and due to the	causa(s)	

State Registrar ed cause of death (Norman) (Type, Print)

D., 7600 Osler Drive, Towson, Maryland Le to the thing and the the

29c. License number

1) 26637

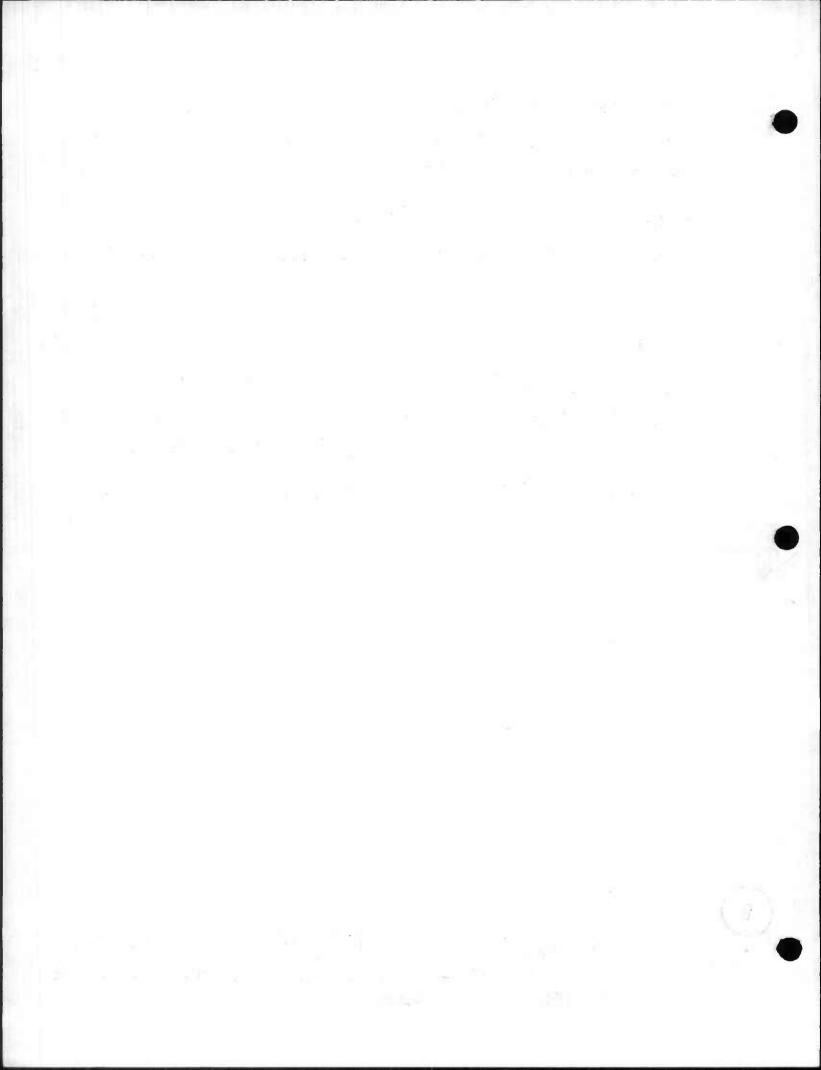
State of Maryland / Department of Health and Mental Hygiene Certificate of Death 1 Decedent's Name (First Middle Last) 2. Date of Death 3. Time of Death Sep **Physician** ARRIE AM ENNELS /Medical 4a. Facility Name (If not institution, give street and number, 4b. City, Town, or Location of Daath 4c. County of Deat Examiner If Undar 24 Hrs. timore 5. Social Security Number 7. Age (In yrs. last birthday)
7. Yrs. if Under 1 Yaar 6. Sex 9. Birthplace (Stata or Foreign Funeral -40-560 10 M 20 F Days Hours Director Usuai Residenca of Decedent the Maryland 10a State 10h County 10c. City, Town or Location 10d. inside City Limits 28a-f show th and Mental Hygiena. 7 is marked other than "natural", or items 23a or 28a-f show traumstic event, the Medical Examinar must be northed at 1 Yes 2□No **Funeral Director** aryland more 10e. Street and Number 10f. Zip Code 10g. Citizen of What Country? permit. Pages 1 and 2 should be filed within 72 hours after death with Department of Health and Mental Hygiena. Important: If Item 27 is marked other than "natural; or items 23a or any injury or other traumatic event, the Medical Examinations." 2 W000 12. Was Decedant Ever in U,S. Armed Forces?
1 Yes 2 VNo
If Yes, Give Was Decedent of Hispanic Origin? (Specify Yes or No-if Yes, specify Cuban, Mexican, Puerto Rican, etc.) 11. Maritai Status 14. Raca - American Indian Biack, Whita, atc. 1 Never Marriad 2 Married Baltimore, Maryland 21215-0020 1 Yas 2 No Specify: δ Specify: 3 Widowed 4 □ Divorced egro Year or Dates Completed 16a. Decedent's Usual Occupation (Giva kind of work done during most of working lifa. DQ NOT use retired) 15. Decedent's Education (Specify only highest grade completed) 16b. Kind of Business/Industry Elementary/Secondary (0-12) College (1-4or 5+) rivat Id 17. Fathar's Nama (First, Middle, Last) 18. Mother's Name (First, Middle, Maldan Surnama) Be 9 9 0 Or 19a. informant's Name/Relationship (Type, Print) 19b. Malling Address (Street and Number or Rural Route Number, City or Town, State, Zip Code) Balton 20a. Method of Disposition

1 △ Buriai 2 ☐ Cremation 20b. Place of Disposition (Name of cemetery, crematory or other place Date 20c. Location 3 Removal from State 4 □ Donation 5 □ Other (Specify) 22. Name and Address of acility
Joseph L. Hu 21. Signature of Funeral Service Licansee Home inera 1to. Md. 212/6 W. North AUR. lee, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, but is tonly one cause on each line. Approximate interval Between Onset and Death Physician 3 WHS /Medical immediate Cause (Final VENTRICULAR disease or condition resulting in death) **Examiner** Examiner CORONARY AND Due to (or as a consequence of): i or Attanding Physicien: The law requires that the death certificate be assocuted after death.

Director: After this certificate has been signed by the attending physician and the burial-transit Sequentially list conditions, if any, leading to immadiate cause. Enter Underlying Cause (Disease or injury that initiated events resulting in death) Last P.O. Box 68760, Hypenzew SION Physician/Medical Que to (or as a consequenca of) for use as Part II. Other significant conditions contributing to death but not resulting in the underlying causa given in Part I. 23b. Did tobacco use contribute to the cause of death? 1 Yes 2 No 3 Probably 4 Unknown Division of Vital Records, þ 8 24b. Wera autopsy findings available prior to completion of cause of death? director, page 2 should Completed 24a. Was an autopsy performed? 1 Yas 1 Yes 2 No Be 25. Was case referred to medical axaminar? 26. Place of Death (Check only one) 1 Yes 2NNo Other: 4 Nursing Home 5 Aesidenca 8 Othar (Specify) 2 1 inpatient 2 ER/Outpatient 3 DOA in by the funeral 27. Manner of Death 28a. Date of injury (Month, Day Year) 28c. Injury at Work? 28d. Describe how injury occurred 28b. Time of Medical Certification: Natural 5 Pending 1 Yas 2 No Investigation 2 Accident 3 Sulcida 6 Could not be detarmined 28f. Location (Street and Number or Rural Route Number, City or Town, Stata) 28e. Placa of Injury - At home, farm, street, factory, office building, etc. (Specify) 4 Homicide Medical Examiner: On the best of my knowledge, death occurred at the time, date and place, and due to the cause(s) and manner as stated.

Medical Examiner: On the best of examination and/or investigation, in my opinion, death occurred at the time, date and placa, and due to the cause(s) and manner stated. 29a. Certifier 29b. Signature and title of certifier 29c. Licanse number 29d. Date signed (Month, Day, Year) 30. Name and address of person who completed cause of death (Item 23a) (Type, Print)

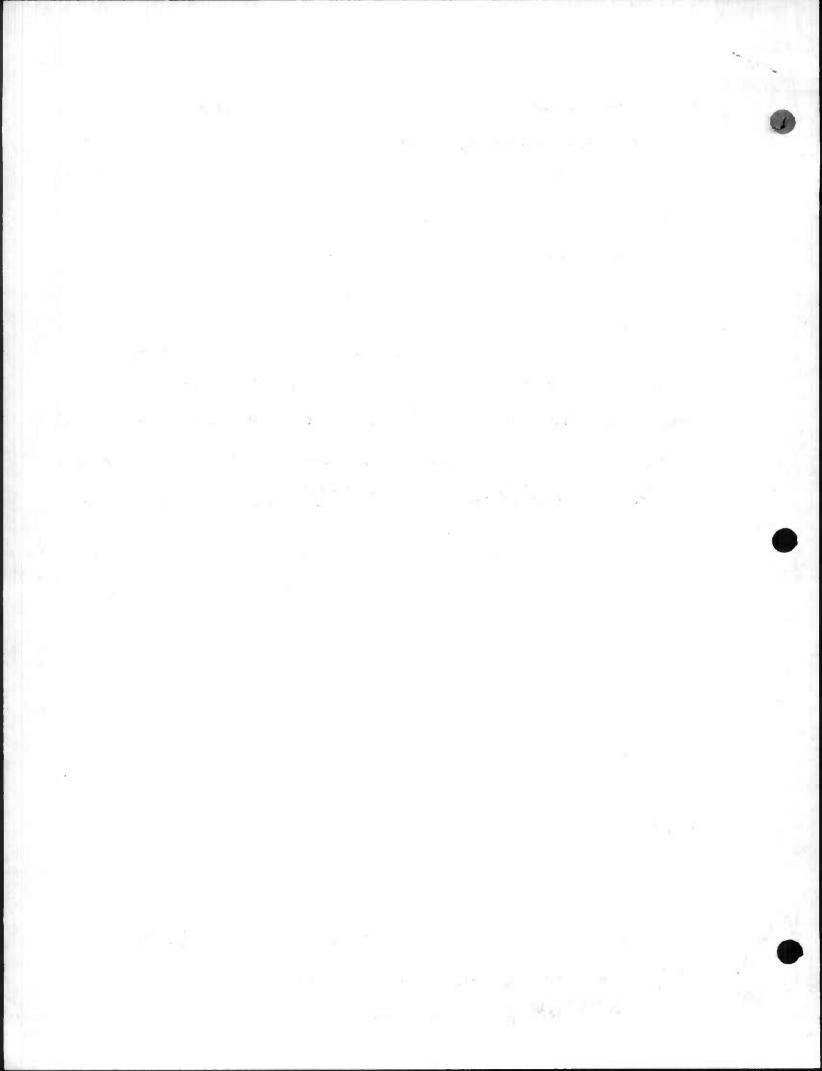
Mount Cuffeemd 2225 W. Nouth Ave Baltimore



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State of Maryland / Department of Health and Mental Hygiene	96	-
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		Decedent's Name (First, Middle,	(and)		Certif	ficate of	Death	7	Reg. No.						
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Examir	ner	4a. Facility Name (If not institution, g					4b. City, Town, o	r Location of Death	, , ,						
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rz nous arter death with the Maryland neturel, or items 23a or 28a-f show d'cal Expunner nast be notified at	cto		George	Нуа	ttsvil	le				1	☐ Yes 2 No				
8 0	Director	10e. Street and Numbar			1	Of. Zip Code			10g. Citizen of V	What Country?					
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af, or items 23s or 28s-f shore. Excepting the modified at	by Funeral	11. Marital Status 1 □ Never Married 2 □ Married 3 □ Widowed 4 □ Divorced	12. Was Decedent Armed Forces 1 Yes 20 ff Yes, Give Year or Dates:	?	_	Decedent of I s, specify Cub Yes 2/12/No		Specify Yes or No- into Rican, etc.)	14. Rac Blac Specify	ca - American Inck, White, etc. White					
Hygiene. other than "natural", or ent, tre Medical Exc.	Completed	15. Decedent's (Specify only highest of Elementary/Secondary (0-12)	Education irade completed) College (1-4or		(Give kind life. DO l		pation during most of wind)	orking		usiness/Industry					
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of Health item 27 I other tra		20a. Mathod of Disposition	augitei			n (Name of ary or other pla		Date		City or Town, S					
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Department of important: If any injury or once.		21. Signature of Funeral Service Licensee 22. Name and Address of Facility Fleck Funeral Home, Inc. 7601 Sandy Spring Road, Laurel, MD 20707 Approximate shock, or heart failure. List only ona cause on each line. 23. Name and Address of Facility Fleck Funeral Home, Inc. 7601 Sandy Spring Road, Laurel, MD 20707 Approximate Interval Between													
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ompletely filled in	Medicai	Z MINGIGHT EXP	and manner sta	ateu.		29c. Licens	e number		9d. Date signer	Month Day					
P24 hours eft runeral Di pletely filled in	W	29b. Signature and the of certifier	and manner st			D1810	se number		29d. Date signed	Month, Day, 1					
refree fours effections of the completely filled in	W	one)	and manner st		(Type, Print	D1810	or number		29d. Pate signer 7/24/9	Month, Day, 1					

DHMH 16 Rev 6/95



Please Type or Print in Black Indelible Ink. Assure All Coples Are Legibie. State of Maryland / Department of Health and Mental Hygiene Certificate of Death 1. Decedent's Name (First, Middle, Last) 2. Date of Death 3. Time of Death -LACHIER LFREDO SEPT 1996 11:33 PM 25 4a. Facility Name (If not institution, giva street and number) 4b. City, Town, or Location of Death 4c. County of Death St. Joseph Hospital Towson Baltimore 6. Sex 1 X M 2 ☐ F If Undar 1 Yaar Months Days If Undar 24 Hrs. 8. Date of Birth Hours Min. (Month, Dey, Year) 5. Social Security Number 7. Aga (In yrs. last birthday) Birthplace (State or Foreign Country) Days 219-52-9905 59 NOV 02, 1936 Ecuador Usual Residence of Decedent 10a. Stata 10b. County 10c. City, Town or Location 10d. Inside City Limits Maryland Baltimore Towson 1 ☐ Yas 2 X No 10e. Street and Number 10f. Zip Code 10g. Citizen of What Country? 1 Huguenot Court 21204 Ecuador 12. Was Decedent Ever in U,S. Armed Forces? Was Decedent of Hispanic Origin? (Specify Yes or No If Yes, specify Cuban, Mexican, Puarto Rican, etc.) 14. Race - American Indian, 11. Marital Status Black, White, etc.
White-Hispanic/ 1 ☐ Yas ŽŽ No If Yas, Giva 1 Nevar Married 2 Married 1M Yes 2□ No Specify: Ecuadorian 3 ☐ Widowed 4 ☐ Divorced Yaar or Dates Ecuadorian 16a. Decedent's Usual Occupation (Give kind of work dona during most of working life. DO NOT use retired) 15. Decedent'a Education (Specify only highast grede completed) 16b. Kind of Business/Industry Eiementary/Secondary (0-12) College (1-4or 5+) 12 Auto Mechanic Car Dealership 17. Father's Name (First, Middle, Last) 18. Mother's Name (First, Middle, Meiden Sumama) Georges Alfred Flachier Adriana DelAlcazar 19a. Informant'a Name/Relationship (Type, Print) 19b. Melling Address (Street and Number or Rural Route Number, City or Town, Stete, Zip Code) Pepa Rosa Flachier/wife 1 Huguenot Court Baltimore, MD 21204 20b. Place of Disposition (Name of cematery, cremetory or other place) 20a. Method of Disposition Data 20c. Location - City or Town, State 1 ☐ Burial 2 X Cremation 3 ☐ Removal from Stata 4 ☐ Donation 5 ☐ Other (Specify) Metro Crematory, Inc. 09/27/96 Baltimore, MD 21. Signature of Funeral Service Licensee 22. Name and Address of Facility Cremation Society of Maryland, Inc. F McDonald 6 mald 299 Frederick Rd. Baltimore, MD 21228 Part : Enter the disease, or complications their caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line. Approximata Intarvai Batween Onset and Deeth Immediate Cause (Final disaasa or condition rasulting In death) 10 ments nesure Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Diseese or Injury that initiated events resulting In death) Last Due to (or as a consequence of) Part II. Other eignificant conditions contributing to death but not resulting in the underlying cause given in Part I. 23b. Did tobacco use contribute to the cause of death? 1 Yee 2 No 3 Probably 4 Unknown 24a. Was an autopsy performed? 24b. Were autopsy findings available prior to completion of cause of death? 1 Tyes 1 ☐ Yes 2 ☐ No 25. Was case referred to medical examiner? 26. Place of Death (Check only one) Hospital: Other: 4 Nursing Home 1 Yes 25 No 1 Inpatient 2 ER/Outpatient 5 Rasidence 6 Other (Specify) 3 DOA 28a. Date of Injury (Month, Dey Year) 27. Menner of Death 28d. Describe how injury occurred Injury at Work? 1 Natural 5 Pending investigation 1 Yes 2 No 2 Accident 6 Could not be determined 28f. Location (Street end Number or Rural Route Number, City or Town, Stete) 3 ☐ Sulcide 28e. Place of Injury - At home, farm, street, factory, office building, etc. (Specify) 4 Homicide 29a. Certifier 1 Contifying Physician: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(s) end menner es steted. 2 Medical Examiner: On the basis of exeminetion and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) end manner stated. (Check only one; 29b. Signahir 29c. License number 29d. Date aigned (Month, Dey, Year)

D-12950

YOKK ND

TOWSON, MD

The law requires that the death certificeta be axecuted Box 68760. P.O. Division of Vital Records, or Attending Physician: s after das-

Physician

/Medical

Examiner

Funeral

Director

show

7 is marked other then "natural", or items 23s or 28s-f shot traumatic event, the Medical Exercities must be notified as

I Hygiene.

permit. Peges 1 and 2 should be file Department of Health and Mental Hy Important: If Item 27 is marked oth any Injury or other traumatic event 2008.

Physician

/Medical

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certificate has

After this

funeral

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Examiner

or items :

Funeral Director

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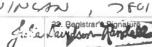
Medical

filed within 72 hours after death with the Maryland

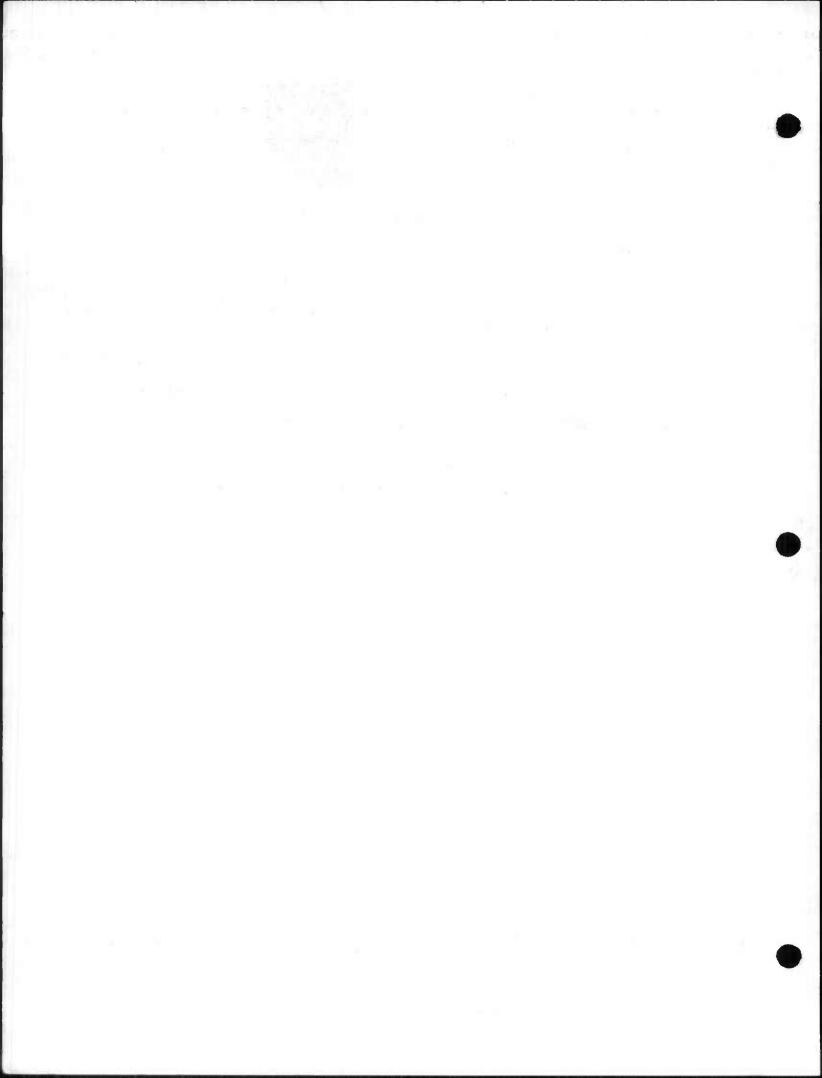
Baltimore, Maryland 21215-0020

State Registrar

QUIN CAN JAMES 31. Data filed (Month, SEP 27



ddress of person who completed cause of death (Item 23e) (Type, Print)



96-5484-005

State of Maryland / Department of Health and Mental Hygiene Certificate of Death

2. Data of Deeth

3. Tima of Deeth

	W	lc		, 03	Olai
		Physic /Medi		Decedant's Nama (First, Middle, L. WILLIAM	est) SAMUI
	7	Exami		4a. Facility Nama (If not institution, gi	
	T	Funeral Director		216-41-9986	Sex 1∭AM 2□
		yland		Usual Rasidance of Decedant 10e. Stata 10b. County	
		the Mer 28a-1 si	rector	Maryland Baltin	nore
		ath with s 23a or	ral Di	29 Heavrin Co	ırt
	020	permit. Pages 1 end 2 should be filed within 72 hours efter death with the Meryland Department of Health end Mentel Hygiene. Important: or Items 23a or 28a-f show Important: if Item 27 is marked other than "natural", or Items 23a or 28a-f show my Injury or other traumatic event, ma Modical Examinat must be notified at 2008.	Be Completed by Funeral Director	11. Maritel Status 1) Naver Married 2 Married 3 Widowed 4 Divorced	12. Was Arme 1 🔲 V if Yas Year
	5-0	thin 72 ho e. an "natur Medical	eted	15. Decedent's E (Specify only highest gr	ducation ade comple
	212	iene.	omp	Elamantary/Secondary (0-12)	Colle
	Baltimore, Maryland 21215-0020	permit. Pages 1 end 2 should be filed with Depertment of Health end Mentel Hygiene. Important: if Item 27 is marked other that any Injury or other traumatic event, that 2008.	To Be C	17. Fathar's Nama (First, Middle, Last	
	Mary	2 should be shou	-	19a. Informant's Name/Relationship	Type, Print,
	e, 1	1 end Health am 27 rther tr		Kathleen Ann Har 20a. Mathod of Disposition	vatt/i
	timo	t. Pages tment of tant: If It		1 ☐ Burlal 2 ☐ Cremation 3 ☐ 4 ☐ Donation 5 ☐ Other (Speci	-
	Bal	permit. Pa Depertmen Important: any Injury once.		21. Signature of Funeral Sarvice Lice	Dawn H
1	1	Discolates		23a. Part f. Enter the disease, or com shock, or heart failure. List only	plications to ona cause
EN !	411	Physician /Medicai Examiner		immadiata Ceuse (Final disassa or condition rasulting In death)	NAR a.
		ted nsit	Examiner		b.
	ó	execu an end riel-trai	Exar	Sequentielly list conditions, if any, leading to immediata causa. Entar Underlying Cause (Disaasa or injury	
	9289	rificate be executed og physician end es the buriel-transit	Redical	Cause (Disease or injury that initiated events resulting in death) Lest	¢
	Box	ath cer ottendin for use	lan/N		d
	P.O.	et the de	Physic	Pert ii. Other significant conditions of	contributing
	rds,	uires th	d by		
	Division of Vital Records, P.O. Box	To the Hospital or Attanding Physician: The law requires that the death cer within 24 hours after death. To the Funeral Director: After this certificate has been signed by the ettending the Funeral Director, after the certificate has been signed by the ettending the funeral director, page 2 should be detached for use	Medical Certification: To Be Completed by Physician/M	4 11 1	
	Vital	ysician: T s certifica director, p	o Be C	25. Was casa rafarred to medical axaminar? 1)∑ Yas 2 □ No	Hospital:
	ion o	To the Hospital or Attanding Physician: within 24 hours after death. to the Funeral Director: After this certific completely filled in by the funeral director.	ation: 1	27. Mannar of Death 1 Naturei 5 Pending 2 Accident Invastigatio	28a. D
	Divis	To the Hospital or Attand within 24 hours after death to the Funeral Director; A completely filled in by the f	Sertific	3 ☐ Suicida 6XX Could not b datamined	0
		Hospit 24 hour Funera	edical (29a. Cartifiar 1 Certifying Ph	
		ithii omp	ž	29b. Signatura and title of certifiar	1

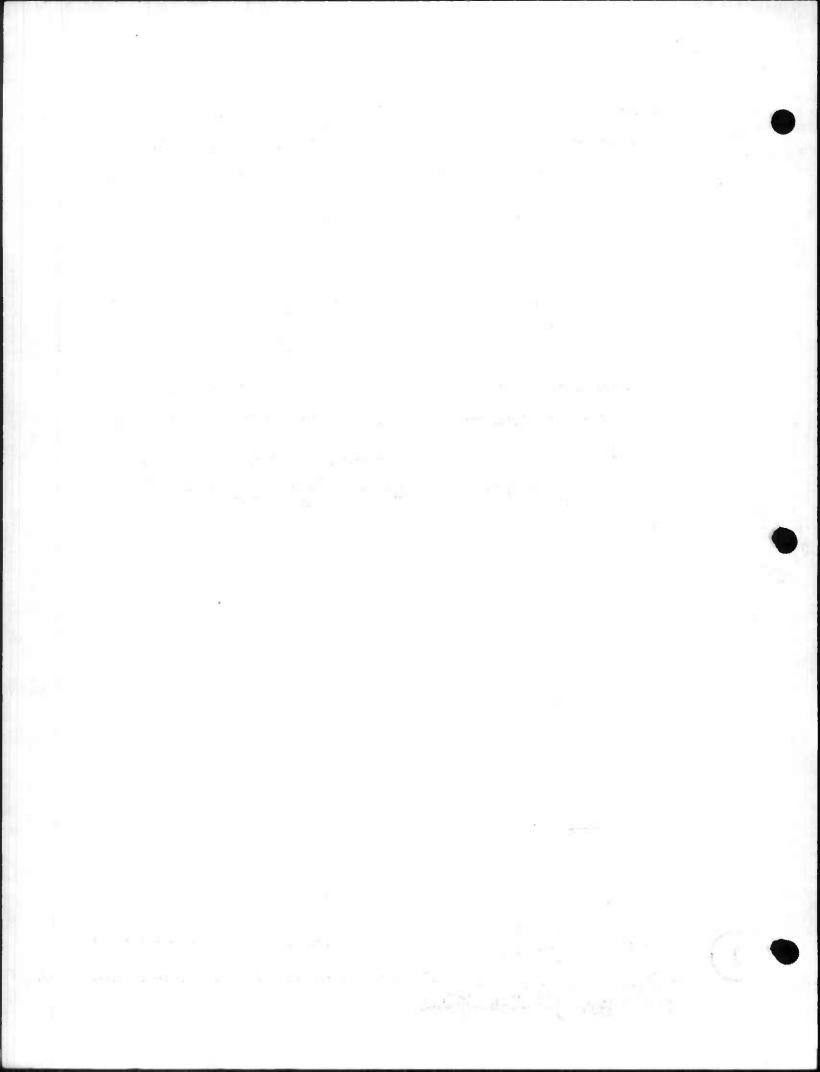
ai ai er	WILLIAM S 4a. Facility Nama (If not institution, give	4b. City, Town	S en, or Location	epteml of Death	oer 2		1996 6:50			
	29 HEAVRIN CT • 5. Social Security Number 216-41-9986 Usual Rasidance of Decedant	7. Age	e (In yrs. last birthday,	if Under 1 Ye Months De		Hrs. 8. D.	RSH ete of Birth Month, Day, Y R 17,	BALT (ear) 1976	9. Birti Co	RE hplace (State or Foreign untry) nessee
ctor	10e. Stata 10b. County Maryland Baltime	ore	10c. City, Town or L Wh	ocation ite Ma	rsh					10d. Inside City Limits 1 ☐ Yes X☐ No
Funeral Director	10e. Street end Number 29 Heavrin Cou:	rt		10f. Zip Cod 212			100	Citizan of US		untry?
by	11. Maritel Status 1) Naver Married 2 Married 3 Widowed 4 Divorced	12. Was Decedent E Armed Forcas? 1 ☐ Yas 2 N if Yas, Giva Year or Datas:		Was Dacadant of if Yas, specify C	uban, Mexican, I	n? (Spacify) Puarto Rican	(as or No-	Bla	ce - Amai ick, White by: White	
Completed	15. Decedent's Edu (Specify only highest grad Elamantary/Secondary (0-12)	cation de completed) College (1-4or 5-	16a. Dece (Give life. Cardi	edant's Usual Oci e kind of work do DO NOT use ret ac Rescr	cupation ne during most o lired) ue Techr	working nician		Sb. Kind of B		ndustry Medicin
To Be C	17. Fathar's Nama (First, Middle, Last) Jefferson	McCrea	French	TTT			t, Middle, Ma			+
ř	19a. Informant's Name/Relationship (7) Kathleen Ann Harv	ype, Print)	19b. Malli	ing Address (Stree East Lake	et and Number	or Rural Rou		City or Town	, State, Z	
	20a. Mathod of Disposition 1 ☐ Burlal 2 The Cremation 3 ☐ F 4 ☐ Donation 5 ☐ Other (Specify)		20b. Place of Disp	osition (Name of matory or other p	place)	Da	ta 20	altimo	- City or	
	23a. Part . Enter the disease, or compl shock, or haart failure. List only of immadiata Ceuse (Final disease or condition		noun 2	remation 99 Frede Har the mode of c	rick Rd	. Balt	imore	, MD 2		Approximata interval Batween Onset and Death
ner	resulting In death)		Dua to (or as a conse	quanca of):						
i Examiner	Sequentielly list conditions, if any, leading to immediata causa. Enter Underlying Cause (Disease or injury that initiated events	b.	Dua to (or es a conse	quance of):						1,179
ysician/Medical	that initiated events resulting in death) Lest	d	Dua to (or as a consec	quance of):						
0	Pert II. Other significant conditions con	ntributing to death bu	t not resulting in the u	inderlying causa	givan in Part I.			26 No	ontribute	to the cause of death?
Be Completed by							24a. Was en o		8	Vara autopsy findings vallable prior to completion of cause of death?
е Соп	25. Was casa rafarred to medical				OO Die ee et	I Death (Ob.	1.□Yas	2□No	1	Tves 2 No
10 8	ayaminar?	lospital:	nt 2 ER/Outpatle	nt 3 DOA	Other _		ock on <i>ly one)</i> 5 ⊠ Rasidano	oe 6 □Ott	ar (Snec	rify)
	27. Mannar of Death 1 Naturei 2 Accident 5 Pending Invastigation	28a. Data of injury (Month, Day) FOUND 9/25	Year) 28b. Time o	28c. In		28d. [escribe how			,
Medical Certification:	3 ☐ Suicida 6XX Could not be datarmined	28a. Place of injurbuilding, atc.	ry - At home, ferm, str (Specify) RESIDENCE	raat, factory, offic	×8		ocation (Stre lity or Town, S TIMORE,			ral Floute Number,
dical	29a. Cartifiar (Check only one) 1 Certifying Physical Cartifying Physical Examination (Check only one)	sician: To the best of ner: On the basis of a end manner stat	my knowledga, daat axamination and/or in ed.	h occurred et tha vastigation, in m	tima, data and p y opinion, death	oiace, end di occurred at	ua to tha cau tha tima, date	sa(s) and make and place,	annar as and dua	statad. to the ceuse(s)
Ň	29b. Signature and title of certifier	11 00			onse number					, Day, Year)

erson who completed causa of deeth (Item 23a) (Type, Print)

111 Penn Street, Baltimore, Maryland 21201

State Registrar

DHMH 16 Rav 6/95



FOR STATE REGISTRAR

1. DECEDENT'S NAME (First, Middle, Last)

GRA City
31. DATE FILED (MONTH, Day, Your)

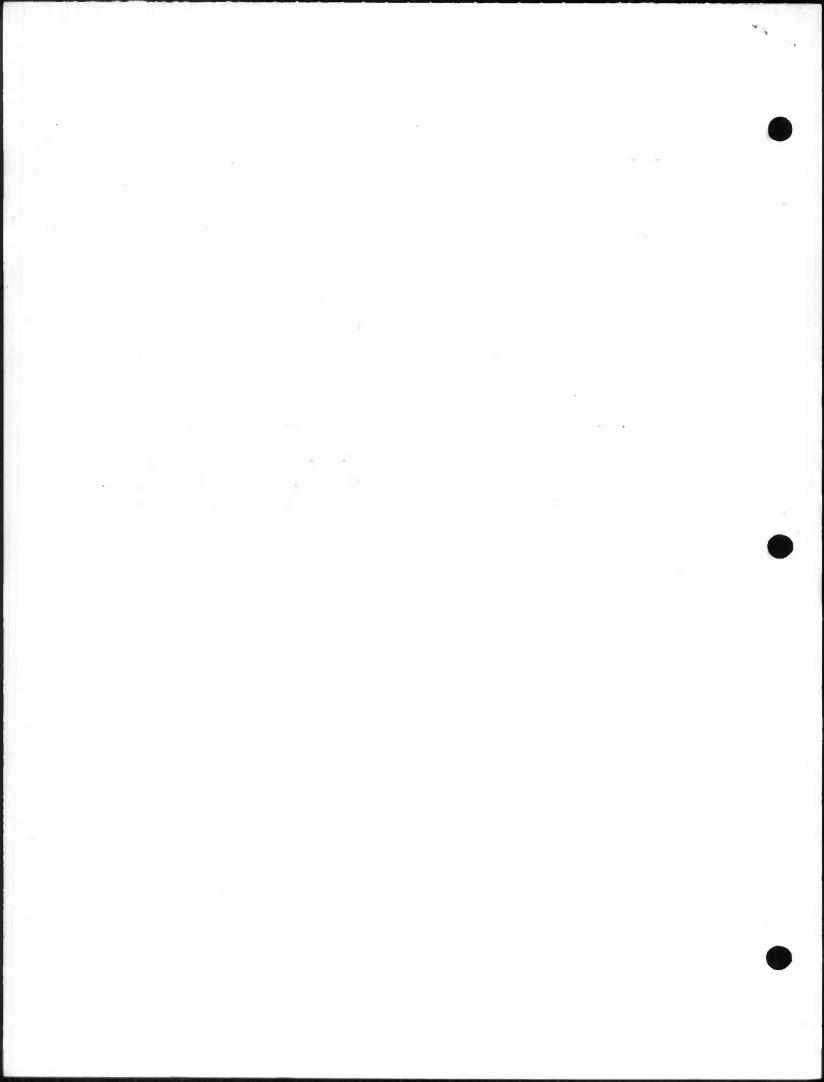
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32. REGISTRAR'S SIGNATURE
Julia Davidson

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SSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or at	INERAL, DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use	2
F	ER	5
83	Z	£

	1. DECEDENT'S NAME (First, Middle, Last)	El	izabeth	0. F.	rede	rick	,		MONTH	of OEATH D	AY 02	YEAR	3. TIME OF DEATH 7:30 AM	
	4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. I	est birthday)	IF UNDER	1 1 YEAR	IF UNDER	1 24 MRS.	7 DATE	OF BIOTH			THPLACE (State or Foreign	
	212-07-6770	1 🗆 M 2 💢 F	84	YRS.	MONTHS	DAYS	HOURS	MIN.	Aug.	30,1	912	Country	yland	
	9a. FACILITY NAME (If not institution, give a	street and number)			9b. CITY	r, TOWN C	OR LOCATI	OH OF DE				INTY OF DE	-	
CTOR	3211 Rosekemp Au	enue				Balt	imor	e Ci	ty			N/A		
w II	10a. STATE 10b. COUNT			10c. CIT	Y, TOWN	OR LOCAT	TION	n	0 4 *				10d. INSIDE CITY LIMITS?	
PIG	Maryland	N/	A						activ	nore C			1 X YES 2 HO	
ERAL	3211 Rosekemp Av	enue				101	. ZIP COD	_	1214				l States	
BY FUN	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced		NT EVER IN U.S. A 1 YES 2 WAR OR DATES	ARMED XNO		If yes, sp		ın, Mexica	n, Puerto F	? (Specify Yes ticen, etc.)	or Ho—		- American Indian, Whita, etc.	
8	15. DECEDENT'S EDU (Specify only highest grade	CATIOH (DECEDENT'S					16b.	KIND OF BU	SIHESS/IH	DUSTRY	WIDOCC	
LETE	Elementary/Secondary (0-12)	College (1-4 or 5		'Give kind of fe. Do NOT u	se retired.)		IST OF WORK	ng		,	N			
COMP	12 Years 17. FATNER'S NAME (First, Middle, Last)			Hom	emak	er	18 MOT	MED'S MA	ME (First A	fiddle, Maiden	wn H	ome		
ŭ U	Olin F. E	urina					16. MOI			elle G		OH		
0 8	19s. IHFORMAHT'S HAME (Type/Print)	wane						r or Rural I	Aoute Numb	er, City or Tow	n, Stete, Zi	p Code)		
F	Linda E. D. Roma	ns / Nie	ce	7806	Wil	son	Aven	ue.	Balt	imore,	Mar	ylano	d 21234	
İ	20a. METHOD OF DISPOSITIOH 1 (X Buriel 2 Cremation 3 Rem	oval from State	cemetery o	E AHD DATE	ther place.	1			DATI			City or Ton		
	4 Donation 5 Dother (Specify) Meadowridge Mem. Pk. 9/26/1996 Dorsey, Ma. 31. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. HAME AHD ADDRESS OF FACILITY											Mar	uland	
	· milton	Knie	ell		L	eona	rd J	• Ru	ck Fu	ineral Balt	Hom	e, In	ic. Vruland 21:	
	23. PART I. Enter the diseases of shock, or heart failure.	complications th List only one of	t caused the duse on eech lis	death. Do									Approximata Interval Batwee	
	IMMEDIATE CAUSE (Final disease or condition resulting in death) A la fastalic Carciners levest in the contract of the contrac													
i	resulting in death)		OR AS A CONS				-						1000	
ATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING	b	OR AS A CDHS	EQUEHCE C	PF):									
ERTIFICATION	CAUSE (Disease or injury that initieted events resulting in death) LAST	c. DUE TO	OR AS A COHS	EOUEHCE C	PF):	-								
O	PART II. Other significant condition	ns contributing to	n deeth hut not	resulting	in the u	nderivio	G COURA	alven in	Part I	24a. WAS AN	AUTODOV	245	WERE AUTOPSY FINDING	
DICAL	Delesso5	Coup	- 16	11	10	: Le	1			PERFO	RMED?		AVAILABLE PRIOR TO COMPLETION OF CAUSE	
ш	Clins a	Posti	it	Pu	lu	7	æ:	-	_	1 TYES 2	Z		OF DEATH?	
2	DID TOBACCO USE CONT								N D				10 100 100	
SICIAN:	25. WAS CASE REFERRED TO SECTION. EXAMINER?	HOSPITAL:	26. PL	ACE OF DEA		_		/	-					
YSI	1 TYES 2	1 Inpatient 2	☐ ER/Outpetient	3 DOA	OTHE 4 □ Nu		no 5 (1) A	asidence	6 🗆 Othe	r (Specify)				
ву РНУ	27, MAN IER OF DEATN 1 Hetural 5 Pending 2 Accident Investigation	28a. DATE O (Month,	F IHJURY Day, Year)	28b. Til	ME OF JURY M	WC	JURY AT ORK? YES 2 [_ NO	28d. DES	CRIBE HOW	HJURY O	CCURED		
E	3 Suictde 8 Could not be determined	28e. PLACE building	OF INJURY — At I, atc. (Specify)	home, farm,	street, fed	ctory, offic	:e		28t. LOC City	ATIOH (Street or Town, State)	and Numbe	er or Rural R	loute Number,	
COMPLE	29a. CERTIFIER (Check only one) 1 CERTIFYING PHYS) and manner as stated.	
H	29b. SIGNATURE AND TITLE OF CERTIFIE	NO	oco.				29c. LIC	ENSE HUI	MBER 35	-6	29d. DA	TE SIGHED	(Month, Day, Year)	
일	30. HAME AHD ADDRESS OF PERSON WI	HO COMPLETED CA		TEM 27) (Typ		70.	3 5	C	ica	ons	51	-13	SUTRED	

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.

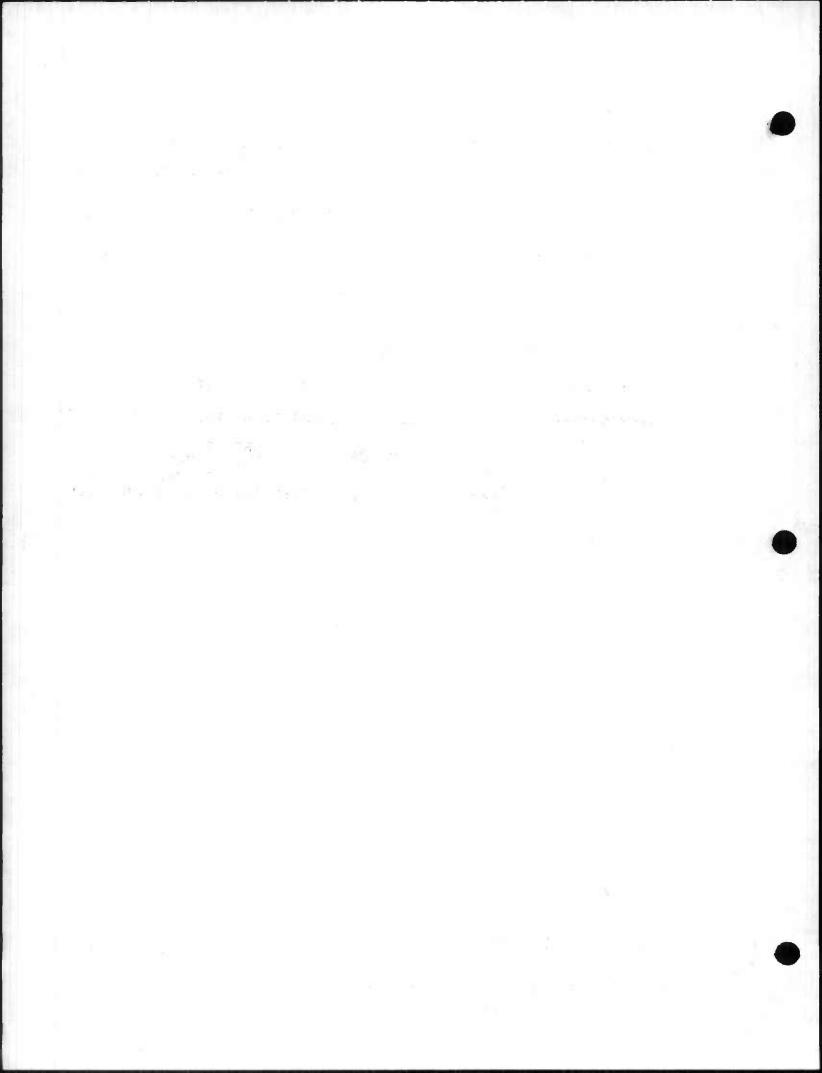


State of Maryland / Department of Health and Mental Hygiene Certificate of Death 1. Decedent's Nama (First, Middle, Last) 2. Data of Death 3. Tima of Death Physician Fember 25, 199 /Medicai 4b. City, Town, or Location of Death 4a. Facility Nama (If not Institution, giva streat and number) 4c. County of Death **Examiner** Baltimore City Rylana GENERAL If Undar 1 Yaar if Undar 24 Hrs Houra Min. 5. Social Sacurity Number 7. Aga (In yrs. last birthday) Data of Birth (Month, Dey, 01-03- Birthpiaca (Stata or Foreign Country)
 MD **Funeral** Months MM 20 F 56 217-38-0429 Director Usual Rasidance of Decedant deeth with the Maryland 10s State 10b. County 10c. City, Town or Location 10d. Insida City Limits r 28a-f show MD Baltimore Director XXYas 2 No 10e. Street and Number 10f. Zip Coda 10g. Citizen of What Country? Examiner must be r 1917 E. Lafayette Street 21213 USA Funeral 12. Was Decedant Evar in U,S. Armed Forcas? Was Decedant of Hispanic Origin? (Specify Yas or No-tf Yas, specify Cuban, Maxican, Puarto Rican, atc.) 14. Raca - Amarican Indian, Biack, Whita, atc. Pages 1 and 2 should be filed within 72 hours after of the of Health end Mental Hyglene. 1 Nevar Married 2 Married 1 ☐ Yas 22 ☐ No If Yas, Giva Yaar or Datas: Baltimore, Maryland 21215-0020 "natural", or 1 ☐ Yas 2 ☐ No Specify: Š Specify: Black 3 Widowed 4 Divorced Completed 16a. Decedant'a Usual Occupation (Giva kind of work dona during most of working lifa. DO NOT usa retired) 15. Decedant's Education (Specify only highast grada complated) 16b. Kind of Busineas/Industry the Me Patuxent Correctional merked other than Elamantary/Secondary (0-12) Collaga (1-4or 5+) Disabled 12th Grade 2 years Institute 17. Fathar'a Nama (First, Middla, Last) 18. Mothar's Nama (First, Middla, Maiden Sumama) Be 2 Jessie J. Grier Carrie M. Miller 19a. Informant's Name/Ralationship (Type, Print) 19b. Meiling Addrass (Street and Number or Rural Routa Number, City or Town, State, Zip Coda) Health em 27 le SMith Marguerite 1917 E. Lafayette Street Baltimore, Maryland permit. Pages 1 and Department of Healt Important: If Item 27 any Injury or other 1 once. 20b. Placa of Disposition (Nama of cematary, cramatory or other place) 20e. Mathod of Disposition Data 20c. Location - City or Town, Stata ★ Bunal 2 □ Cramation 3 □ Ramoval from Stata 4 □ Donation 5 □ Othar (Specify) 9-30-96 Arbutus, Maryland Arbutus Mem. PK. Cem. 22. Nama and Addrass of Facility Baltimore, Maryland 21202 21. Signature of Funaral Sarvice Licenses ⇒WM. C. March F.H. 1101 E. North Avenue 23e. Part1. Entar tha disaese, or complications that caused tha death, shock, or haart failura. List only one causa on each line. Do not antar the mode of dying, such as cardiac or respiratory arrest, Approximata interval Batween Onset and Death **Physician** /Medical Immadiata Causa (Final disaasa or conditior rasulting in death) Examine Examiner The law requires that the deeth certificate be executed physician and the burial-transit Sequentielly list conditions, if any, leading to immadiate cause. Enter Underlying Cause (Disaase or Injury that initiated avents resulting in death) Last Division of Vital Records, P.O. Box 68760, Physician/Medical Dua to (or as a consequence of) been signed by the atte should be detached for Part if. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 23b. Did tobacco use contribute to the cause of death? 1 Yes 2 No 3 Probably 4 thknown à 24b. Wara autopsy findings available prior to completion of cause of death? 24a. Was an autopsy performed? Completed hes page 2 1 ☐ Yas 2 12 No 1 ☐ Yas 2 ☐ No certificate the Hospital or Attending Physician: thin 24 hours efter death. The Funeral Director: After this certifica funeral director, Be 25. Was casa rafarred to medical axaminar? 28. Placa of Death (Check only ona) Hospital: Other: 4 Nursing Home 5 Residence 6 Other (Specify) 1 ☐ Yes 1 Inpatiant 2 200 No 2 ER/Outpatient 3 DOA 27. Manger of Death Certification: 28a. Data of Injury (Month, Day Year) 28c. Injury at Work? 28b. Time of 28d. Describe how injury occurred 1 Naturel 2 Accidant 5 Panding Invastigation 1 ☐ Yas 2 ☐ No 6 Could not be detarmined 3 Sulcida 28a. Placa of Injury - At homa, farm, streat, factory, office building, atc. (Specify) 28f. Location (Street end Number or Rural Routa Number, City or Town, Steta) 4 Homicide 1 Certifying Physician: To the best of my knowledga, daeth occurred at the time, data and piaca, and dua to the cause(s) and manner as stated.
2 Medical Examiner: On the basis of axamination and/or invastigation, in my opinion, death occurred at the time, data and placa, and dua to the cause(s) and mennar stated. 29e. Certifier Medical 29b. Signatura and titla of certifial 29c. Licansa number 29d. Data signed (Month, Day, Year) 30. Name and addrass of person who complated cause of deeth, (Item 23a) (Type, Print) lertham, m.D.

State of Maryland / Department of Health and Mental Hygiene

96 28815

					C	ertific	ate of	Death		Reg. No.		0010		
Dhysisian	_	Decedent's Name (First, Middle, I	ast)						2. Data of De		Year 3.	Tima of Deeth		
Physician Medical/	_	Dorothy M.	Graves						Septem		1996 2	:25 P.A		
xaminer	•	4a. Facility Name (If not institution, g	ive street end number,)				4b. City, Town, o	r Location of Deat					
		Johns Hopkin	s Hospit	a/				Balti	more	Bal.	timor	e.		
al	П		Sex 7. A	ge (In yrs.	lest birthda		ndar 1 Year	if Undar 24 Hr	s. 8. Data of Bi			Steta or Foreign		
or		217-20-1117	1□ M 25(F	66	Yrs.	Mont	hs Days	Hours Mir	8. Data of Bi (Month, Di FEB 5	, 1930		D		
	- 1-	Usual Rasidenca of Decedent										D		
	- 1	10a. State 10b. County		10c. Ci	ty, Town or	Location		3.7.000				sida City Limits		
to	5	MD N	/A				В	ALTO.			X	Yes 2 No		
Director	5	10e. Street and Number				10f.	Zip Coda			10g. Citizen of 1	What Country?			
		1218 E. EAGER	ST				21	202		TI	.S.A.			
Funeral	5	11. Marital Status	12. Was Decedant	Evar in U	,S. 1	3. Was De	ecedent of h	lispanic Origin? (Specify Yes or No		ce - Amarican fn	dian,		
		1 ☐ Never Married 2 Married	Armed Forces	No					no Hican, etc.)		ck, Whita, atc.			
þ	2	3 ☐ Widowed 4 ☐ Divorced	ff Yes, Give Year or Dates:			1 ⊔ Ye	s 2X No	Specify:		Specify	y: BLACK			
ted	2	15. Decedent's I			16a. De	cedent's L	Jsuai Occup	ation		16b. Kind of B	usiness/Industry	,		
Completed	2	(Specify only highest g Elementary/Secondary (0-12)	College (1-4or	54)	life	ve kina or . DO NO	Tuse retire	during most of wi	orking					
0	5	9th	N/A	0.,	L	ABOR	RER			N/A				
Be		17. Father's Name (First, Middle, Las	it)					18. Mother's Na	ame (First, Middle	, Meldan Surnan	na)			
To	5	ROBERT GROSS						MAYZE	LL WHIT	E				
		19a. informant's Name/Relationship	(Type, Print)		19b. Ma	iling Addr	ress (Street	end Number or F	Rurel Route Numb	er, City or Town,	Stete, Zip Code	1)		
		DORTHY GRAVES	}						BALTO					
	1	20a. Method of Disposition		20b. F	Piace of Dis	position (Neme of		Date	20c. Location -	- City or Town, S	itate		
		1 Buriai 2 ☐ Cremation 3		M		ON (or other ple		SEPT 25					
	-	4 ☐ Donation 5 ☐ Other (Spec 21. Signature of Funeral Service Lice		1.7 7	21				1996	BALTO,				
a di ca		21. Signature of Fameral Service Lice	ensee	1				ss of Facility	BETTS	FUNERA				
		23e. Pen1. Enter the disease, or complications that caused the death. Do not anter the mode of dying, such as cardiac or respiratory arrest, Interval Between Interval Between												
	1	23e. Pert1. Enter the diseese, or con shock, or heart failure. List oni	nplications that cause y one causa on each i	d the deat ine.	h. Do not a	anter the n	node of dyir	ng, such as cardi	ac or respiratory a	rrest,	Appr	oximate vai Between		
in 📄											Ons	et and Death		
al er		immediete Cause (Finei disease or condition	· Aspi	rat	jon	Pre	umon	ia			1	day		
	ш	resulting in deeth)	0		or es e cons									
ne l														
Examiner		Sequentially list conditions.	b	Due to (d	ras a cons	equence	of):							
		Sequentially list conditions, if any, leading to immediate cause. Enter Undarlying Cause (Disease or injury												
edical		Cause (Disease or injury that initiated events resulting in death) Last	C	Due to (o	r as a cons	equenca (of):							
Med		resulting in death) Last	(1)	/	T .	1	T (ction						
			d. Urin	ary	1 76	101	+n1	ection						
by Physician/	-	Part ff. Other significant conditions	contributing to death b	ut not res	ulting in the	underivin	o cause ob	en in Part i	23h Did	tobacco use co	ntribute to the	nues of death?		
hya		11	continuating to douting	ot not ros	atting in the	underryin	ig cause giv	on in Fact.		Yes 2□No	3 Probably	4 Unknown		
Y P		Vasculitis								TOS ZLINO	3 Flooably	4 pg Onknows		
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Be	1	25. Was case referred to medicat exeminer?	Manital				- 100		eath (Check only	one)				
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on:	2	27. Manner of Deeth 1 Ñ Neturei 5 ☐ Pending	28a. Date of Inju (Month, De	y Year)	28b. Time Injury		28c. Injur Wor	y at k?	28d. Describe	how injury occur	red			
ati		2 Accident investigation				М	10	Yes 2□No						
ŧ.		3 ☐ Suicide 6 ☐ Could not lead to determine	28a. Piace of Inj building, et	ury - At ho	ome, farm,	street, fac	tory, office		28f. Location (City or To	Street and Numb	per or Rural Rou	te Number,		
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edical		(Check only 2 Medical Exa	miner: On the basis of and mannar st	examina e	tion and/or	investigat	ion, in my o	pinion, death occ	urred at the time,	date and piece,	and due to the d	euse(s)		
12		9b. Signature and title of certifier					29c. Licens	e number		29d. Date signe	d (Month, Day,	(ear)		
1		Deffrey A.	Spaeder				M	077			L 11	100		
1	1						1416	51.		septer	moer I	1, 1996		
1	13	00. Name and address of person who	(1		23a) (Typ	e, Print)	1.11	= /		.00				
		Jeffrey A	Spaede	~	60	00 W	016.	>1.						
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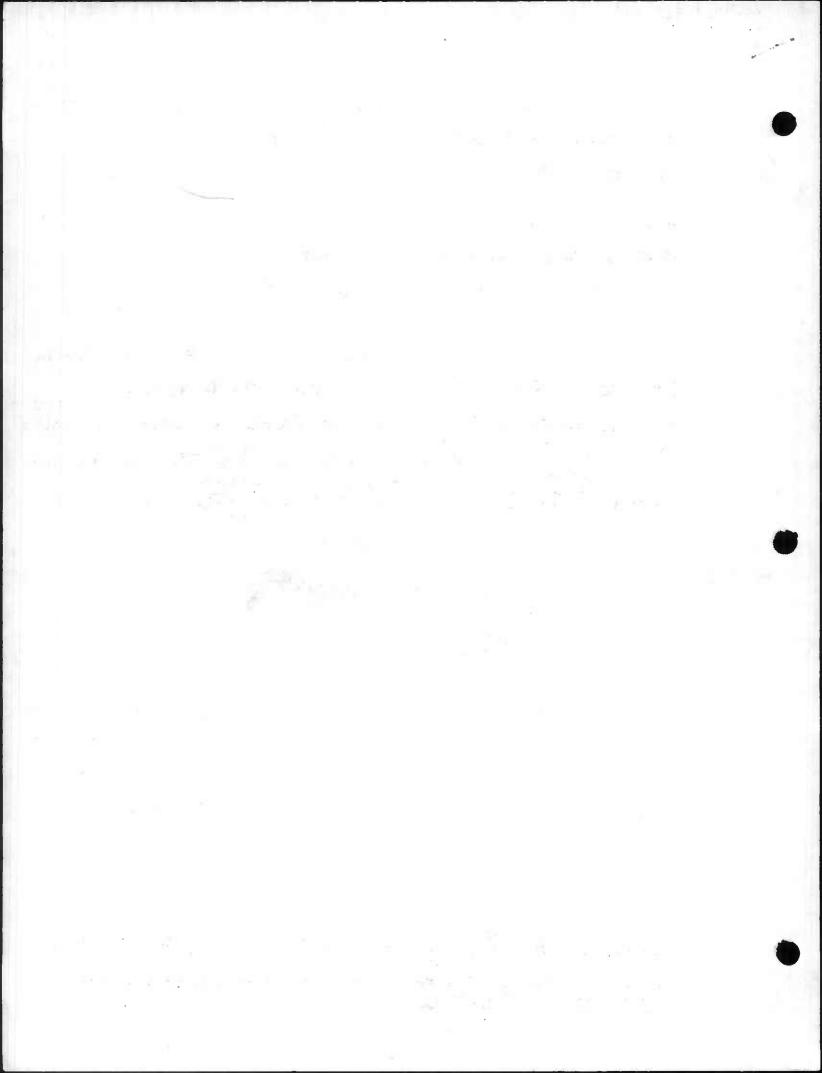


96-5294-510 FilmG740 item 23,part II, 27,28a,b,c,d,e,f, 10-2-96 rja 96-213 Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. R.K.S State of Maryland / Department of Health and Mental Hygiene Certificate of Death 1. Decedent's Neme (First, Middle, Last) 2. Date of Deeth 3. Time of Deeth **Physician** SEPT. 1996 DAVID GRIFFITH BRIAN 0645 AM /Medical 4e. Fecility Neme (If not institution, give street end number) 4b. City, Town, or Location of Deeth **Examiner** 1100 BOLTON AVENUE APT. 619 BALTIMORE If Under 1 Year if Under 24 Hrs. 8. Dete of Birth (Month, Dey, Year) 5. Social Security Number 7. Age (In yrs. lest birthdey) 9. Birthplece (State or Foreign Country) Funeral 15€M 2□ F Yrs. Director 212 70 1849 39 FEB. 26, 1957 10e. Stete 10b. County 10c. City, Town or Location 10d. Inside City Limits 28a-f show r than "natural", or itams 23a or 28a-f show the Medical Examinar must be notified at Director 1 ☐ Yes 2 No MARYLAND LARROLL FINKSBURG 10e. Street end Number 10f. Zip Code 10g. Citizen of Whet Country? 3345 (MORY KOAD 21048 Was Decedent of Hispenic Origin? (Specify Yes or No-If Yes, specify Cuben, Mexican, Puerto Rican, etc.) 14. Rece - American Indian, Black, White, etc. 11. Maritel Status 72 hours aftar 1 Never Merried 28 Married Baltimore, Maryland 21215-0020 1 ☐ Yes 2 No Specify: P 3 ☐ Widowed 4 ☐ Divorced Specify: STIKE Completed 15. Decedent's Education (Specify only highest grede completed) 16e. Decedent's Usuel Occupation (Give kind of work done during most of working life. DO NOT use retired) 16b. Kind of Business/Industry permit. Pages 1 and 2 should be filed within Department of Health and Mental Hygiane. Important: If Nem 27 Is marked other than any Injury or other traumatic event, the Magnita. Elementary/Secondary (0-12) College (1-4or 5+) SALS 13785. AUTOMOBILE OSALER 17. Fether's Neme (First, Middle, Last) 18. Mother's Neme (First, Middle, Meiden Sumeme) C. GRIFFITH BARBARA A. BOONS DOUGLAS 19e. Informent's Name/Relationship (Type, Print) 19b. Meiling Address (Street end Number or Rural Route Number, City or Town, Stete, Zip Code) 3 SCOTT C LUTHS RVILL MARY AND 20c. Location - City or Town, State GRIFFITH 8509 LOUNTRY BROOKE WAY 20e. Method of Disposition 20b. Plece of Disposition (Neme of cemetery, cremetory or other plece) Buriel 2 ☐ Cremetion 3 ☐ Removal from Stete OULANSY VALLY (EMORIAL 4 □ Donetion 5 □ Other (Specify) 1338 Timonium (ARVIANO ture of Funeral Service U 22 Name and Address of Facility of Winess EVANS CHAPS OF Winess 2325 YORK ROAD - 1: mg 23a. Pert1. Enter the disease, or complication that caused the death. Do not enter the mode of dying, such as cerdiac or respiratory errest, shock, or heart failure. List only one cause on each line. Approximete Interval Between Onset end Deeth **Physician** /Medical Immediate Cause (Final METHADONE AND COCAINE INTOXICATION disease or condition resulting in deeth) Examiner Due to (or as a consequence of) Physician/Medical Examiner The law requires that the death certificate be executed Sequentially list conditions, if eny, leeding to Immediate ceuse. Enter Underlying Ceuse (Diseese or injury that initiated events resulting in deeth) Lest Due to (or es e consequence of): Box 68760, Due to (or es a consequence of): P.O. Pert II. Other significant conditions contributing to death but not resulting in the underlying ceuse given in Pert i. 23b. Did tobacco use contribute to the cause of death? ARTERIOSCLEROTIC CARDIOVASCULAR DISEASE 1 ☐ Yes 2 ☐ No 3 ☐ Probably 4 ☐ Unknown þ Records, 90 director, page 2 should Be Completed 24b. Were eutopsy findings avelleble prior to completion of cause of deeth? 24e. Wes en eutopsy performed? Yes 2 No cartificate Division of Vital or Attanding Physician: 25. Wes case referred to medicel examiner? 26. Plece of Deeth (Check only one) Hospital: 1 ☐ Inpatient 2 ☐ ER/Outpatlent 3 ☐ DOA MYes 2□ No Other: 4 Nursing Home XXResidence 6 Other (Specify) Certification: To this 27. Menner of Deeth 28a. Dete of Injury (Month, Dey Year) 28b. Time of 28c. Injury et Work? 28d. Describe how injury occurred Aftar 1 Neturel 5 Pending investigation To the Hospital or Attendit within 24 hours after death. To the Funeral Director: A completaly filled in by the f FOUND 9-19-96 UNKNOWN M death. 1 Yes 2XXNo 2 Accident UNKNOWN 6 Could not be determined 3 Suicide 28e. Plece of Injury - At home, farm, street, fectory, office building, etc. (Specify)
FOUND IN BUILDING 1100 BOULTON ST. 28f. Location (Street end Number or Rurel Route Number, City or Town. Stete) 4 Homicide BALTIMORE MD. 1 Certifying Physician: To the best of my knowledge, deeth occurred et the time, dete end piece, and due to the cause(s) and menner es stated.

XXMedical Examinar: On the best of exemination end/or investigation, in my opinion, deeth occurred et the time, date end piece, end due to the cause(s) and menner stated. 29e. Certifier Medical (Check only one) 29b. Signeture end title of certifier 29c. License number 29d. Date signed (Month, Dey, Year) O.C.M.E SEPT. 19, 1996

Radentz 111 Penn Street, Baltimore, Maryland 21201

State Registrar 30. Name and address of person who completed cause of death (Itan 23e) (Type, Print)



State of Maryland / Department of Health and Mental Hygiene Certificate of Death 1. Decedent's Neme (First, Middle, Last) 2. Dete of Deeth Month Dey SEPTEMBER 23, **Physician** MELVIN E. GRAHAM 1996 9:15 AM /Medical 4e. Facility Neme (If not institution, give street and number) 4b. City, Town, or Location of Death 4c. County of Deeth **Examiner** THE JOHNS HOPKINS HOSPITAL BALTIMORE CITY 5. Social Security Number ff Under 1 Yeer If Under 24 Hrs. 7. Age (In yrs. last birthday) Birthplace (State or Foreign Country) **Funeral** Deys 10℃M 2□ F 160-26-1031 Yrs. Director 62 APRIL 5,34 NC Usuel Residence of Decedent with the Marylend 10a. Stete 10b. County 10c. City, Town or Location 10d. Inside City Limits item 27 is marked other than "natural", or hems 23a or 28a-f show other traumatic event, the Medical Examples must be notified at MD BALTO. N/A 1 X Yes 2 ☐ No Director 10e. Street and Number 10f. Zip Code 10g, Citizen of What Country? ST **APT 404** 501 E. PRESTON 21202 U.S.A. Funeral 12. Wes Decedent Ever In U,S. Armed Forces? 1 ☐ Yes 2\(\) No If Yes, Give Year or Detes: Wes Decedent of Hispenic Origin? (Specify Yes or Notif Yes, specify Cuben, Mexicen, Puerto Ricen, etc.) 14. Rece - American Indian, Bleck, White, etc. pemit. Peges 1 end 2 should be filed within 72 hours after of Department of Heelih and Mertel thygiene. Important: If item 27 is marked other than "natural", or her any failury or other traumatic event, me Medical Essamme 1 Never Married 2 Married Baltimore, Maryland 21215-0020 1 ☐ Yes 3/☐ No Specify: BLACK þ 3 ☐ Widowed 4 ☐ Divorced 16e. Decedent's Usuel Occupetion (Give kind of work done during most of working life. DO NOT use retired) 15. Decedent's Education (Specify only highest grade completed) 16b. Kind of Business/Industry Elementery/Secondery (0-12) College (1-4or 5+) UNKNOWN UNKNOOWN N/A N/A 17. Father's Neme (First, Middle, Last) 18. Mother's Neme (First, Middle, Maiden Surname) AUSTIN GRAHAM ETTA MOORE 19e. Informent's Neme/Reletionship (Type, Print) 19b. Melling Address (Street end Number or Rural Route Number, City or Town, State, Zip Code) ALICE BELL 703 E. BIDDLE ST BALTO, MD 21202 20b. Plece of Disposition (Name of cemetery, crematory or other plece) 20e. Method of Disposition Date 20c. Location - City or Town, Stete MBuriat 2 Cremetion 3 Removet from Stete OCT 1, 4 ☐ Donetion 5 ☐ Other (Specify) ZION CEM 1996 BALTO, MD 21. Signature of Fuseral Service Licensee BETTS FUNERAL HOME 1129 N. CAROLINE ST BALTO, MD 21213 23a. Part1. Enter the disease, or complications that caused the deeth. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart feilure. List only one cause on each line. Approximate Intervat Between Onset and Deeth Physician /Medicai fmmedlete Cause (Finel adendiacinoma disease or condition resulting in death) Examiner Examiner orary disease iclan and burial-transit Sequentietly tist conditions, if eny, leeding to immediate ceuse. Enter Underlying Cause (Disease or injury that initiated events resulting in deeth) Last physiclan s the burial Division of Vital Records, P.O. Box 68760 non Physician/Medical been signed by the attending I should be detached for use es Pert II. Other significant conditions contributing to death but not resulting in the underlying cause given in Pert I. 23b. Did tobacco use contribute to the cause of death? 1 Yes 2 No 3 Probably 4 ☐ Unknown þ 24b. Were autopsy findings eveltable prior to completion of cause of death? 24e. Wes en eutopsy performed? Completed hes 1 ☐ Yes 25 No 1 Tyes 2 D No f or Attending Physician: after death. Director: After this certifica 25. Wes case referred to medicat Be 26. Place of Deeth (Check only one) Hospitel: Inpatient Other: 4 Nursing Home 5 Residence 6 Other (Specify) 1 Yes 250 No 2 2 ☐ ER/Outpetient 3 ☐ DOA funeral 28e. Dete of injury (Month, Dey Year) 27. Menner of Deeth 28b. Time of 28d. Describe how Injury occurred Certification: 28c. tnjury et Work? Neturei 5 Pending 1 ☐ Yes 2 ☐ No 2 Accident investigetion 6 Could not be determined To the Hospital or Atte within 24 hours after de To the Funeral Directo completely filled in by the 3 Suicide 28f. Location (Street and Number or Rural Route Number, City or Town, State) 28e. Ptece of tnjury - At home, ferm, street, fectory, office building, etc. (Specify) 4 Homicide Certifying Physician: To the best of my knowledge, deeth occurred at the time, dete end piece, and due to the cause(s) and mannar as stated.

| Medical Examiner: On the basis of examinetion end/or investigation, in my opinion, deeth occurred at the time, dete and place, and due to the cause(s) end menner stated. 29e. Certifier Medical (Check only one) 29b. Signeture end title of certifier 29c. License number 29d. Dete signed (Month, Day, Year) 30. Name and eddress of person who completed cause of deeth (Item 23e) (Type, Print) Baltimore Manyland Wolfe DartScott North street 31. Dete filed (Month, Dey, Year) 32. Registrer's Signeture State CEP 2 7 1996

DHMH 16 Rev 6/95

Registrar

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Nathan A. Dunsmore, M.D. - GBMC 6701 N Charles Street; Baltimore MD 21204

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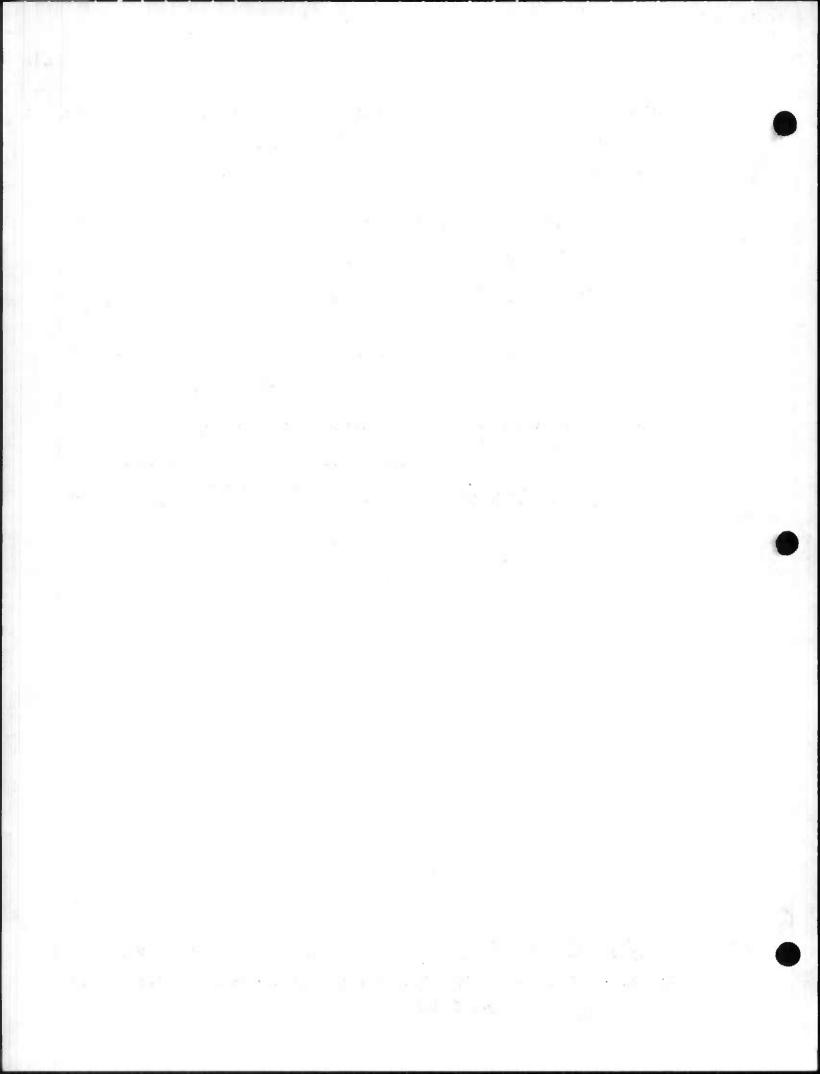
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State of Maryland / Department of Health and Mental Hygiene

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and	72 hours after death with the Maryland natural, or items 23s or 28s4 show other Examiner must be notified at		10a. Stete 10b. County		10c, City,	Town or Local	ion	•			10	d. Inside City Limit	
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			23a. Pert1. Enter the disease, or c shock or heart feilure. List or	omplications that cause	d the deeth.	Do not enter t	he mode of dy	ing, such es cerdiad	or respiretory e	rrest,		Approximete interval Between	
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			Theodo.	MA	1	0	0.	C.M.E.	c	SEPTEMB	ER 2	5.1996	
	n		30. Neme end eddress of person wh	o completed ceuse of	death (Item 23	3e) (Type, Prin		~ · · · · · ·				3,1330	
1	4		Theodore Kin	g M.D.	111 F			, Baltin	nore. N	Marvlan	d 21	201	
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State of Maryland / Department of Health and Mental Hygiene 28821 Certificate of Death 1. Decedant's Nama (First, Middla, Last) 2. Data of Daath 3. Time of Death **Physician** Septem Ler 23, 1996

4b. City, Town, or Location of Death

4c. County of Death 7:25 PM nesl /Medical 4a. Facility Nama (If not Institution, give street and number) Examiner Chris7 en owson Baltmore 1516 if Undar 1 Yaar | If Undar 24 Hrs. 5. Social Sacurity Number 6. Sax 7. Aga (In yrs. last birthday) 8. Data of Birth (Month, Day, Year) Birthplaca (Stata or Foreign Country) **Funerai** Months Davs Hours X M 2 F Yrs Director 220-20-6956 66 JUN 1, 1966 NC Usual Rasidance of Dacedani Pages 1 end 2 should be filed within 72 hours efter death with the Maryland nent of Health and Mental Hygiene.
Intt: If item 27 is marked other than "natural", or items 23s or 28s-f show Iry or other traumatic event, he Medical Examiner must be notified at 10a State 10b. County 10c. City, Town or Location 10d. Insida City Limits Director MD N/A YYas 2 No BALTO. 10e. Street and Number 10f. Zip Coda 10g. Citizan of What Country? 1137 HARFORD AVE. 21202 Funeral U.S.A 12. Was Decedant Evar in U,S. Armad Forcas? 13. Was Decedant of Hispanic Origin? (Specify Yas or No-If Yas, specify Cuban, Maxican, Puarto Rican, atc.) 14. Race - Amarican Indian, Black, Whita, atc. TV Yas 2 No tr Yas, Give Yaar or Datas: 1 ☐ Navar Marriad 2 Married Baltimore, Maryland 21215-0020 1 Yas 2 No Specify: BLACK þ 3 ☐ Widowed 4 ☐ Divorced Completed 16a. Decedant's Usuel Occupation (Giva kind of work dona during most of working lifa. DO NOT use retired) 15. Decedant's Education (Specify only highast grada completed) 16b. Kind of Businass/Industry Elamantary/Secondary (0-12) College (1-4or 5+) SHORE LONGSHOREMAN 11th N?A 17. Fathar's Nama (First, Middla, Last) 18. Mothar's Nama (First, Middla, Maidan Surnama) Be 2 EDDIE HARDY HELENBURNEY 19a. Informant's Name/Ralationship (Typa, Pnnt) 19b. Melling Addrass (Straat and Number or Rural Routa Number, City or Town, Stata, Zip Code) permit. Pages 1 end 2 s Department of Health er Important: if item 27 is any injury or other trau DORIS HARDY 1137 HARFORD AVE BALTO, MD 21202 20b. Placa of Disposition (Nama of cematary, cramatory or other place) 20a. Method of Disposition 20c. Location - City or Town, Stata OCT Date 1 Surlai 2 Cramation 3 Ramovat from State 4 ☐ Donation 5 ☐ Other (Specify) GARRISON FOREST VA CM 1996 OWINGS MILLS, MD 22. Nama and Addrass of Facility BETTS FUNEALHOME 21. Signature of Funaral Service Licenses 1129 N. CAROLINE ST BALTO, MD 21213 23a. Part 1. Enter the disease, or compilications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory errest, shock, or heart tailure. List only one ceuse on each line. Approximata tnterval Between Onset and Daath **Physician** metastatic lung Concer /Medical tmmadieta Causa (Final disease or condition resulting in deeth) Examiner The lew requires that the death certificate be executed Sequentially list conditions, if any, laading to immadiata ceusa. Entar Undarfying Cause (Diseesa or Injury that initiated avants rasulting in daath) Last Due to (or as a consequance of): Q: Physician/Medical Dua to (or as a consaquance of): signed by the e Part It. Other significant conditions contributing to death but not resulting in the underlying ceuse given in Part I. 23b. Did tobacco use contributs to the cause of death? 1 Yes 2 No 3 Probably 4 Unknown þ Completed 24a. Was an autopsy performed? 24b. Wara autopsy findings available prior to completion of cause of death? ate has b 2 No certificate 1 ☐ Yas 2 ☐ No er Attending Physician: Be 25. Was cesa rafarred to madicel axaminar? 26. Place of Death (Check only one) Othar: 4 Nursing Homa 5 Rasidance 6 Othar (Specify) Hospice 1 Yas 2 No 10 1 Inpatiant 2 ER/Outpetient 3 DOA this Deta of Injury (Month, Day Year) 27. Mennar of Death 28c. Injury at Work? 28b. Tima of 28d. Dascribe how Injury occurred Certification: Affior 1 Neturat 2 Accidant 5 Panding Investigation NA 1 ☐ Yas 2 ☐ No Director 6 ☐ Could not be datamined 3 Suicida 28a. Place of Injury - At homa, farm, straat, factory, office building, atc. (Specify) 28f. Location (Street and Number or Rural Routa Number, City or Town, Stata) È 軸 4 Homicide Funeral hours 29a. Cartifier 1 Cartifying Physician: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(s) and manner as stated.
2 Madical Examiner: On the best of examination end/or invastigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and manner stated. edical (Check only The 29b. Signature apa-29c. Licansa number 29d. Data signed (Month, Day, Year)

State Registrar

31. Data filed (Month, Day, Year) SEP 27

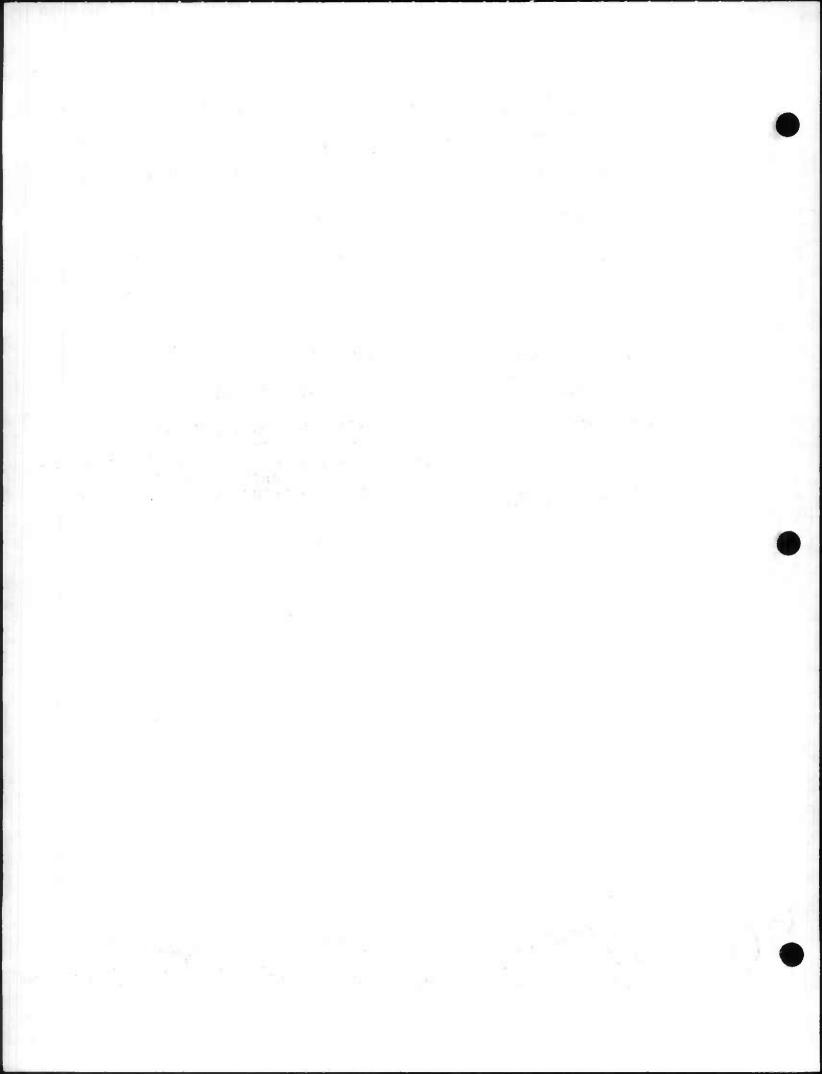
32. Registrar's Signature

30. Nama and address of person who complated cause of death (Itam 23a) (Typa, Print)

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Records, P.O. Box 68760,

Division of Vital

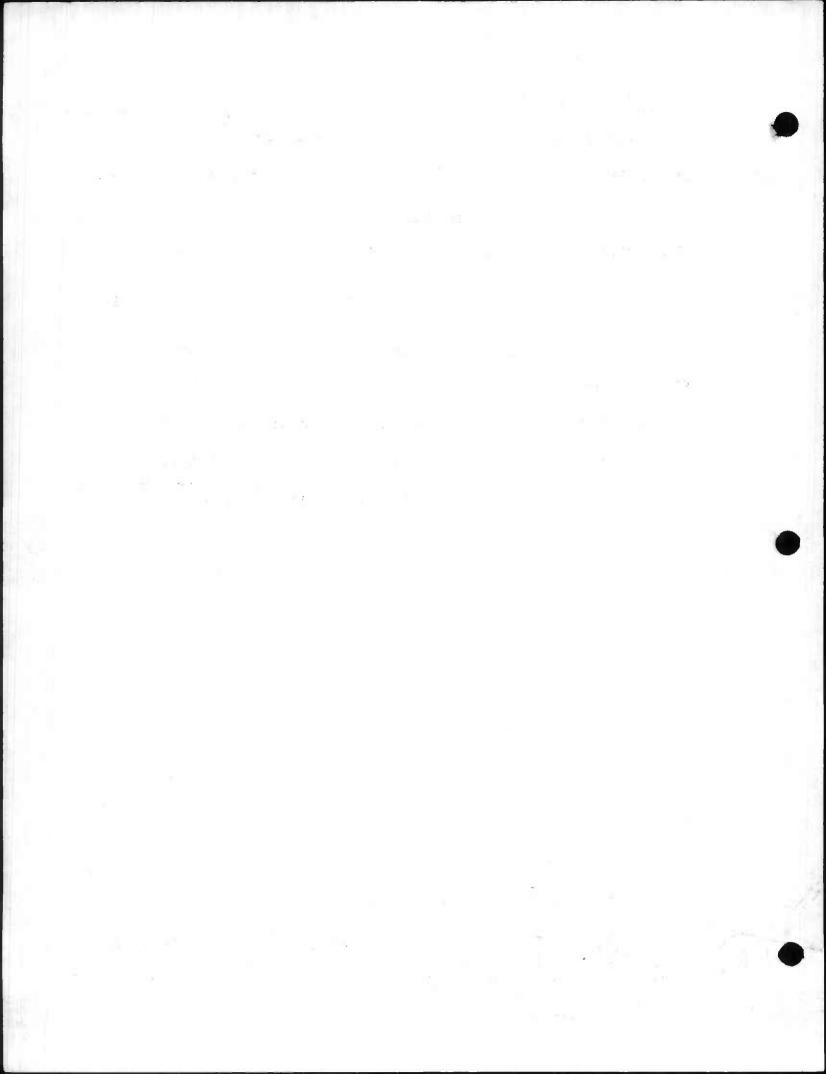


State of Maryland / Department of Health and Mental Hygiene

28822 Certificate of Death 1. Dacadant's Nama (First, Middle, Last) 2. Data of Death **Physician** Month HICKS Victoria 50 AW /Medical 4a. Facility Nama (If not institution, giva streat and number) 4b City Town or Location of Death 4c. County of Death Examiner Bon Secours Hospital Baltimore If Undar 24 Hrs. Hours Min. 5. Social Sacurity Number If Under 1 Year 8. Data of Birth (Month, Day, Year) 7. Aga (In yrs. last birthday) Birthplaca (Stata or Foraign Country) **Funeral** Days 1 ☐ M 2 💢 F 42 Yrs. Director 213-64-5280 Aug 13, 1954 Maryland the Maryland 10a. State 10b. County 10c. City, Town or Location 10d. Insida City Limits 28a-f show traumetic event, the Medical Examiner naut be notified at Maryland Director 1 1 Yas 2 □ No Baltimore 10e. Street and Number 10f. Zip Coda 10g. Citizan of What Country? 6 1622 Smallwood St. 21216 USA Нете 23в death Funeral 12. Was Decadant Evar in U,S. Armad Forcas? Was Decedant of Hispanic Origin? (Specify Yas or No-If Yas, specify Cuban, Maxican, Puarto Rican, atc.) Race - Amarican Indian, Black, Whita, atc. filed within 72 hours after Yas 27 No f Yas, Give Yaar or Datas: Navar Marriad 2☐ Married Baltimore, Maryland 21215-0020 "natural", or 1 ☐ Yas 2 € No ò 3 ☐ Widowed 4 ☐ Divorcad Specify: Black Completed 15. Decedant's Education (Specify only highast grada complated) 16a. Decedant's Usual Occupation (Giva kind of work dona during most of working life. DO NOT usa ratired) 18b. Kind of Businass/industry nd Mental Hygiene. marked other than Elamantary/Secondary (0-12) Collega (1-4or 5+) Clerk FBI 23 YRS 17. Father's Name (First, Middle Lest) 18. Mothar's Nama (First, Middla, Maidan Surnama) Pages 1 and 2 should be 1 nent of Health and Mental I Thomas M. Hicks Elizabeth Carter 19a. Informant's Name/Ralationship (Type, Print) Tent of Health an.
The If Rem 27 is m.
y or other 19b. Mailing Addrass (Streat and Numbar or Rurel Routa Numbar, City or Town, Stete, Zip Coda) Elizabeth Hicks 1622 N. Smallwood St. Balt. Md. 21216 20a. Mathod of Disposition 20b. Placa of Disposition (Nema of cematary, crematory or other placa) 20c. Location - City or Town, Stata 1 Burial 2 Cramation 3 Ramoval from State
4 Donation 5 Other (Specify) permit. Page Department of Important: If any Injury or once. 9/30/96 Balt. Md. King Memorial Park 21. Signature of Funeral Service Licenses 22. Nama and Addrass of Facility Nutter Funeral Homes Inc. 2501 Gwynn Falls PKY Baltimore, Md. ease, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory errest, re. List only one cause on each line. **Physician** /Medical Immediata Causa (Final 9.25.96 disaasa or condition resulting in daath) Examiner ONCHIM Examir The law requires that the death certificate be executed the burial-transi Sequantially list conditions, if any, leading to immadiata causa. Entar Underlying Cause (Diseasa or Injury that initiated events resulting in death) Last Due to (or as a consequence of) Box 68760 Physician/Medical Due to (or as a consequence of): 88 P.O. Part II. Other significant conditions contributing to death but not rasulting in the underlying cause given in Part I. 23b. Did tobacco use contribute to the cause of death? 1 Yee 2 No 3 Probably 4 Unknown signed be de Records, þ page 2 should Completed 24b. Wara autopsy findings available prior to completion of cause of death? 24a. Was an autopsy performed? certificate 1 Yas 2 NO 1 ☐ Yas 2 ☐ No of Vital or Attanding Physician: Be 25. Was case referred to medical 26. Placa of Daath (Chack only ona) Hospital: 2 1 Yas 2 No Other: 4 Nursing Homa 5 Rasidanca 6 Othar (Specify) 1 MInpatiant 3□ DOA 2 ER/Outpatient this Date of Injury (Month, Day Year) 27. Mannef of Death Certification: 28b. Tima of 28d. Dascribe how injury occurred 28c. Injury at Work? After Division 1 Natural 5 Pending invastigation 24 hours after death. Funeral Director: A 1 ☐ Yes 2 ☐ No 2 Accident in by the 3 Suicida 6 Could not be datarmined 28a. Placa of Injury - At homa, farm, straat, factory, offica building, atc. (Specify) 28f. Location (Street end Number or Rurel Routa Number, City or Town, Stata) 4 Homicide 11 Certifying Physician: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(s) and manner as stated.
2 Medical Examiner: On the basis of examination and/or invastigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and manner stated. Medical 29a. Cartifian å o the 29b. Signature and titla of cartifler 29d. Data signed (Month, Day, Year) 29c. Licansa number 30. Nama and address of person who complated cause of death (Itam 23a) (Type, Print)

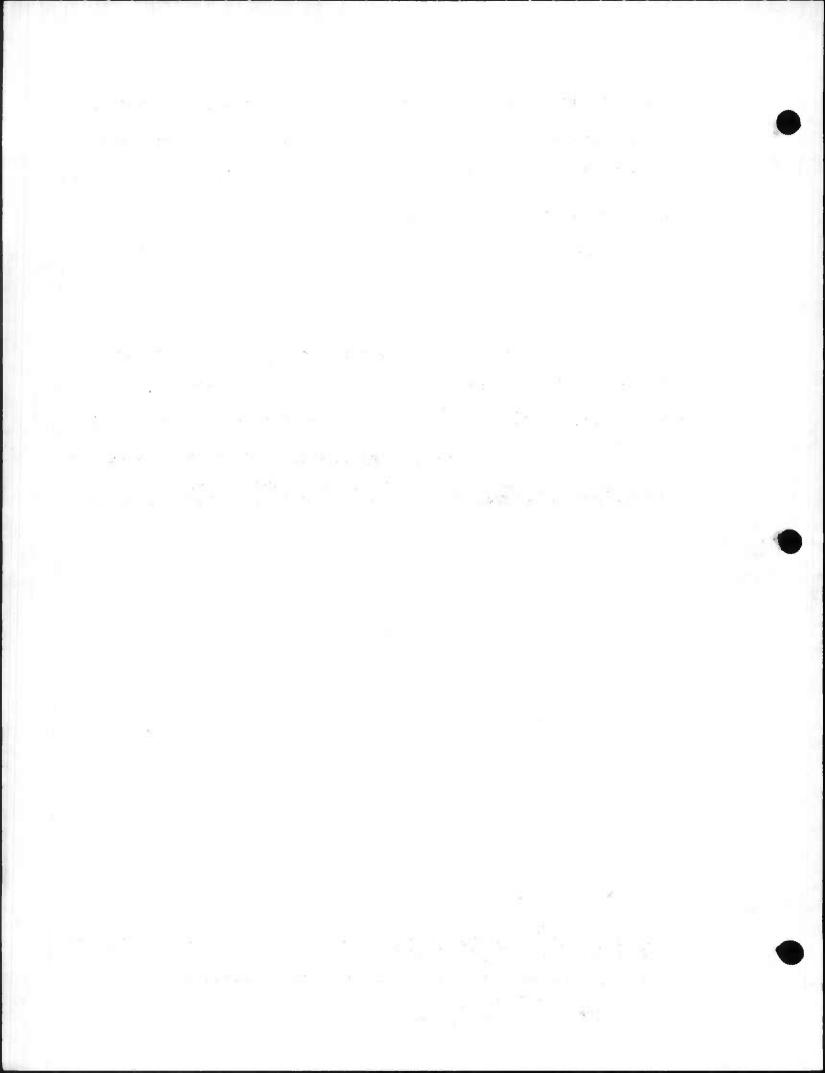
DAKSHAN-S. SALUIA 1600 W. MOUNT Royal Ave., Ralto 21217 32 Regiptrar's Signature

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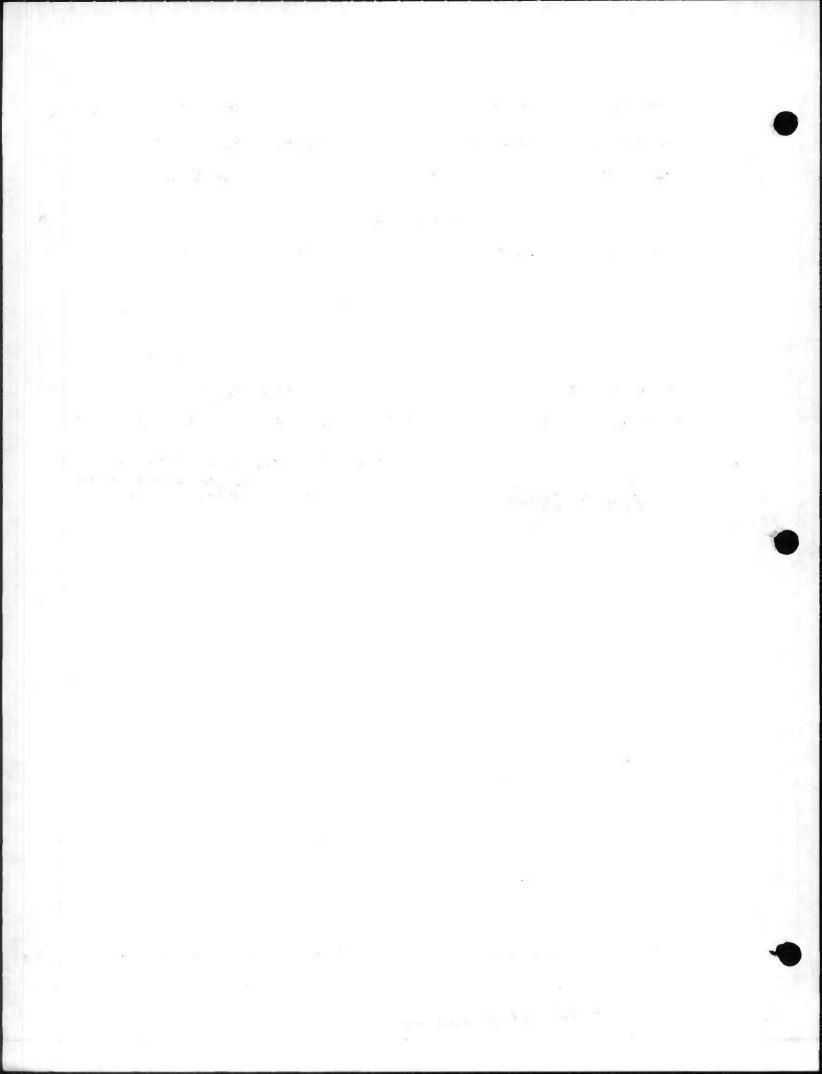
State of Maryland / Department of Health and Mental Hygiene 96 28823

						Ce	rtificat	e of	Death			Reg. No.		i.e	002
П	Physic	ian	1. Decedent's Neme (First, Middle, Last)							2. Date of Dea	ath	Voor	3. Tim	e of Death	
Л	/Med		CATHERINE BREWSTER JACKSON								Sept.	26,	1996	12	Noon
H	Exami	ner	4a. Facility Name (If not Institution, give street and number) 4b. City, To							r Location of Deeth 4c. County of					
L			14111Green 5. Social Security Number		un de un land	fileta de la	if Under	1 Voor	Glyr if Under			_	altimo		
	Funeral Director		217-48-9634 Usual Residence of Decedent	- Du Me	Age (In yrs. last birthday) 6 9 Yrs. If Under 1 Year Months Days				Min.	8. Date of Birth (Month, Day, Year) 9. Bir C 3 - 17 - 1927 Ba1			irthplace (State or Foreign Country) timore, MD		
	yland		10a. State 10b. County 10c. City, Town or Location											10d. inside	e City Limits
	e Mar	ctor	MD Baltimore Glyndon										1 🗆 Y	es 2 No	
	or 28	Funeral Director	10e. Street and Number		10f. Zip Code						10g. Citize	en of What Cou	ntry?		
	ath w	-a	14111 Green		21071							S.A.			
	item item	une	11. Maritel Stetus	12. Was Decedent Armed Forces	?	13.	Was Deced if Yes, spec	lent of lify Cub	Hispanic Origin? (Specify Yes or Notes)			14	 Race - Ameri Bleck, White),
Maryland 21215-0020	be filed within 72 hours after death with the Maryland ntal Hygiene. Id other than "natural", or items 23s or 28s-f show event, tre Medical Exertines must be notified at	by	1 ☐ Never Merried 2 ☐ Married 3 ☐ Widowed 4 ☒ Divorcad	d 1 ☐ Yes 2 ☐ If Yes, Give A Year or Dates:	<u> </u>		1 ☐ Yes 2 ☐ No Specify:				S	Specify: White			
15-(natu	etec	15. Decedent's (Specify only highest)	Education grade completed)	16	(Give	dent's Usua kind of wor	k done	during mos	t of work	ring	16b. Kind	d of Business/Ir	dustry	
12	Mental Hygiene. arked other than " atic event, the Man	Completed	Elementery/Secondary (0-12)	Coilege (1-4or	5+)		rm Manager		,			Б		The same of	
d 2	al Hygie other		17. Fether's Name (First, Middle, La			rdi	III Ma	ına		ar's Nam	e (First, Middle,		rming_		
lan	id be ental ked o	To Be	Daniel Baug	•	r						ie Wic				
ary	2 should be and Mentals marked	-	19a. Informant's Name/Relationship			9b. Mailir	ng Address	(Stree			al Route Numbe		Town, State, Zi	c Code)	
	1 and 2 Health a em 27 ls		John K. Culve	r/ Son		470)1 Tr	en	ton N	1i11	Rd.,	Uppe	erco,	MD 2	1155
ore	of He		20a. Method of Disposition 1 ☐ Burial 2 🗷 Cremation 3	□ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □			sition (Nam		ica)	1	Date	20c. Loca	ation - City or T	own, State	
Ĕ	Pages nent of I ant: If Ite ury or o		4 □ Donation 5 □ Other (Spe			-			emato	ory	9-27	Bal f	timore	, MI)
Baltimore,	permit. Pages 1 and 2 should Department of Health and Men Important: if Item 27 is marke any injury or other traumatic page.		21. Signature of Funeral Servica Lic	censee		22			ess of Facilit		2000	'ona			
	805 8 B		William R. Lous Tu Henry W. Jenkins & Sons 4905 York Rd., Baltimore, MD 2										2121	2	
		er	23a. Psrt1. Enter the disease, or complications that caused the deeth. Do not enter the mode of dying, such as cardiac or respiretory arrest, shock, or heart failure. List only one cause on each line. Approximate interval Between										Between		
	Physician /Medical		Immediate Cause /Fire!									Onset s	nd Death		
ſ	Examiner		Immediate Cause (Final disease or condition resulting in death)	rdio-Respiratory Arrest									6 N	los.	
	3.00			Moto	Due to (or as			0.					1		
	od d ansit	Examiner	Metastatic Colon Cancer												
o,	an an	Exa	Sequentially list conditions, I Due to (or as a consequence of): If any, leading to immediate cause. Enter Underlying												
68760,	ate be nysici	lical	Cause (Disease or injury that initiated events resulting in death) Last	C	Due to (or as a consequenca of):										
9 x o	eath certificate be executed attending physician and I for use as the bunal-transit	Medical													
m	that the death cert ed by the attendin detached for use	Physician	Part II Other elanificant conditions	contribution to dooth h	out not enquition	n in the su	adash dag ad		unn in David		225 Did s	ahaaaa		- 4h	d d th 0
o.	t the cby the tache	hys	Part II. Other significs nt conditions contributing to death but not resulting in the underlying cause given in Part I. 23b. Did tobacco use contributions.							-	ributs to the cause of death? 3 Probably 4 Unknown				
S,	gned be de	by Р													
Records,	law requires that as been signed b										24a. Was a	an autops	6/	ailable pri	sy findings or to
ecc	has be	Be Completed									,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		of	mpletion death?	of cause
	The la										1 🗆 Y	'es 200	No 1	□ Yes 🏋	No No
/Ita			25. Was case referred to medical examiner?						26. Place	of Deat	h (Check only or	ne)			
5	Physician: this certific ral director,	ဂ္	1 ☐ Yes 2 ☒ No	Hospital: 1 Inpati		-		A			me 5XXResid			fy)	
Division of Vital	Altor funer	Certification:	27. Manner of Death XXNeturel 5 Panding	28a. Date of Inju (Month, Da	ary Year) 28b	o. Time of Injury		Bc. Inju Wo			28d. Describe how injury occurred				
Sic	death death ctor: y the	Icat	2 Accident investigat 3 Suicide 6 Could not	t be one Diese of the	iun. At homo	form stee	M cat factors		Yes 2						hum hav
S	5 4 4	ertii	4 ☐ Homicide determine	building, et								tion (Street and Number or Rural Route Number, or Town, State)			
	1	edicai C	(Crieck only 2 Medical Ex	Physician: To the best aminer: On the basis o	if pramination a	ge, death	occurred a	it the ti	me, date an	d placa,	and due to the o	ause(s) a	nd manner as s lace, and due t	ststed.	e(s)
	the complete	Mec	one) 29b. Signature and little of certifier	xaminer: On the basis of examination and/or investigation, in my opinion, death occurred at and manner stated. 29c. License number							29d. Date signed (Month, Day, Yea				
	5 × 5 5		30. Name and address of person who completed cause of death (Item 23e) (Type, Print)								Sept. 26, 1996				
	15										Sept. 20, 1330				
	()		Horst K. Sch					ver	sity	Par	ckway,	Bal	to., M	ID	
	Sta Registr	_	31. Date filed (Month, Day, Year) SEP 2 7 1996	Alla Jaki	rar's Signature	00			-						
	i legisti	CI.	1330	1	an-Marker	GEO .									



State of Maryland / Department of Health and Mental Hygiene 96 28824

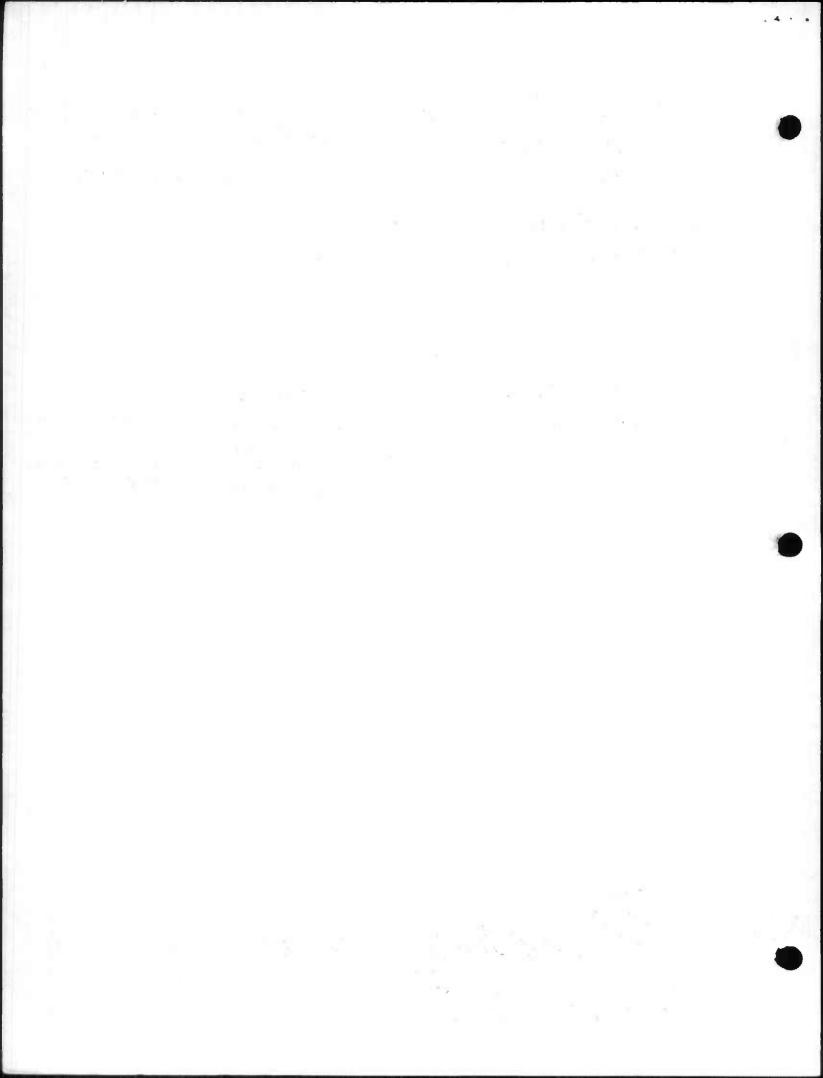
					Certifica	e of	Death		Reg. No.		400	4	
Physic	ion	1. Decedent's Name (First, Middle, Lu	est)					2. Date of I		Veer	3. Time of	Deeth	
Physic /Medi		Raymond F. Jaeger							26, 199			a	
Exami		4a. Facility Name (If not institution, git	ve street and number)				4b. City, Town,	or Location of De		y of Death		_	
				ome			Reister		Balt	imore			
Funeral			Sex 7. Age 1DXM 2□ F	e (In yrs. lest bir	Months Days Hours			in. (Month, I	Day, Year)	9. Birthp	place (State or	r Foreign	
Director		220 05 7142 Usual Residence of Decedent		82	115.			June 9, 1914 Md.					
hand ow		10e. State 10b. County		10c. City, Town	y, Town or Location 10d. Inside City i								
Man H	ţ	Md. Baltim	ore	Randal	lstown				1 ☐ Yes 2 🔀				
r 28s	<u>s</u>	10e. Street and Number			10f. Zij	Code			10g. Citizen of Whet Country?				
filed within 72 hours efter death with the Maryland Hygiene. Ther than "natural", or Itema 23a or 28a-f show ent, the Medical Examiner must be notified.	a D	10519 Marriotts	ville Rd.			2	1133		U.S.A.		•		
deat	Funeral Director	11. Marital Stetus	12. Was Decedent E Armed Forces?	Ever in U,S.	13. Was Dece	dent of	Hispanic Origin?	(Specify Yes or ferto Rican, etc.)		14. Race - American Indien,			
or lite	3	1 ☐ Never Married 2 ☐ Married	lo				erro Hican, etc.)			etc.			
ural'.	d by	3₩Widowed 4 □ Divorced	If Yes, Give Year or Dates:		1 ☐ Yes	ZIXINO	Specily.		Special Wh:	Specify: White			
natu o ca	ete	15. Decedent's E (Specify only highest gro	ducation ade completed)	16a.	Decedent's Usu (Give kind of wo	rk done	during most of v	vorkina	16b. Kind of B	usiness/Inc	dustry		
vithir ne. hen	Completed	Elementery/Secondary (0-12)	College (1-4or 5		life. DO NOT u	se retire	ed)						
Hygie Hygie Int.	ပိ	17. Father's Name (First, Middle, Last	+4		Farmer		10 Matheda h	Inmo (Eight Adiele	Agricu			-	
od be	Be C									пө/			
should Me	10	Fred C. Jaege: 19a. Informant's Neme/Relationship (10h	Mailing Address	Ctron		ie B. Ho		0-1-2-	0.4.1		
permit. Pages 1 and 2 should be filed within 72 hours efter death with the Manylan Department of Health and Mental Hygiene. The portant: If item 27 is marked other than "natural", or items 23a or 28a-f show important: If item 27 is marked other than "natural", or items 23a or 28a-f show any injury or other traumatic event, the Medical Examinant must be notified at once.		Brian L. Jaege	*****		19b. Mailing Address (Street end Number or Rural Route Number, City or Town, Stete, Zip Code) 3390 Edolin Farms Court Finksburg, Md.								
Hear term other		20a. Method of Disposition	-	20b. Place of	Disposition (Na	ne of		Date	202 100 48				
age ent o ht: If i		1 St Burial 2 ☐ Cremation 3 ☐ 4 ☐ Donation 5 ☐ Other (Specif	Removal from State		rds Chapel Cemetery 9/30/96 Randall:							,	
artmoortar ortar injur		21. Signature of Funeral Service Licer		ward			ss of Facility					/	
Depariment Important		1/4 411 4						Haight Funeral Home esville, Md. 21784					
CHICAGO I		23a. Parti. Enter the community or community shock, or hear failure. List only	nlications that caused	the death. Do n			_			2170	Approximate		
ertificate be executed Jing physician end se as the bunal-transit	edical Examiner	disease or condition resulting in death) a. Respiratory Treet introductions. Due to (or es e consequence of): b. Cereane Uescule Accines fany, leading to immediate cause. Enter Underlying Cause (Disease or Injury that initiated events resulting in death) Lest Due to (or as a consequence of): c. Atheres a cleanes is a consequence of): Due to (or es e consequence of):											
ding readilise	3	L	d. Itypus	ntuns	16,								
death e atter	Icla	Part II Other elanificant conditions of					on in Book I	Oak Di	14-1				
the che	Physician	Part II. Other significant conditions contributing to death but not resulting in the underlying ceuse given in Part I.							tobacco use co Yee 2□ No				
gned oe da	by F	Stare IR Decuritus ulcons											
v requires that been signed b should be date									24e. Was an autopsy performed? 24b. Were availe			ndings	
	Completed							-		con of d	npletion of ca deeth?	use	
The law ate has page 2	Co							1	Yes 2 No	1□	Yes 2ET	To	
Physician: The this certificate rail director, page	Be	25. Was case referred to medicel examiner?					26. Place of D	eath (Check only	one)				
physic this c	2	1□ Yes 2₽Ño	Hospital: 1 Inpatien		patient 3□ DC		4 Nursing	Home 5 Res	sidence 6 Oth	er (Specify	•)		
Affer t	on:	27. Menner of Deeth 1 ☐ Natural 5 ☐ Pending	28e. Dete of Injury (Month, Day	Year) 28b. T		8c. Injui Wo		28d. Describe	how Injury occur	red			
or: or:	cat	2 Accident investigation 3 Suicide 6 Could not be			М		Yes 2 □ No						
7 + + C	Certification:	determined 28e. Place of injury - At home, ferm, street, factory, office building, etc. (Specify)							28f. Location (Street and Number or Rural Route Number, City or Town, State)				
To the Hospital or within 24 hours after To the Funeral Dir completaly filled in	edical	29a. Certifier (Check only one) 1. Certifying Physician: To the best of my knowledge, death occurred at the time, date and place 2. Medical Examiner: On the basis of exemination and/or investigation, in my opinion, death occurred and manner steted.						ce, and due to the curred at the time	e, and due to the cause(s) and manner as stated. urred at the time, dete end place, and due to the cause(s)				
To th comp	Me	29b. Signature and title of certifier			29c. License number				29d. Date signed (Month, Day, Year)				
		Q1-01	//			5	741.5	7 -			0.4		
	6	30. Name and address of person who o	completed cause of de	ath (Item 23a) (1	Type, Print)	1)	2908		Septe			1996	
	2	Allen J. C	hince	s mo	53	10	010	Carr	+ RD		211	33	
Sta	te	31. Date filed (Month, Dey, Year)	32. Registrer						- K-1)			. u	
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State of Maryland / Department of Health and Mental Hygiene

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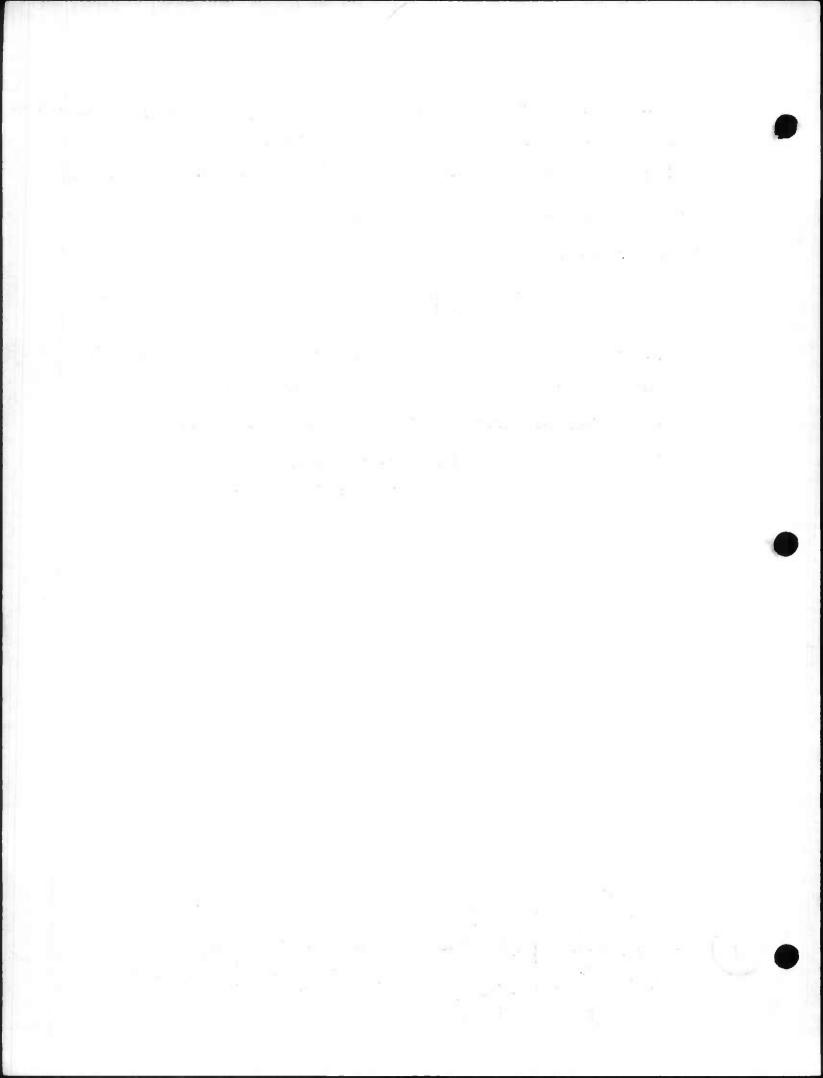
					Certifica	ite of Death		Reg. No.	
			1. Decedent's Nema (First, Middle, Las	0 (0		2. Data of Dec	-	3. Time of Death
	Physici /Medi		dawrence	F. KREIS	S)R.		Sept	10 1/1//	o 1.15 AM
7	Examir		4e. Fecility Neme (If not Institution, giva	street end number)		4b. City, Town	, or Location of Death	4c. County of	Death
			2703 BURRIDG	re Rd.		Park	ville	Balt	IMORE
	Funeral		5. Social Sacurity Number 6. Se	£	. lest birthday) If Und Month	lar 1 Yaar If Undar 24 s Days Hours	Hrs. 8. Date of Birt	h Year) 9	Birthpleca (Steta or Foreign
	Director		217-36-4342 "	&M 2□ F 5	6 Yrs.	5 Days Hours	Dec.	17 1939 1	Mary land
	p ,		Usuel Residence of Decedant	10- 0					
	aryla shov	_	10a. Stete 10b. County	100.0	ity, Town or Location				10d. Inside City Limits
	M e M	Directo	Maryland Daltimo	see M	rekville				1 Yas 2 ANO
	vith to	늅	10e. Street and Number	100 01	10f. 2	Zip Code		10g. Citizen of Wh	et Country?
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	er de	un n	11. Marital Stetus	 Was Decedent Evar in L Armed Forces? 	U,S. 13. Was Dad	edant of Hispenic Origin secify Cuban, Mexican, F	ı? (Specify Yas or No∙ Puerto Rican, etc.)		Amarican Indien, White, etc.
20	hours after death with the Manyand turel', or items 23s or 28s-f show all Examinet must be notified at	by F	1 ☐ Never Married 200 Married 3 ☐ Widowed 4 ☐ Divorced	1 ☐ Yes 2 ☑ No if Yas, Give	1 □ Yes	2 No Specify:		Specify:	White
21215-0020	swithin 72 hours effer death with the Manylan liene. Than "naturel", or items 23s or 28s-f show the Medical Examiner must be notified as		15. Decedent's Edu	Yeer or Detes:	16a. Decedent's Us	usal Cogunation		16b. Kind of Busin	nonella dueta.
15	in 72	Completed	(Specify only highest gred	da completad)	(Giva kind of v	vark dane durina most o	f working	A STATE OF BUSIN	ios of All Jo
212	filed within Hygiene. ther than "r	E	Elementery/Secondery (0-12)	College (1-4or 5+)	0.8318401	it manag	PP	Home 1	nappers
P	e filed al Hygie other verst, it	Be C	17. Father's Neme (First, Middle, Last)		TO COO TO TOO	18. Mothers	Name (First, Middle,	Meiden Sumeme)	
a	should be nd Mental merked o	ToB	Hadel J.	PPIS OR		FRAN	UPPS L) E1110	1/1
Maryland	2 should and Men is marke surretic		19a. Informent's Name/Relationship (T	ype, Print)	19b. Melling Addre	ss (Street end Number	or Rural Route Number	or, City or Town, St	ete, Zip Code)
			ROSO KREIS /10	uife	2703 F	RUPPIDGO	Rd Pap	Puille 1.	nd 21234
re	of Heelt of Heelt I item 27 r other t		20e. Mathod of Disposition		Plece of Disposition (N cematary, cremetory of	leme of	Sept.	20c. Location - Ci	ty or Town, Stata
Baltimore,	Y 1: 10		1 Suriei 2 □ Cremetion 3 □ F 4 □ Donation 5 □ Othar (Specify)	Tentover from State	laney Valley 1	Vemorial Garde		Timasu	IM Mosuland
alt	permit. Pe Departmen Important: eny injury once.		21. Signeture of Funerel Service Ligani	00 0	22. Neme	and Address of Escility		SEBO NA	ACAPI PU
00	88558		Face of a O Co) 1	Evans	Chapel of 1	rightopus	Mum and	Md 212311
	_		23a. Pert1. Enter the disease, or comp shock, or heart feilure. List only o	cetions that caused the dee	th. Do not enter the m	ode ot dying, such as ca	rdiac or respiratory er	rest,	Approximate Interval Between
¥	Physician		anock, or near relidre. List only o						Onset and Death
Į.	/Medical		Immediate Cause (Final disease or condition	met us	lutic +	unsta7	W(or	mon	x 3005
	Examiner	u.	resulting in deeth)		or es e consequence o				1-7
-	pg its	Examiner		h					
	eath certificate be executed attending physician and ifor use es the buriel-transit	хап	Sequentially list conditions, if any, leading to immediate	Due to (or as e consequence o	ŋ:			
68760,	be ed ician burie		Cause. Enter Underlying Cause (Disease or injury	С					
587	phys s the	edicai	thet initieted events resulting in deeth) Last	Due to (or es e consequence of):			
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ă	that the death cert ed by the attendin deteched for use	Physician	Dod II. Other electrons and disconstitution					No.	
0	the cy the	hys	Pert II. Other eignificant conditions con	itributing to death but not rat	suiting in the underlying	cause given in Pert I.	230. 010]		ibute to the cause of death?
S, D		by P					_ '''	ree 25 No 3	_ Floodisty 4 Officiowii
Ö	= 0 to						24e. Wes		24b. Were eutopsy findings available prior to
Record	- D 0)	piet					perio	rmed?	completion of cause of death?
æ	0 - 6	Completed					101	es 25 No	1 Yas 25 No
Vital	icten: The	BeC	25. Wes case reterred to medical			26. Place of	Deeth (Check only o		
	0 0	To	examiner?	Hospitel: 1 Inpatient 2	☐ ER/Outpatient 3☐ [Other		_	(Specify)
n of	Attending Phi or death. octor: After thi by the funeral):uc	97 Menner of Deeth 1 □Maturel 5 □ Pending	28e. Dete of Injury (Month, Day Year)	28b. Time of Injury	28c. Injury et Work?	28d. Describe I	now injury occurred	
0	Attending in death. sctor: After by the fune	atic	2 Accident investigation		М	1 ☐ Yes 2 ☐ No			
Division	or Attendate deat Director: I in by the	Certification:	3 Suicide 6 Could not be 4 Homicide determined	28e. Piece of Injury - At h building, etc. (Special	nome, ferm, street, fecto	ory, office	28f. Location (5 City or Tox	Street end Number m, Steta)	or Rural Route Number,
9	100								
-	How you	edical	28a. Certifier 1 Certifying Phy (Check on 1 Hedical Exami	sician: To the best of my kno ner: On the basis of examine	owiedge, deeth occurre etion end/or Invastigetion	d at the time, dete end p on, in my opinion, deeth	olece, end due to the o occurred et the time,	cause(s) end mann dete end piace, and	er ae stated. d due to the cause(s)
	T I de	Mec	29b. Signature and titler of certifier	end manner steted.	2	9c. License number	,	29d. Data signed (i	Month, Day, Year)
-	1		1 Tinh	14/11	1100	D-21-4	711	5001	19 1001
,	'n	1	30. Name and address of person who co	ompleted cause of death (Iter	TO THE PLAN	- 100	14	vept.	11,1770
		1	DP H118/10	7505 050	m 236) (Type, Print)	vito SRY	Tausau	Mol	
	Sta	te	31. Dete filed (Month, Dey, Year)	32. Registrar's Sign	eture_	um out,	TOWNON,	10.	
	Registr		SEP 2 7 1996 9	the Davison June	482				



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				Certificate of	Death	Reg. No.	20020
	Dhamin		Decedant's Nama (First, Middia, Last)	-	2. Data of D		3. Time of Death
	Physic /Medi		Harry Ernest Khag	es		Mber 27, 19	
	Exami		4a. Facility Nama (If not institution, giva street and number)		4b. City, Town, or Location of Dea		
T.			Fallston General Hospital		Fallston	Harf	ord
	Funeral Director		5. Social Sacurity Number 219-01-4253 Usuai Rasidance of Dacadant	ast birthday) If Undar 1 Yaar Months Days	Hours Min (Month, D	Birth (9. B) Day, Year) 29, 1915 M	irthplaca (Stata or Foreign Country) aryland
	Pund Man			, Town or Location			10d. Inside City Limits
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	the 28s	9	10e. Street and Number	10f. Zip Coda		10g. Citizan of What C	Country?
	sath with the Marylar s 23a or 28a-f show	Funeral Director	311 Red Pump Road		21014	u.s.	Α.
5-0020	in 72 hours after death with the Maryland "natural, or Hems 23a or 28a-f show indical Examiner must be notined as	Ď	11. Marital Status 1 Nevar Married 2 Married 3XXWidowad 4 Divorced 12. Was Decedent Evar in U, Armed Forcas? 1 X Yas 2 No 3 / 2 7 If Yas, Giva Yaar or Datas 2 / 1 8 / 2	1/3/ 1□ Yas 2X No			
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2	Shoul M M mark	Ĕ	19a. Informant's Name/Ralationship (Type, Print)	19b. Mailing Addrass (Stree	et and Number or Rural Routa Num	iber City or Town State	Zin Code)
Ž	nd 2 state or treu		Ida Joyce Dolomanuk (dahtr)		erbury Road, Bel		1014
a,	of Haalth of Haalth I itsm 27 r other tr		20a. Mathod of Disposition 20b. Pl	aca of Disposition (Nama of ornatary, cramatory or other pie		20c. Location - City o	
Baltimore	Pag nent: H ury o		4 Donation 5 Other (Specify)	l Air Mem'l Ga		Bel Air,	Maryland
Bal	permit. Pag Department Important: I any injury o		21. Signature of Fundral Service Lightness	Schimunek	rass of Facility 2 Funeral Home of a CPhail Rd., Bel	Bel Air,	Inc.
			23a. Part1. Entar tha disaasa, or complications that caused tha daath shock, or haart fallura. List only ona causa on aach lina.	. Do not antar tha moda of dy	ring, such as cardiac or raspiratory	arrast,	Approximata Interval Batween
	Physician			4			Onsat and Death
7	/Medical Examiner		Immediata Ceusa (Final disaasa or condition	10 mi de	scase	3	Lau-
3	Examiner		rasulting in death) a. Dua to (or	as a consequance of):			0010
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0	thet the de ed by the detached	hys	Part II. Other significant conditions contributing to death but not rasu	ung in tha undanying causa gi			te to the cause of death? Probably 4 Unknown
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	ding Ph h. After th funeral		27. Manner of Death 1 Natural 5 Panding (Month, Day Year)	28b. Time of 28c. Injury Wo	ury at 28d. Dascribe	e how injury occurred	
<u>Ö</u>	Attending r death. ector: After by the fune	atic	2 Accident invastigation		Yas 2 No		
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	To the Hospital or Attanding Phwithin 24 hours after death. To the Funeral Director: After thi completely filled in by the funeral	edicai	29a. Certifilar (Check only one) Certifying Physician: To the bast of my know and manner stated.	ladga, daath occurred at tha ti on and/or invastigation, in my	ima, data and piace, and dua to the opinion, daath occurred at tha time	a causa(s) and mannar a a, data and placa, and de	ns stated. ua to tha causa(s)
	Withir To th	Me	29b. Signature and title of certifier	29c. Lican	isa number	29d. Data signed (Mor	nth, Day, Year)
	(1)		Mudahrelick	- 000	133 9 0	otember	27 1994
	L'A		30. Name and address of person who completed cause of death (Itam	23a) (Type, Pyfnt) #	000	C 11.0	2
1	Sta	te	31. Data filed (Month, Day, Year)	C. Mul	Good Gel	en My	201)
	Registr		SEP 2 7 1996	66			



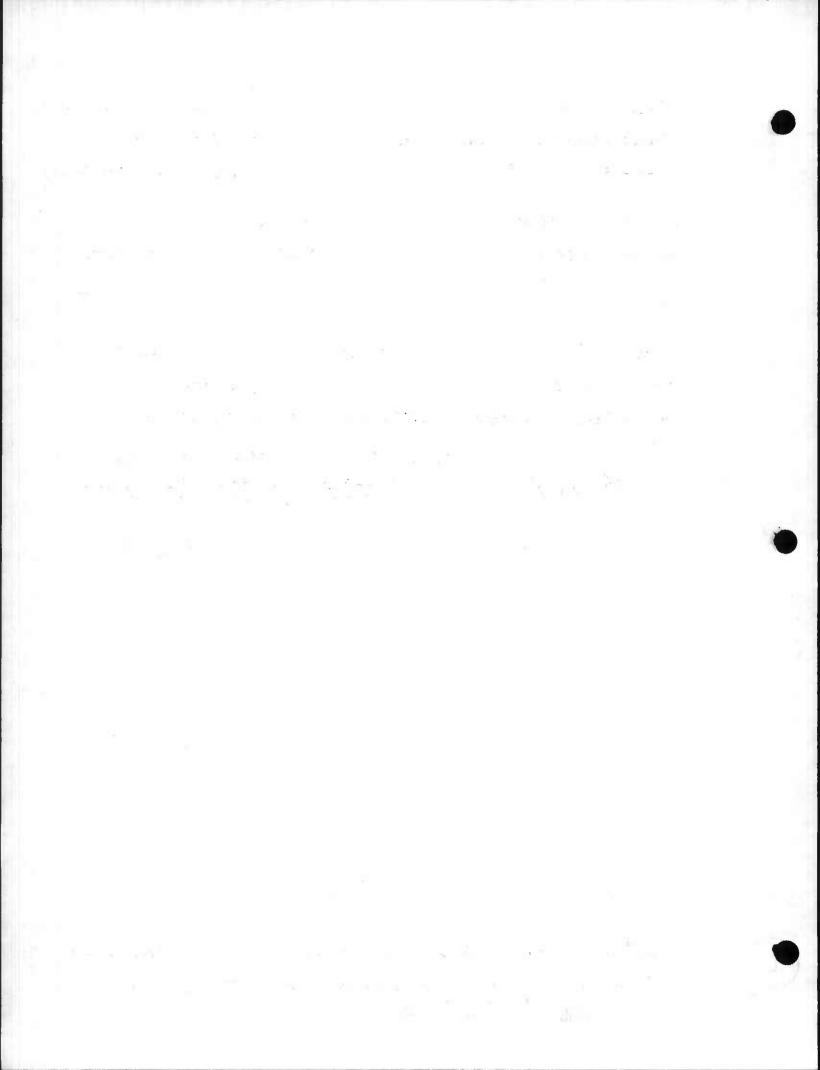
State of Maryland / Department of Health and Mental Hygiene

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	Funeral Director		5. Social Security Number 6. Se			If Under 1 Year Months Days	If Under 24 Hrs. Hours Min.		th y, Year) 1933	9. Birthplaca (Country) Mar	N/A (State or Foreign ryland
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	ith with the Maryler 23a or 28a-f show	Funeral Director	10e. Street and Number 5405 N	Mayview Avenue		10f. Zip Coda	21206	5	10g. Citizan of V	What Country? d States	
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, Maryland	2 sh and is m	To	19a. Informant's Name/Reletionship (7) Doris L. Kokta		19b. Melling		and Number or Ru	ral Route Numb			
Baltimore,	Page nent o ant: If i ury or		20a. Mathod of Disposition 1 Burial 2 Cremation 3 4 Donation 5 Othar (Specify,	Ramovai from Stata MO	Place of Disposition communication of Disposition o	Redeeme	r 9/2	Data 8/96	20c. Location -	- City or Town, S	_{laryland}
Bal	permit. Pag Department Important: It any Injury o		21. Signature of Funerel Sarvice Ucens	Knight L.	tht Jr ^{22. N} 530)5 Harfo	rd Rd.	Leonard Baltimon	re, Mary	land 2	1214
	Physician /Medical Examiner	Je.	23a. Part . Entar tha disaasa, or comp shock, or haart failure. List only o Immediata Causa (Final disaasa or condition rasuiting in daath)	. METASTAT	^	NCREAT	7C CAN		11651,	fritar	roximata val Between et and Deeth
x 68760,	The iaw requires that the death certificets be executed ste has been signed by the ettending physician and page 2 should be detached for use as the burial-transit	/Medical Examiner	Sequentially list conditions, if eny, leading to immediate cause. Enter Underlying Cause (Disaesa or injury that initiated events resulting in deeth) Last	c	or as a consequar						
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	10		30. Nama and eddrass of person who co	ompleted causa of daath (Itan ENO 5601	n 23a) (Type, Prin LOCH RA	VEN BE	LVO, BAC	MORE	mo	21239	
	Sta Registr		31. Data filed (Month Ely 227 195	32, Registrar's Signe							

State of Maryland / Department of Health and Mental Hygiene 28828 Certificate of Death 1. Decedent's Name (First, Middle, Last) 2. Date of Death 3. Time of Death **Physician** Stella September 1:10 P.M. 1996 24 /Medical 4a. Facility Name (If not institution, give street and number) 4b. City, Town, or Location of Death 4c. County of Death Examiner Baltimore City Johns Hopkins Bayview Medical Ctr. If Under 1 Year 5. Social Security Number 7. Age (In yrs. last birthday) 9. Birthplece (State or Foreign Country) New Jersey **Funeral** Deys 1 □ M 2 🖾 F Months 84 Director 214-22-1365 Usual Residence of Decedent 10b. County 10c. City. Town or Location 10d. Inside City Limits Director 1 Yes 20 No Dundalk Maryland Baltimore 10e. Street and Number 10f. Zip Code 10g. Citizen of What Country? 21222 1724 Burnham Road United States 11. Marital Status 12. Was Decedent Ever In U,S. Was Decedent of Hispanic Origin? (Specify Yes or No-If Yes, specify Cuben, Mexicen, Puerto Rican, etc.) 14. Race - American Indian, Bleck, White, etc. Yes 211 No 1 Never Married 2 Married White 1 ☐ Yes 21 No Specify: þ 3 Widowed 4 □ Divorced Yeer or Dates: Be Completed 16a. Decedent's Usual Occupetion (Give kind of work done during most of working life. DO NOT use retired) 15. Decedent's Education
(Specify only highest grade completed) 16b. Kind of Business/Industry Elementery/Secondary (0-12) Cotlege (1-4or 5+) 8 Years Cashier Cafeteria 17. Father's Name (First, Middle, Last) 18. Mother's Name (First, Middle, Malden Surneme) Balbina Dombrowski John Rymarowicz 19a. Informant's Name/Relationship (Type, Print) 19b. Mailing Address (Street end Number or Rural Route Number, City or Town, Stete, Zip Code) Dolores Crounse / Daughter 1724 Burnham Road Dundalk, Maryland 21222 20b. Place of Disposition (Name of cemetery, crematory or other plece) 20e. Method of Disposition 20c. Location - City or Town, Stete ₩ Burlel 2 Cremation 3 Removal from Stete 4 ☐ Donation 5 ☐ Other (Specify) Lakeview Cemetery 9/27/1996 Randallstown. MD 21. Signeture of Fyran Service License 22. Name end Address of Facility Duda-Ruck Funeral Home of Dundalk, Inc. 7922 Wise Ave. Dundalk, Maryland er the diseese, or complications that caused the death. Do not enter the mode of dying, such as cerdiac or respiratory errest, heert feilure. List only one ceuse on each line. Physician Diagnosed Immediate Cause (Finel reatic 7 96 - Unknasn disease or condition resulting in death) Examiner Due to (or as e consequence of) Physician/Medical Examiner reumonia two weeks The law requires that tha death certificate be executed Sequentielly list conditions, if any, leading to immediate ceuse. Enter Underlying Cause (Disease or Injury that initiated events resulting in death) Last attending physician and for use as the bunal-tran Due to (or es a consequence of): Records, P.O. Box 68760, Due to (or es e consequence of) Part II. Other eignificant conditions contributing to death but not resulting in the underlying ceuse given in Part I. 23b. Did tobacco use contribute to the cause of death? signed by Hypertension, Insulin Dependent Diabetes 1 ☐ Yes 2 ☐ No 3 ☐ Probably 4 56 Unknown Completed by 24b. Were autopsy findings available prior to completion of ceuse of deeth? 24a. Was an autopsy performed? Mellitus, Status Post multiple strokes certificate 1 ☐ Yes 2 No 1 ☐ Yes 2 ☐ No Division of Vital spital or Attending Physicien: The hours after death.
Ineral Director: After this certificate y filled in by the funeral director, pe 25. Wes case referred to medicet Be 26. Place of Death (Check only one) Other: 4 Nursing Home 5 Residence 6 Other (Specify) 2 1 Yes 2 No 1. Inpatient 2 □ ER/Outpatient 3 □ DOA Date of Injury (Month, Dey Year) 27. Manner of Deeth Certification: 28b. Time of 28c. Injury at Work? 28d. Describe how injury occurred 1 Naturat 5 Pending 1 ☐ Yes 2 ☐ No investigation 2 Accident 3 ☐ Suicide 6 Could not be determined 28e. Place of Injury - At home, farm, street, fectory, office building, etc. (Specify) 28f. Location (Street and Number or Rural Route Number, City or Town, State) 4 Homicide To the Hospital o within 24 hours aft To the Funeral DI completely filled in Medical Certifying Physician: To the best of my knowledge, deeth occurred at the time, date and place, and due to the cause(s) and manner as stated.

2 Medical Examiner: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and piece, and due to the cause(s) and manner steted. 29a. Certifler 29b. Signeture and title of certifier 29c. License number 29d. Date signed (Month, Day, Year) 96118 September 24, 1996 Levani M. D 30. Name end address of person who completed ceuse of death (Item 23e) (Type, Print) Tewari - Johns Hopkins Baynew 4940 Eastern Avenue halini 31. Date filed (Month, Day, Year) 32. Registrar's Signature State SEP 27 1996 widon Handell Registrar

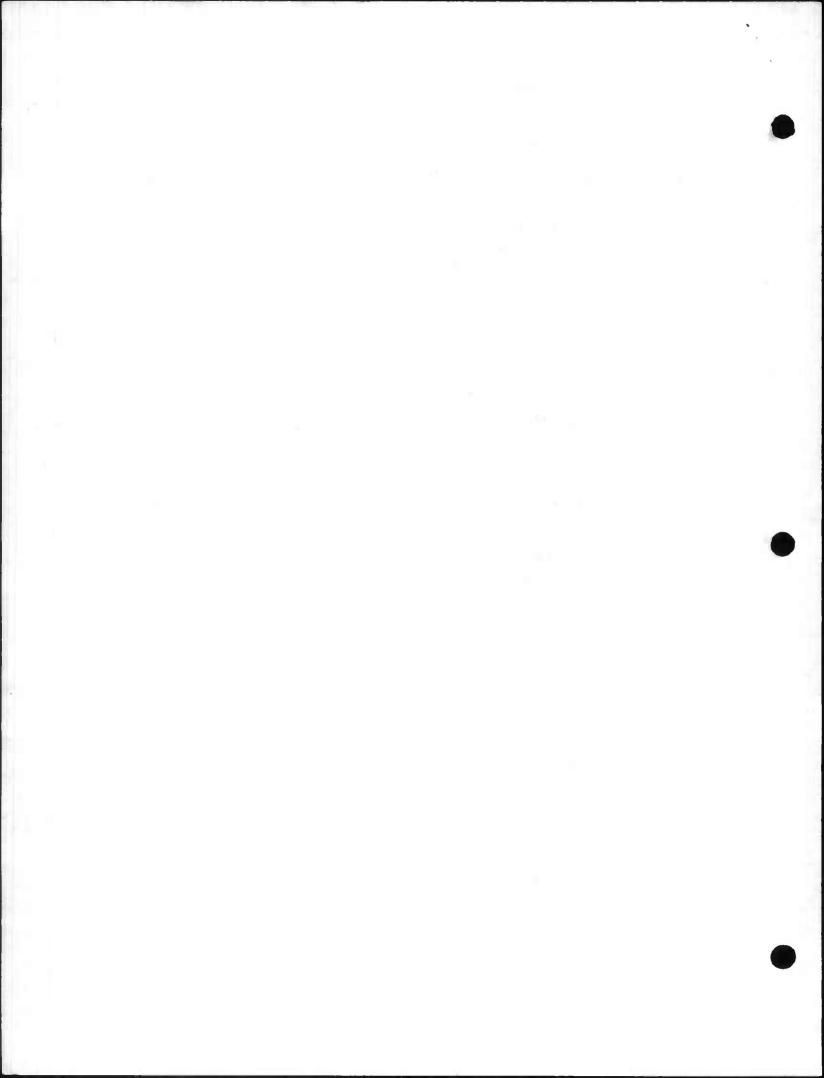
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State of Maryland / Department of Health and Mental Hygiene

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or he		1 Nevar Married 2 Married	1 X(Yas 2 □ No	1/	arto Hican, etc.)	Biac	ck, White, etc.
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Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. item #10b,10c, filmg 739, 9/21/96,cyw, per fill Certificate of Death

Reg. No. 1. Decedent's Neme (First, Middle, Last) 2. Dete of Death 3. Time of Death Month SATHLEEN SEPT 8:20 PM 4e. Facility Neme (If not institution, give street end number) 4b. City, Town, or Location of Deeth 4c. County of Deeth BALTIMORG

Institution of the second Univ. of MARYLAND BALTIMORE timore Hours Min. 8. Date of Birth Month, Day, 5. Social Security Number 9. Birthplece (State or Foreign 6. Sax 7. Age (In yrs. last birthday) Months Deys 1 M 2 F 212-40-0130 Yrs. Usual Residence of Decedent 10a Stete 10b. County HARFORD 10c. City, Town or Location 10d. fnside City Limits 1 ☐ Yes 2 No ABINGDON Maryland 10e. Street end Number 10f. Zip Code 10g. Citizen of What Country? 12. Wes Decedant Ever in U.S. Armed Forces? 11. Marital Status Was Decedant of Hispanic Origin? (Specify Yas or No-If Yas, specify Cuban, Mexican, Puerto Rican, etc.) Race - American Indian, Bleck, White, atc. 1 ☐ Never Married 2 ☐ Merried 1 Yes 2 No If Yas, Give Yeer or Detes: 1□Yes 2XNo Specify: anite Specify: 3 ☐ Widowed 4 Divorced 16a. Decedent's Usual Occupation (Give kind of work dona during most of working life. DO NOT use retired) 16b. Kind of Businass/Industry 15. Decedent's Education (Specify only highest grede completed) Elementery/Secondary (0-12) College (1-4or 5+) 17. Fathar's Name (First, Middla, Last) 18. Mother's Neme (First, Middle, Meiden Sumerpe, 19b. Meiling Address (Street and Number or Reval Route Number, City or Town, Stete, Zip Code) 19a, Informent's Name/Relationship (Type, Print) 20e. Method of Disposition 20b. Plece of Disposition (Name of cematary, cramatory or other place) 20c. Location - City or Town, State 1 Burial 2 ☐ Cramation 3 ☐ Removel from State 10119 4 ☐ Donation 5 ☐ Other (Specify) 21. Signeture of Funeral Service Licenses 22. Nama and Address of Fecility, EVANS Chapel Of 23a. Pert.! Enter the disease, or complications that caused the deeth. Do not enter the mode of dying, such as cardlec or respiratory arrest, shock, or heart fellure. List only one beuse on each line. Approximate fnterval Between Onset and Deeth Immediate Cause (Final disease or condition resulting in death) BACTEREMIA Sequentielly list conditions, if any, leading to immadiata cause. Enter Underlying Cause (Disease or injury that initieted evants rasulting in death) Lest Due to (or es e consequenca of) Due to (or as a consequence of) Part II. Other significant conditions contributing to death but not resulting in the underlying cause givan in Pert f. 23b. Did tobacco use contribute to the cause of death? 1 ☐ Yes 2 No 3 Probably 4 Unknown 24b. Were sutopsy findings available prior to completion of cause of death? 24e. Wes an autopsy performed? PERICARDITIS 1 Yes 2 □ No 1 ☐ Yes 2 No 26. Plece of Deeth (Check only one) Other: 4 Nursing Home 5 Residence 6 Other (Specify) 1 Yes 2 No 1₺ Inpatient 2□ ER/Outpatient 3□ DOA 28b. Time of 28d. Describe how injury occurred

buriel-transit The law requires that the death certificate be executed and physiclan a the buriel Records, P.O. Box 68760. ettending | signed by to page ta to

Physician/Medical by Be Completed 2 Medical Certification:

Physician

/Medical

Examiner

Director

Funeral

à

Completed

Be

Funeral

Director

tem 27 is marked other than "natural", or items 23s or 28s-f show other traumatic event, the Medical Examiner must be notified at

"natural", or

permit. Pages 1 and 2 should be filed within Department of Heelth and Mental Hygiene. Important: If Hem 27 is marked other than any Injury or other trainment.

Physician /Medical

Examiner

the Meryland

Baltimore, Maryland 21215-0020

Atta 6 To the Hospital of within 24 hours e To the Funeral D

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25. Was case referred to medical 27. Menner of Deeth 28e. Dete of Injury (Month, Dey Year) 28c. Injury at Work? 5 Pending investigation 1 Metural 1 Yes 2 No 2 Accident 28f. Location (Street end Number or Rural Route Number, City or Town, Stete) 3 Sulcida 6 Could not be determined 28e. Plece of Injury - At homa, farm, streat, factory, office building, etc. (Specify) 4 - Homicide Certifying Physician: To the best of my knowledge, deeth occurred at the time, dete end plece, end dua to the cause(s) end menner as steted.

| Medical Examiner: On the basis of examination and/or investigation, in my opinion, deeth occurred at the time, date end plece, and due to the cause(s) and menner steted. 29e. Cartifier (Check only one)

29b. Signetura and title of certifier

29c. License number 29d. Data signed (Month, Dey, Year)

Registrer's Signature

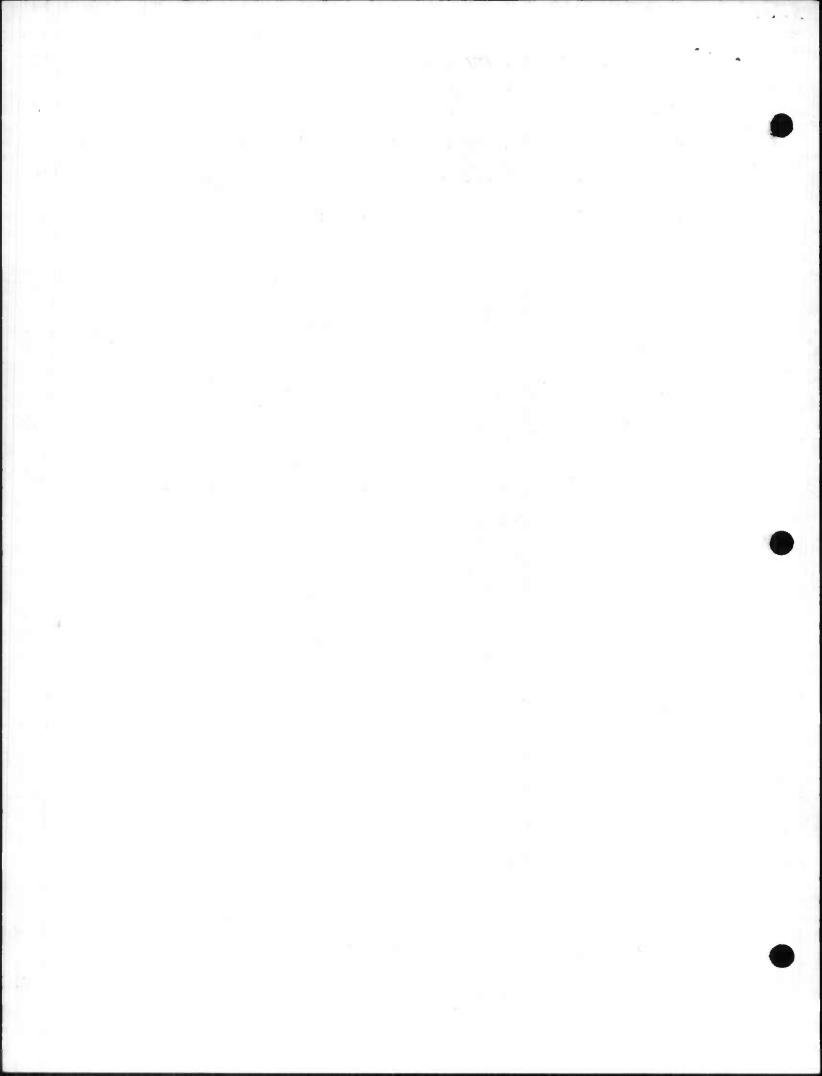
Signature

Suna Davidson

rof. Maryland MED GR

State Registrar

31. Dete filed (Month, Day, Year)

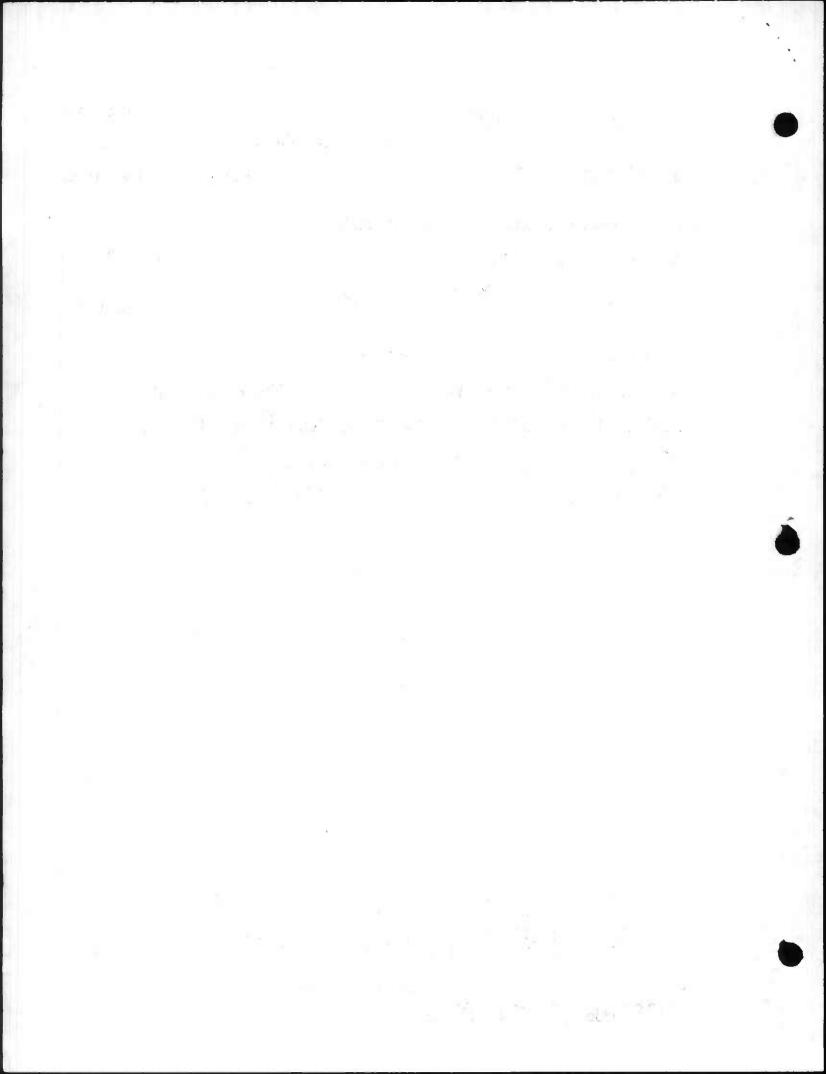


State of Maryland / Department of Health and Mental Hygiene Certificate of Death 1. Decedent's Neme (First, Middle, Last) 2. Dete of Deeth 3. Time of Deeth **Physician** Month 2 usenia Lynch 8:01 /Medical 4e. Fecility Neme (Innot institution, give street and number) 4b. City, Town, or Location of Deeth 4c. County of Death **Examiner** Itos, Baltimore MO Baltimore If Under 1 Yeer If Under 24 Hrs. 8. Dete of Birth (Month, Dey, Year) 5. Sociel Security Number 7. Age (In yrs. lest birthday) Birthplece (State or Foreign Country) **Funeral** 1□ M 280 F 8686 06 066 Director MARYLAND Usuel Residence of Deceden 10a. State 10b. County r than "natural", or items 23s or 28s-f ahow the Medical Expressor must be notified at 10c. City. Town or Location 10d. inside City Limits 1 Yes 2 No Director MARIAND ARM ARUNDEL GLEN BURNIS 10e. Street end Number 10f. Zip Code 10g. Citizen of Whet Country? SOAD U.S.A SOE Funeral 12. Wes Decedent Ever in U,S. Armed Forces?

1 ☐ Yes 2 No if Yes, Give Yeer or Dates: Wes Decedent of Hispenic Origin? (Specify Yes or No If Yes, specify Cuben, Mexican, Puerto Rican, etc.) Race - American Indien, Bleck, White, etc. 11. Meritel Status Pages 1 and 2 should be filed within 72 hours efter and of Health and Mental Hygiane. Internet and 12 is marked other than "natural; or its ury or other traumatic event, tra Maximi Earning ury or other traumatic event, tra Maximi 1 Never Merried 2 Married Baltimore, Maryland 21215-0020 1 ☐ Yes Mo Specify: Be Completed by 3 Widowed 4 Divorced ETIHW! 15. Decadent's Education (Specify only highest grade completed) 16e. Decedent's Usuel Occupetion (Give kind of work done during most of working life. DO NOT use retired) 16b. Kind of Businees/Industry Elementery/Secondary (0-12) Coilege (1-4or 5+) 127RS 17. Fether's Neme (First, Middle, Last) 18. Mother's Neme (First, Middle, Meiden Surneme) LURAWSKI Anorew CATHERIAS 19e. informent's Neme/Reletionship (Type, Print) 19b. Meiling Address (Street end Number or Flurel Route Number, City or Town, State, Zip Code) 2208 20b. Plece of Disposition (Neme of cometery, cremetory or other pleca) ROAD BATTO- MARYLAND 20c. Location - City or Town, Stete WRAWSK 242123 81 7922 20a. Method of Disposition Burial 2 Cremetion 3 Removel from State permit. Pege Department of important: If any injury or once. 4 □ Donetion 5 □ Other (Specify) SACRID HEART OF MARY DUNDALK 1 JARYLAND 21. Signature of Funeral Service Licensee 22. Name and Address of Facility
EVANS CHAPITOF CHIMES
22327 YORK ROPO - TIMONIUM 23a. Pert1. Enter the disease, or complication the caused the deeth. Do not enter the mode of dying, such as cardiec or respiretory errest, shock, or heart feilure. List only one cell of on each line. Approximete Interval Between Physician /Medicai immediete Ceuse (Finel diseese or condition resulting in deeth) **Examiner** Physician/Medical Examiner otic The lew requires that the deeth certificete be asscuted burial-transit Sequentielly list conditions, if eny, leeding to immediate cause. Enter Underlying Cause (Disease or injury that initiated events resulting in deeth) Lest Box 68760 e Rtorated Due to (or es e consequenca of): P.0. Pert il. Other significant conditions contributing to death but not resulting in the underlying cause given in Pert i. 23b. Did tobacco use contribute to the cause of death? 1 Yes 2 No 3 Probably 4 Unknown Records, ģ page 2 should be 24b. Were sutopsy findings evelleble prior to completion of cause of death? Completed 24e. Wes en eutopsy performed? certificate has 26-No Division of Vital or Attending Physician: Be 25. Wes case referred to medical exeminer? 26. Place of Deeth (Check only one) Hospitel: 1 Inpatient 2 ER/Outpatient 3 DOA Other: 4 Nursing Home 5 Residence 6 Other (Specify) Certification: To 1 Yes 2 4No Aftar this Dete of Injury (Month, Dey Year) 27. Manher of Deeth 28c. injury et Work? 28d. Describe how injury occurred 5 Pending Investigation Neture 1 Yes 2 No To the Hospital or Attendi within 24 hours after deeth. To the Funeral Director: A completely filled in by the fo deeth. 2 Accident the 6 Could not be determined 3 Suicide 28e. Piece of injury - At home, farm, street, fectory, office building, etc. (Specify) 28f. Location (Street and Number or Rural Route Number, City or Town, Stete) 4 Homicide 1 Certifying Physician: To the best of my knowledge, deeth occurred at the time, dete end place, end due to the cause(s) and menner as stated.

2 Medical Examiner: On the basis of examination and/or investigation, in my opinion, deeth occurred at the time, date and place, and due to the cause(s) end manner stated. Medical /Check only one) 29b. Signeture end fille of certifie 29c. License number 29d. Date signed (Month, Day, Year) 30. Neme and eddress of person who completed cause of deeth (Item 23a) (Type, Print) ST. ALGES HOSPITA 31. Dete filed (Month, Dey, Year) SEP 2 7 1996 32, Registrar's Signature State

Registrar



State of Maryland / Department of Health and Mental Hygiene

Certificate of Death

28832

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Physic	ian	1. Decedent's Na	-	fle, Last)		T						2. Date of E Month		Day	Year	3. Time of Death
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			Cremation	3 □Renyoval fi	rom State	cemeter	y, crema	tory or other	plac	9)	į	Date		. Location -		
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permit. P Departme Importan any injur		21. Signature	uneral Service	Jicensee	-0			lame and Ad				tter F			omes,	Inc
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Medicale pe executed Examiner but and but all transit are as the but al-transit are as the but a	n/Medical Examiner	Immediate Cause disease or condition resulting in death) Sequentially list or if any, leading to it cause. Enter Und Cause (Disease or that initiated event resulting in death)	on onditions, mmediate erlying r injury	a. Ato	C	Due to (or as a co	onseque	nca of):	40	of thest	ros	c ho	6	me		
et the death	icia	Part II. Other signi	ficant condition	ons contributing t	to death but	not reculting in	the unde	etulos coues	ahic	n In Part I		22h Di	Itohaa		atellarita ta	the envise of street
requires that the death been signed by the etter should be detached for	by Physicia	ACUT		nd d				fA1/) UV	n in Part i.			Yes	2 No	3 ☐ Prob	the cause of death
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sician: The law certificate has b lirector, page 2 s	Completed											1	Yes	2 No	1 🗆	Yes 2□ No
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ding P. After the	ino ino	27. Manner of Dear	th 5 ☐ Pendin	28a. D	ate of Injury Wonth, Day	Year) 28b. Ti	ime of	28c. I	njury Work	at ?		28d. Describe	how in	njury occur	red	
or Attending Physician: after death. Director: After this certific In by the funeral director,	Certification:	2 Accident	investi 6 ☐ Could	not be						es 2 l	Vo					
or Attencater death	artic	4 Homicide	determ	ined 288. Pl	laca of Injur uilding, etc.	y - At home, fan (Specify)	m, street	, factory, offi	iC8			28f. Location City or To	(Street wn, St	and Numb ate)	er or Rural	Route Number,
Hospital or Attending Physician: 24 hours after death. Funeral Director: After this certific siely filled in by the funeral director,	edical Co	29a. Certifier (Check only one)	1 Cartifyln 2 Medical	ng Phyalcian: To Examiner: On the	the best of ne basis of e	examination and	death od	curred at the	e time	e, date and inion, deat	d placa, h occurr	and due to the red at the time	cause date a	e(s) and ma and place, a	nner as sta and due to	ated. the cause(s)
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Sta	ite	31. Date filed (Mon	th, Day, Year)	P31	2. Registrar	's Signature										
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State of Maryland / Department of Health and Mental Hygiene

28833 Certificate of Death 2. Data of Daath Month 530 MM osa 9 nnie 4a. Facility Nama (If not institution, giva street and number) 4b. City, Town, or Location of Daath

4c. County of Death

Prince George

Physician /Medical **Examiner** 1. Decedant's Nama (First, Middla, Last)

Mariner Health Care

5. Social Sacurity Number

0

Funeral Director

28a-f show the Medical Examiner must be notified at þ 238 or items 72 hours efter "natural", illed within 7 il Hygiena.

marked other . Pages 1 and 2 should be ili ment of Health and Mental H lant: If item 27 is marked oth jury or other trsumatic even permit. Page Department of Important: If any Injury or

altimore, Maryland 21215-0020

Physician /Medical Examiner

Examiner The law requires that the death certificete be executed Physiclan/Medical the Š director, page 2 should be Completed certificate or Attending Physician: Be Certification: To this After

P.O. Box 68760,

Records,

of Vital

Division

s after dee. filled in by e Hospital To the To the I

H Under 1 Year | If Under 24 Hrs. | 8. Date of Birth (Month, Day, Year) 7. Aga (In yrs. last birthday) Birthpiaca (Stata or Foraign Country) 1 □ M 2 🖾 F 76 Yrs. 220-24-9561 Mary land Usual Rasidanca of Dacedani 10b. County 10c. City, Town or Location 10d. Insida City Limits Director 1 ☐ Yas 2 ☑ No Maryland Prince George Laurel 10e, Street and Number 10f. Zip Coda 10g. Citizan of What Country? 14200 Laurel Park Drive Funerai 20707 USA 12. Was Decedant Evar In U,S. Armed Forcas? 1 ☐ Yas 2 ☑ No If Yas, Giva Yaar or Datas: Was Decedant of Hispanic Origin? (Specify Yas or No-if Yas, specify Cuban, Maxican, Puarto Rican, afc.) 14. Raca - Amarican Indian, Black, Whita, atc. 1 Navar Married 2 ☐ Married 1 ☐ Yas 2 ☑ No Specify: by 3 ☐ Widowed 4 ☐ Divorced Specify: White Completed 16a. Decedent's Usual Occupation
(Giva kind of work dona during most of working
lifa. DO NOT usa ratired)
Corrugated Fiberboard
Production Consultant 15. Dacadant's Education 16b. Kind of Businass/Industry (Spacify only highast grada completed) Elementery/Sacondary (0-12) Collega (1-4or 5+) Mfg. Unk Unk 17. Fsthar's Nama (First, Middla, Last) 18. Mothar's Nama (First, Middla, Maidan Sumama) Be Frank La Rosa Unkown Conie 19a. Informant's Neme/Relationship (Type, Print) 19b. Mailing Addrass (Street end Number or Rural Route Number, City or Town, Steta, Zip Coda) Father Kevin P. O'Reilly/ Priest 114 St. Mary's Place, Laurel, Maryland 20707 20b. Place of Disposition (Nama of camatary, cramatory or other place) 20a. Mathod of Disposition Data 20c. Location - City or Town, Sfata 1 N Burlal 2 □ Cramation 3 □ Ramoval from Stata 4 Donation 5 ☐ Other (Specify) Gate of Heaven Cemetery 9-24-96 Silver Spring, Maryland of Funeral Service Licansee 22. Nama and Addrass of Facility Fleck Funeral Home, Inc. 23a. Part1. Enter tha disease, or complications that caused tha death. Do not enter tha mode of dylng, such as cardiac or respiratory arrast,

Approximeta Approximeta tntarvat Batwaen Onsat and Death Immadiate Ceusa (Finai elmone disaasa or condition rasuiting in daath) mullycom Sequentially list conditions, if any, laading to immadiate causa. Entar Undarlying Cause (Diseesa or Injury that initiated avents rasuiting in daath) Lasf Due to (or as a consequence of) Dua to (or as a consequance of): Part It. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 23b. Did tobecco use contribute to the cause of death? 1 Yes 2 No 3 Probably 4 Unknown 24b. Were sutopsy findings avsilable prior to completion of causa of dasth? 24s. Wes an autopsy performed? 1 ☐ Yes 2 No 1 Yas 2 No 25. Was casa rafarrad to medical 26. Placa of Death (Check only ona) Othar: 4 Nursing Homa 5 Rasidance 8 Othar (Specify) 1 Yas 2 No 1 ☐ Inpatiant 2 ☐ ER/Outpatienf 3 ☐ DOA 28a. Data of Injury (Month, Day Year) 27. Manner of Death 28d. Dascribe how injury occurred 28b. Tima of 1 Natural 2 Accident 5 Panding Invastigation 1 Yas 2 No 6 Could not be datarmined 3 Suicida 28f. Location (Straat and Number or Rural Routa Number, City or Town, Stata) 28a. Placa of Injury - At homa, farm, straat, factory, offica building, etc. (Specify) 4 Homicida Certifying Phyaician: To the bast of my knowledge, deeth occurred at the time, dete end piece, and due to the cause(s) and manner as stated.

2 Medical Examiner: On the basis of examination and/or invastigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and manner stated. 29a. Cartifiar Medicai 29b. Signatura and titia of cartifiar 29d. Date signed (Month, Day, Year)

8317 CHERRYLANE

State

Registrar

30. Name and address of person who complated cause of deeth (Itam 23a) (Type, Print)

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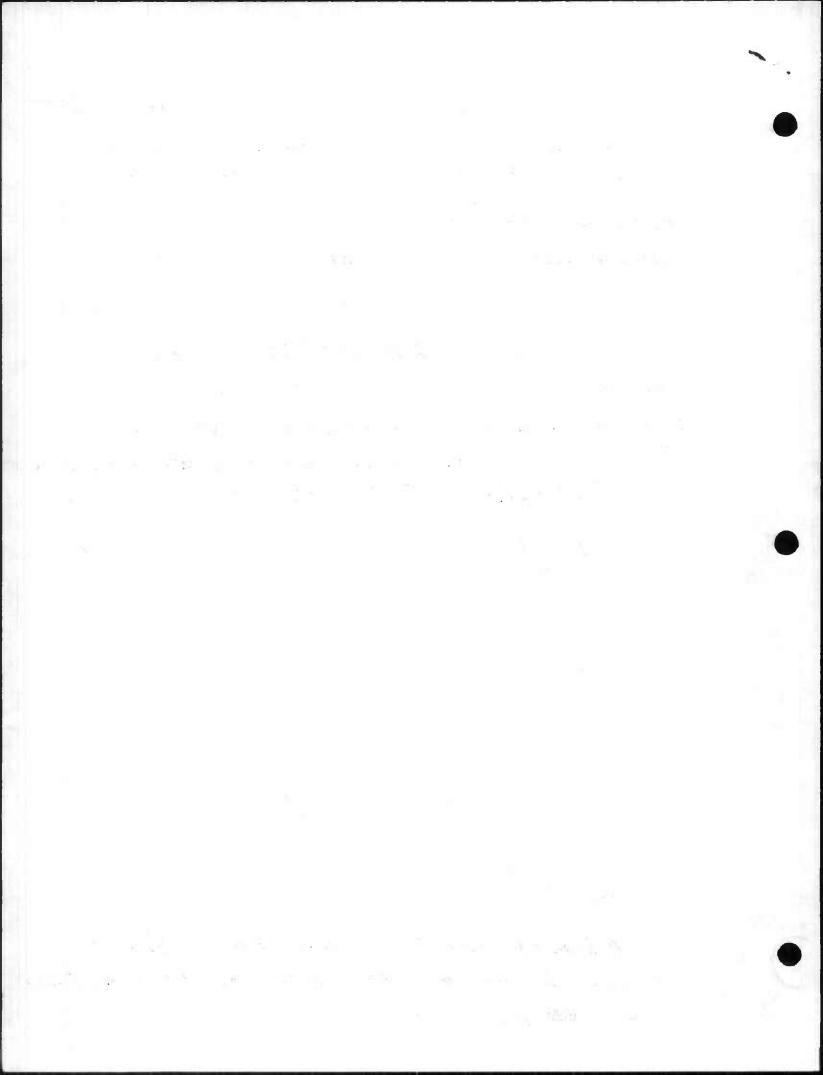
32. Registrar's Signetura

ul Davidson

TNONEW

SEP 27 1996

31. Data filed (Month, Dey, Year)



State of Maryland / Department of Health and Mental Hygiene 28834 Certificate of Death 1. Decedent's Name (First, Middle, Last) 2. Date of Death 3. Time of Death Month Day 24 Sept. Richard Henry Langenfelder Sr. 1996 1729 4e. Facility Name (If not institution, give street end number) 4b. City, Town, or Location of Death 4c. County of Death Carroll Co. Gen. Hospital Westminster Carroll 6. Sex 1 → M 2 → F 7. Age (In yrs. last birthday) 80 Yrs. if Under 24 Hrs. Hours Min. If Under 1 Year 8. Date of Birth July 28, 1916 9. Birthplace (State or Foreign Mary Land Days Months Usual Residence of Decedent 10b. County 10c. City, Town or Location 10d. Inside City Limits 1 ☐ Yes 2 No Maryland Baltimore Upperco 10f. Zip Code 10g. Citizen of What Country? 14823 Hanover Pike 21155 U.S.A. 12. Was Decedent Ever in U,S. Armed Forces? 1 ☐ Yes 2 ☐ No If Yes, Give Yeer or Dates: Wes Decedent of Hispanic Origin? (Specify Yes or No-If Yes, specify Cuban, Mexican, Puerto Rican, etc.) 14. Race - American Indien, Black, Whita, etc. 1 ☐ Never Married 2 ☐ Married 1□ Yes 2 No 3 Widowed 4 □ Divorced Specify: White 15. Decedent's Education (Specify only highest grade completed) 16a. Decedent's Usual Occupation (Give kind of work done during most of working life. DO NOT use retired) 16b. Kind of Business/Industry Elamentary/Secondary (0-12) College (1-4or 5+) Owner & Operator Gas Station 17. Father's Name (First, Middle, Last) 18. Mothar's Name (First, Middla, Maiden Surname) Henry Langenfelder Lizzie Windisch 19a. Informant's Neme/Relationship (Type, Print) 19b. Mailing Address (Street and Number or Rural Route Number, City or Town, State, Zip Code) Joan Morgan - Daughter 13951 Jarrettsville Pike, Phoenix, Md. 21131 20b. Place of Disposition (Name of cemetery, crematory or other piece) Date 20c. Location - City or Town, State 1 Burial 2 □ Cramation 3 □ Removal from State 4 ☐ Donation 5 ☐ Other (Specify) Zion Lutheran Ch. Cem. Sept. 27, 1996 Baltimore, Md. 21. Signature of Funeral Service Licensee 22. Name and Addrass of Facility Eckhardt Funeral Chapel 11605 Reisterstown Rd. Owings Mills, Md. 21117 23a. Part1. Entar the disease, or complications that caused the death. Do not enter tha moda of dylng, such as cardiac or respiratory arrast, shock, or heart failura. List only one cause on each line. Approximata Interval Between Onset and Death Nlyocard In farction Due to (or as a consequence of): Due to (or as a consequence of) Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 23b. Did tobacco use contribute to the cause of death? 1 Yes 2 No 3 Probably 4 Unknown 24b. Were autopsy findings available prior to completion of cause of death? 24a. Was an autopsy 1 Yes 1 ☐ Yes 2 ☐ No 25. Was case referred to medical 26. Place of Death (Check only one) Hospital: 1 ☐ Inpatient 2 ☐ ER/Outpatient 3 ☐ DOA Other: 4 Nursing Home 5 Residence 6 Other (Specify) 28d. Describe how injury occurred 28a. Date of Injury (Month, Day Year) 28b. Time of 28c. Injury at Work? 5 Pending investigation

Baltimore, Maryland 21215-0020 Department of Important: If any Injury or Physician /Medical Examiner

Physician

/Medical

Examiner

Funeral

Director

"natural", or items 23a or 28a-f show

Director

Completed by Funeral

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the Maryland show

death

Pages 1 and 2 should be filed within 72 hours effer on the filed to the file of Heelth end Mental Hygiene.

Hygiene.

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89 or other tra

traumatic event, the Medical

5. Social Security Number

217-07-3412

10e, Street and Number

20e. Mathod of Disposition

immediata Cause (Final

Sequentially list conditions, if any, laading to immediate cause. Enter Underlying Causa (Disease or Injury that initiated events resulting in death) Last

diseasa or condition resulting in death)

Starte

10a State

The law requires that the death certificate be executed the buriel-transit pue physician

P.O. Box 68760,

been signed by the s should be deteched After this certificate has

within 24 hou To the Fune completely fil

Division of Vital Records, Attending Physician: epital or Attending Physnours efter deeth.

neral Director: After this y filled in by the funeral di Hospital • Funeral I

Examiner Physician/Medical p Be Completed 2 Certification:

1 Yes 2 No 27. Manner of Death 1 Waturel 2 Accident 3 Suicide 4 ☐ Homicide Medical 29a. Cartifier 29b. Signety's and tiple of certifier

30. Nama and address of person w S. KAHAN DAVID 31. Date filed (Month, Day, Year) State SEP 27 Registrar

6 Could not be determined

all, ny completed cause of deeth (Item 23a) (Type, Print) 200 Memorial

Ave

29c. License number

1 Certifying Physician: To the best of my knowledga, death occurred at tha tima, data and place, and dua to tha causa(s) and manner as stated. Medical Examiner: On the basis of examination and/or investigation, in my opinion, deeth occurred at the time, date and place, and due to the cause(s) and manner stated.

1 Yes 2 No

Location (Street and Number or Rural Route Number, City or Town, State)

32. Registrar's Signature ia Lavidson

28e. Placa of Injury - At home, ferm, street, factory, offica building, etc. (Specify)

1000 refrancis - vice or again The state of the s

State of Maryland / Department of Health and Mental Hygiene

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			State of ivid			ficate of	Death	ieniai my	Reg. No		2.0	40	000
	Physici /Medi	_	1. Decedent's Name (First, Middle, Last) "MARQUERITE RUTH	L191	NE	LLI		2. Date of Do Month	eath Da	ly _	Year 1996	3. Tim	ne of Death
	Examir Funeral Director		212 64 9665 1□M 2気R	DRIVE e (In yrs. last birthdi 83 Yrs	N	Under 1 Year Ionths Days	Hours Min.		th 40 Firth ay, Year	County R	of Death	TE lace (Striy)	b FG C ate or Foreign
	the Maryland 28a-f show notified at	tor	Usual Residence of Decedent 10a. Sfate 10b. County Maryland Prince George's	10c. City, Town or		ion					1		de City Limite
	or 28a	Director	10e. Street and Number			10f. Zip Code			10g. Cl	tizen of V	Vhat Coun	try?	
	th wit		6723 Lamont Drive			20	801		Un	ited	Stat	es	
020	after dea or frems	by Funeral	11. Marifal Stafus 1 Never Married 2 Married 3 Widowed 4 Divorced 12. Was Decedent 8 Armed Forces? 1 Yes 2 With 14 Yes, Give Year or Dates:	Ever in U,S. 1		Decedent of I es, specify Cub Yes 2 1/2/1/20	dispanic Origin? (Sp. an, Mexican, Puerto Specify:	ecify Yes or N Rican, efc.)	0-		e - Americ k, White,	efc.	n,
5-0	72 hours "naturel", sof cal Exp	etec	15. Decedent's Education (Specify only highest grade completed)	18a. De	ceden	rs Usuai Occup d of work done	oation during most of work d)	ina	16b. K	and of Bu	siness/inc	Justry	
Maryland 21215-0020	d 2 should be filed within 72 h th and Mental Hygiene. 7 is marked other than "natu traumatic event, ton May cal	Completed	Elemantary/Secondary (0-12) College (1-4or 5	i+)		NOT use retire emaker	d)			Ow	n Hon	ne	
b	office file	Be C	17. Father's Name (First, Middle, Last)				18. Mother's Name	(First, Middle	e, Maider	Sumam	(9)		-
/lai	2 should be filed and Mental Hygi is marked other aumatic event, is	ToE	Carmen Martini				Maria	Seque1	1a				
an	2 sho and I		19a. Informant's Name/Relationship (Type, Print)		_		and Number or Run						
≥,	es 1 and of Health I flam 27 r other tr		Pasquale Lignelli Husbar				Drive Lan	ham Ma	ryla	nd	20801		
ore	of H f han		20a. Mathod of Disposition 1 ☐ Burial 2 ☐ Cremation 3 ☐ Removal from State	20b. Placa of Di cemetery, o	ispositio c <i>remat</i>	on (Name of ory or other pla	ce)	Date	20c. L	ocation -	City or To	wn, Stat	te
Ē	Pag ment ant: I		4 Donation 5 Other (Specify)	Fort Li	nco	1n Ceme	tery 9/1	9/96	Br	entw	ood N	lary	land
Baltimore,	permit. Pages 1 and Department of Health Important: if Itam 27 any injury or other tr g0cs.		21. Signature of Funeral Service Licansee	Pro	Ro		ess of Facility Evans Fulliapolis Rd			-)715	
1			23a. Part1. Enter the disease, or complications that caused shock, or heart failure. List only one cause on each lir	the death. Do not	enter t	he mode of dyi	ng, auch as cardiac	or respiratory	arrest,			Approx	Between
	Physician /Medical Examiner		Immediate Cause (Finai disease or condition resulting in daath)	PIRATO	RY	AR	REST				1	Onset a	and Death
68760,	law requires that the deeth certificate be executed as been signed by the ettending physician and a 2 should be datached for use as the butla-transit	edical Examiner	Sequentially list conditions, if any, leading to immediate cause. Enter Undertying Cause (Diseasa or Injury that initiated events resulting in death) Lasf	Due to (or as a conduction Due to (or as a conduction)	TO sequent 1 A sequen	Ry (nce' of): - LU A	INSUFF 19	- (CIE	NG	, 4		6×	non It
Box 6	seth certific ettending p for usa as		d. EMP.	HY SEN	n A	r					1	oy	ray
P.0.	es that the de igned by the e be datached f	by Physician/M	Part II. Other eignificant conditions contributing to death but HY PERTENSION	ut nof resulting in th	e unde	rlying cause gi	ven in Part I.			use cor	3 Pol		uee of death
of Vital Records,	aw requires is been sig 2 should by	Completed b	CORONARY ARTI	ERY	D	ESE	ASE AEMIA	24a. Wa	s an auto formed?	psy	ava	ailable p	psy findings rior to n of cause
al R	Tha ate h		CHRONIC LYMPHO	CYTIC	H	SUKI	AEMI A	10	Yee 2	No	10	Yes	2 No
Vit.	ysicien: The s certificate director, pay	Be	25. Was casa referred to medical examiner?			Ott	26. Placa of Deat						
P	this aldi	5	1 ☐ Yes 2 ☐ No Prospital: 1 ☐ Inpafiel 27. Manner of Death 28a. Date of Injur			3LI DUA	4 LI Nursing Ho	me Ø Res 28d. Describe				()	
Division	o Hospital or Attending I 24 hours aftar death. Funeral Director: After ately filled in by the funar	Certification:	Talatural 5 Pending (Month, Day 2 Accident Investigation 3 Sulcide 8 Could not be datamined datamined	y Year) Injui	ry		Yes 2□No	28f. Location	(Street a	nd Numb		l Route	Number,
Div	ours aftar ours aftar oral Dire		4 Homicide building, etc	c. (Specify)				City or To	wn, Stat	'e)			
	Mosp 24 ho Fune lately fi	dicai	29a. Certifier (Check only one) Check only one) Check only one) Check only one) Check only one) Check only one) Check only one)	examination and/or	eath oc	curred at the ti igation, in my o	me, date and place, ppinion, death occurr	and due fo tha ed at fha fima	cause(s , date an	d place,	nner as st and due to	ated. the cau	use(s)

29c. License number

D 21883

cause of daath (Itam 23a) (Type, Print) 9470. ANNA POLIS ROAD

SUITE #308, CANHAM-MD 20706

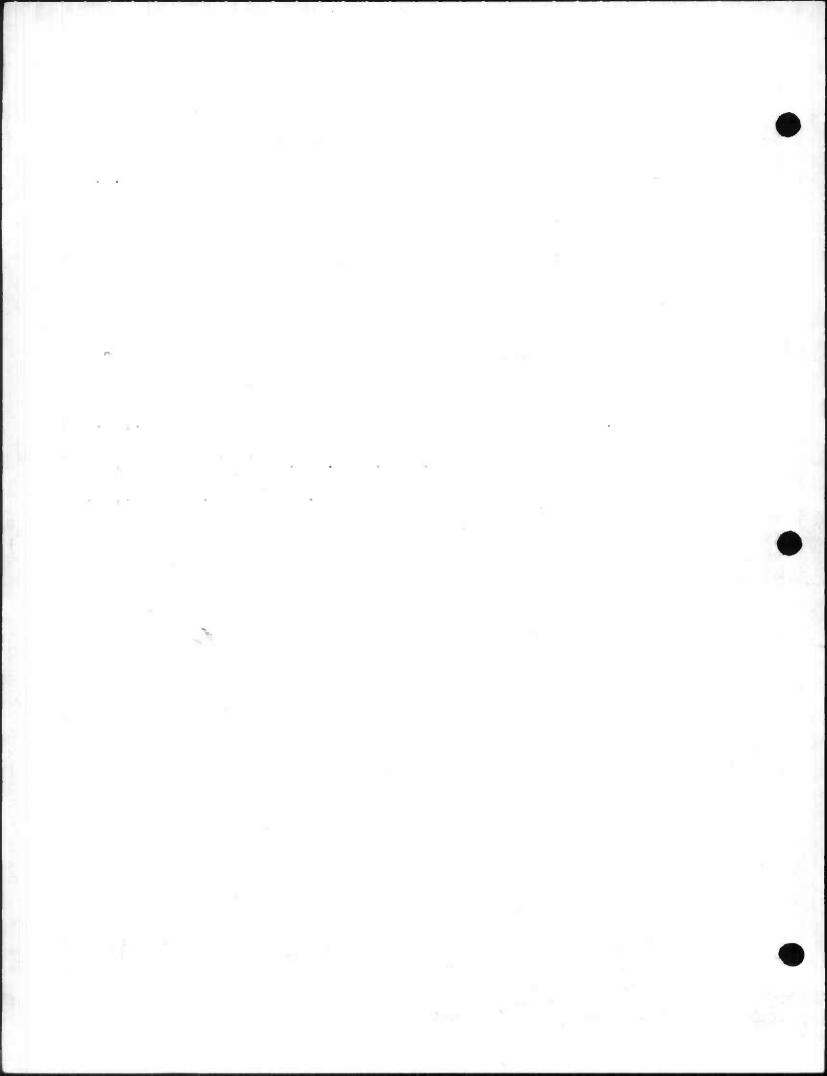
29d. Date signed (Month, Day, Year)

State Registrar

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State of Maryland / Department of Health and Mental Hygiene

					Ce	rtificate of	Death		Reg. No.	20	6.0	000
	H 1.11		1. Decedent's Name (First, Middla, La	st)				2 Date of De	eath		3. Tima	of Death
	Physic /Medi		Solter 1	- MCC	104			Month	be 12	Year 1996	JN	Pm
	Exami		4a. Facility Name (If not institution, giv	re street end number)			4b. City, Town,	or Location of Deat		y of Death	7	4.3
			BON SECOURS H	OSPITAL	3		BALTI	MORE		N/A		
	Funeral		5. Social Security Number 6. S	Sex 7. Age (In)	yrs. last birthday,	If Under 1 Yaar Months Days	If Under 24		rth	-		or Foreign
	Director		217-34-8611 Usual Residence of Decedent	1□ MX2€X€ 59	Yrs.	Widness Days	riours		12 37	S.C	•	
	72 hours after deeth with the Maryland neturel; or items 23s or 28s-f show ural Examinar must be notified at		10a. State 10b. County	10c.	City, Town or L	ocation			-	10	d. Insida	City Limits
	the Mar 28a-f st	ţ	MARYLAND N/	Δ	BALTIMO	DF					₩\a	s 2 No
	or 28	Director	10e. Street and Number			10f. Zip Code			10g. Citizen of	What Countr	ry?	
	23a c		2112 WEST VT	NE STREET		21	223	n	us	3		
	Rems Der De	Funeral	11. Marital Status	12. Was Decedent Evar in Armed Forces?	n U,S. 13.			(Specify Yas or No uarto Rican, etc.)		ce - America		
0	wrs after deeth with the Maryla el, or Itema 23a or 28a-f sho Examiner man be notified at		1 ☐ Never Married 2 ☐ Married	1 ☐ Yes Q No		1 Tes, specify out		uarto riicari, etc.)		ick, White, et	IC.	
21215-0020	72 hours aft "naturel", or	Completed by	X Widowed 4 □ Divorced	Year or Dates:		TO TOO ZXX	ореспу.		Specif	blk		
5	be filed within 72 hatal Hygiene. d other than "natu	ete	15. Decedent's Ed (Specify only highest gre	ducation de completad)	(Give	dent's Usual Occu kind of work done	during most of	working	16b. Kind of B	usiness/Indu	ustry	
12	filed within Hygiene. ther than "	d E	Elementary/Secondary (0-12)	College (1-4or 5+)		DO NOT use retire						
	Hygie ther the		17. Father's Name (First, Middle, Lest)	-0-	HOU	JSEKEEP		Neme (First, Middle		ESTIC		
an	od o od o	Be c	HENRY	COLEMAN						,		
Maryland	2 should be filed and Mental Hygi is marked other aumstic event,	2	19a. Informant's Name/Reletionship (10h Maili	na Addresa (Ctree		ERTHA r Ru <i>ral Rout</i> e Numb		1ITH	0-4-1	
2	2 6 6 2		RONALD C. COLE			L2 WEST			BALTIC			223
ē,	s 1 and 2 of Health item 27 I		20a. Method of Disposition		b. Place of Dispo	osition (Name of		Date	20c. Location			
Baltimore,	8 = 5		1 Murlai 2 ☐ Cremation 3 ☐ 4 ☐ Donation 5 ☐ Other (Specifi	Removal from Stata		ma <i>tory</i> or other ple		9/24/96	TAIT	י דידו	ZCI A M	T A NID
alti	nit.		21. Signature of Funeral Sarvice Lican		21	2. Name and Addr	ess of Facility	PHILLIPS	FINE	ZAT H	OME	LAND
Ö	Ped on your		Describe to	Secto CESP				NROE ST.				1217
	7.5		23a. Part1. Entar the disease, or com shock, or heart failure. List only								Approxima	ate
я	Physician			4	0 (h 0				Interval Be Onsat and	Death
-	/Medical Examiner		immediate Cause (Finel disease or condition	Mysca	dial	Slu	forch	m				
3	CXammer	_	resulting In death)	Due to	o (or as a consec	quenca of):	^					
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	ertificate be executed ling physician end se as the burlel-transit	Examiner	Sequentially list conditions, if any, leading to immediate	Due to	o (or as e consec	querice of):						
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	a = =	Completed						10	Yas 2 No	10	Yes 2[J No
ita	ysicien: The	Be (25. Was case referred to medical examiner?				26. Place of	Death (Check only o	one)			
of Vital	5 00	2	1 Øes 2 No	Hospital: 1 ☐ Inpatient 2	ER/Outpatier	nt 3 DOA	her: 4 Nursin	g Homa 5 Resi	dence 6 Oth	nar (Specify)		
n o	ding Ph h. After thi funeral		27. Manner of Deeth Natural 5 ☐ Pending	28a. Date of Injury (Month, Dey Year)	28b. Time of injury	Wo	ry at rk?	28d. Describe	how injury occur	red		
sio	Attending or deeth. ector: After by the fune	cati	2 Accident invastigation 3 Sulcide 6 Could not be			M 1	Yas 2□No					
Division		Certification:	4 Homicide determined	28e. Place of Injury - Al building, etc. (Spe	t home, farm, str cify)	eet, factory, office		28f. Location (City or To	Street and Numb wn, Stete)	er or Rurai I	Route Nur	n <i>ber</i> ,
	spital ours seral filled		29e. Certifier 1 Sertifying Phy	valcian: To the best of my k	nowledge death	occurred at the ti	me date and ol	ace and due to the	causa(s) and m	ennor ac eta	tod	
	To the Hospital or within 24 hours after To the Funeral Dif- completely filled in	edical	(Check only 2 Medical Exam	Iner: On the basis of exami end manner stated.	Ination and/or in	vestigetion, in my	pinion, deeth o	ccurred at the time,	dete and pleca,	and due to the	he ceuse(s)
	To the Com	Σ	29b. Signature and title of certifier	20		29c. Licens	se number		29d. Date signe	d (Month, De	ey, Year)	
			Monor !	O Carles		1 PL	1A30		911	18/90	0	
	h		30. Name and address of person who o	completed cause of death (it	tem 23a) (Type,	Print)			1			
	10		31. Date filed (Month, Dey, Year)	alt mre	35	Buti	M) 213	773.			
	Sta Registr		SEP 2 7 1996	32. Registrar's Sig	please							



State of Maryland / Department of Health and Mental Hygiene

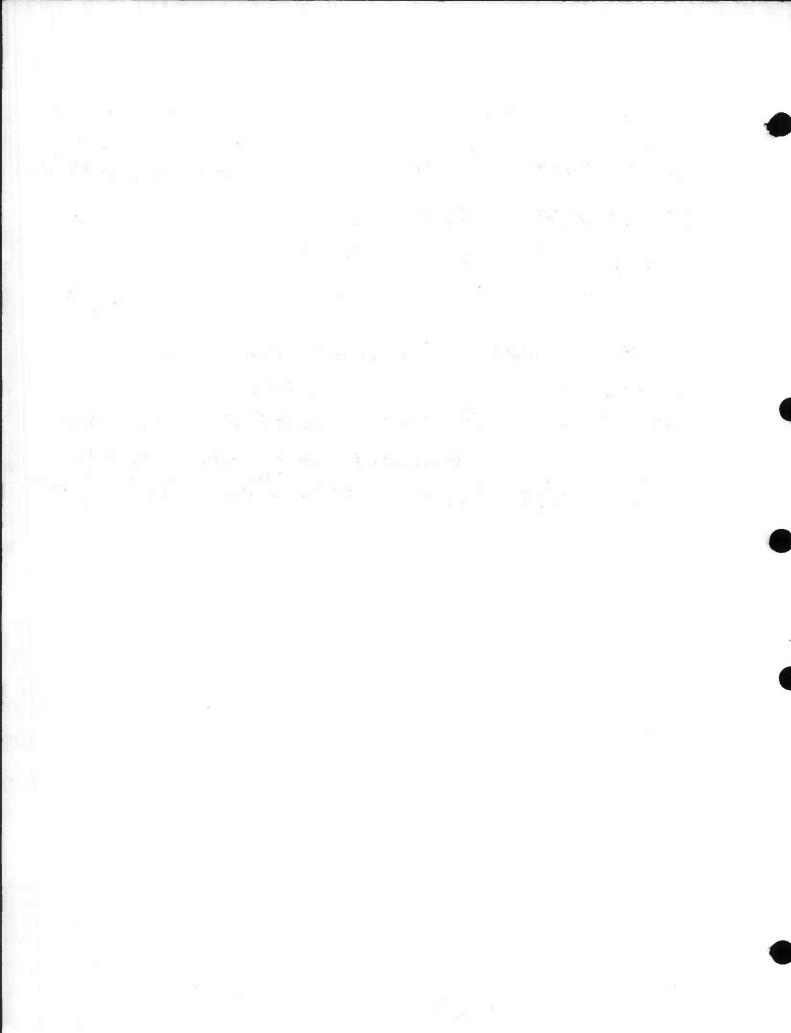
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				Ce	entificate of	Death		Reg. No.	
Physician		1. Decedent's Neme (First, Middle, Last)	Mccos	/	Sr.		2. Dete of De Month	ath	3. Time of Death
/Medical		4e. Facility Name (If not institution, give				4b. City, Town, or Lo	cation of Death	4c. County	of Death
Examiner				21011	3CD	0.			1
			05P TBL C				STOWN		27) MORE
Funeral Director		214-64-6004	M 2□F 7. Age (in yrs.	Yrs.	Months Deys	Hours Min.	8. Dete of Bird	y, Year) 1957	Birthplace (State or Foreign Country)
	-	Usuel Residence of Decedent		1			Aug 8,	1751	- 01
Jend Mary	-	10e. Stete 10b. County		ty, Town or I	Location				10d. Inside City Limit
Me.	5	md NIF	7	150	i 140				1. Yes 2□N
S 10 20 20 20 20 20 20 20 20 20 20 20 20 20	3	10e. Street end Numbar	•	_	10f. Zip Code			10g. Citizen of W	/hat Country?
ritems 23s or 28s-f enfrer must be notified	2	6642 Spr	ing mill	inde	- 21:	207		U.S	s.A
permit. Pages 1 and 2 should be filed within 72 hours after death with the Meryland Department of Heath and Mentel Hygiene. Department of Heath and Mentel Hygiene. Important: If then 27 is marked other than "naturel", or items 23s or 28s-f show any injury or other treumstic event, the Medical Examinar must be notified at once. To Be Completed by Funeral Director	5		12. Wes Decedent Ever in U	J,S. 13	. Was Decedent of	Hispenic Origin? (Spe ban, Mexican, Puerto I	cify Yes or No	- 14. Rece	- American indian,
F F F		1 Never Merried 2 Married	Armed Forces? 1 Yes 2 No		1.2		Rican, etc.)		k, White, etc.
Š		3 Widowed 4 Divorced	If Yes, Give Yeer or Detes:		1 ☐ Yes 2 ☐ No	Specify:		Specify:	Black
ygiene. nr. the Medical rt, the Medical	3	15. Decedent's Edu	cation	16a. Dec	edent's Usuei Occi	upation		18b. Kind of Bu	siness/Industry
ole du	2	(Specify only highest grade	College (1-4or 5+)	life.	DO NOT use retir	e during most of workingd)			1 1 1 1 1
of the Co	5	2 70	Byrs	Sup	ervisor /	Housekeep	ins	lowsin	- State unvers
d other		17. Father's Neme (First, Middle, Last)	-	-		18. Mother's Neme		1	Θ)
Mente arked atic every To E	5	Iom L. McCon	Sri			Sallie	, Ko	binson	
N Pur	-	19a. Informent's Neme/Reletionship (Ty	pe, Print)	19b. Me	iling Address (Street	et and Number or Rura	l Route Numb	er, City or Town,	State, Zip Code)
27 is		annie Mc Co.	1 - wife	661	fa Spn	namill Ci	de	Balto,1	md 21207
of Head	1	20e. Method of Disposition	20b. I	Piece of Dis	position (Name of emetory or other pl	lecel i	Date	20c. Location -	City or Town, State
V H P	1	1/2-8uriei 2 ☐ Cremetion 3 ☐ R 4 ☐ Donetion 5 ☐ Other (Specify)	emovai from Stete	+. (aluca C	emery	128/96	Anne +	model mod
in the state of th	ŀ	21. Signeture of Funerei Service License	90 /		22. Neme end Add	ress of Facility	+	•	1.5
Department of the second of th		601 n	/			ress of Facility	AUL		
	4	Tale //	arch		4300	Wabash			A - n - n vitro - A -
	1	234 Part1. Enter the disease, or composhock, or heert feilure. List only or	ne ceuse on each line.	th. Do not e	nter the mode of dy	ying, such as cardiac o	r respiretory e	rrest,	Approximate Intervei Between Onset and Deeth
hysician /Medicai	П	Immediete Ceuse (Finei	Colom.	1.0		2.			(1) 2-14C
xaminer	H	disease or condition resulting in deeth)	- ARILLE	MITE	STINAL	KILED			4 DVI el?
1		,	Due to (or es e cons	equence of):	Jan-mar-			
in and intransit Examiner				ARE	LIVEYL	BISTAGE			
and Hrank		Sequentielly list conditions, if any, leeding to immediate cause. Enter Underlying Ceuse (Disease or injury that initiated events	Due to (equence of):				
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iding physician and use as the burial-transit.		resulting in deeth) Lest	Due to (c	or as e cons	equence of):				1
nding physician and use as the burial-transit			the	etto	USM				
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d by the atter	2	Pert II. Other significant conditions cor	tributing to death but not re-	suiting in the	underlying cause of	iven in Pert I.			ntribute to the cause of deat
Ph deta							10	Yss 2 No	3 Probably 4 \ Unknown
the law requires to take has been signed page 2 should be completed by							Oto Moo	The State of the S	24h Were eutoney finding
neen houlk							perfo	an autopsy ormed?	24b. Were sutopsy findings svailable prior to completion of ceuse
nas b									of death?
S pag	5						10	Yes 2 10	1 ☐ Yes 2 ☐ No
Arenang Pnysicient: The law requires may be been redeath. refer: After this certificate has been signed by the after by the funeral director, page 2 should be detached for a by the funeral director, page 2 should be detached for liftcation: To Be Completed by Physicial		25. Wes case referred to medical exeminer?				28. Place of Deeth	(Check only	one)	
his ce li dire		1 Yes 2 10	lospitei: 1 Inpatient 2	ER/Outpat	ent 3 DOA	ther: 4 ☐ Nursing Ho	ne 5 🗆 Resi	dence 8 □Othe	or (Specify)
ter the nera		27. Menner of Deeth 1 □ Neturei 5 □ Pending	28e. Dete of injury (Month, Dey Year)	28b. Time Injury		ury at crk?	28d. Describe	how injury occurr	ed
oath.		2 ☐ Accident investigation				☐ Yes 2☐ No			
er de by t		3 ☐ Suicide 6 ☐ Couid not be determined	28e. Piece of injury - At h building, etc. (Speci	iome, ferm, :	street, fectory, office	9	28f. Location (City or To	Street and Numbers, Stete)	er or Rural Route Number,
is of Attending in a standard of a standard of the the funeral of	5								
To the hospital or Attending Physician: The law requires that the ceatr within 24 Journs after death. Within 24 Journs after death. Within 24 Journs after death. Completely filled in by the funeral director, page 2 should be detached for completely filled in by the funeral director, To Be Completed by Physicial Medical Certification: To Be Completed by Physicial			sician: To the best of my knowner: On the basis of exemine						
in 24 hou he Funer pletely fil edical	3	(oliver only 252 madical Exami	end menner steted.	etion end/or	investigetion, in my	opinion, deetin occurr	od at the time,	dete and place, a	and due to the cause(s)
within 24 hours after death, within 24 hours after death, completely filled in by the fune Medical Certification		29b. Signature and titlerof certifier	11			nse number			d (Month, Dey, Year)
()		1 day 2	(1)		186	4439128		SEPTEN	ABOR 25.
4	-	30. Name and address of person who co	empleted cause of deeth (ite	m 23a) (Typ			1 001	DCOURT	ROAP
1	-	THOMAS GEORGE	NORAHWEST	HOSPT	AL CENTE	RAI RAI	STALL	NWON	MD 21133
State		31. Dete filed (Month, Dey, Year)				1			
Registrar	•	SEP 27 1996	32. Registrar's Sign	6					
		0 - 1000 //	•	*					

State of Maryland / Department of Health and Mental Hygiene Q

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					Certifica	te of Death	F	Reg. No.	0 40	0000
	Discusion in		1. Decedent's Neme (First, Middle, Las	t)			2. Dete of Dee		Year 3. 1	ime of Death
	Physici /Medi		James N	1 C Canto			may	15	89/ /	240
	Examir		4e. Fecility Neme (If not Institution, give	street end number)		4b. City, Town, or	Location of Deeth	4c. County	of Death	
	Funeral Director		5. Sociel Security Number 6. Sec 2/5-58-2943 12 Usuel Residence of Decedent		/ Yrs. H Und Month	er 1 Yeer If Under 24 Hr s Deys Hours Min		1914	9. Birthplace (South County)	State or Foreign
	fand fand		10e. Stete 10b. County	10c. Ci	ty, Town or Location				10d. Inc	side City Limits
	ges 1 and 2 should be filed within 72 hours after death with the Maryland tof Health and Mental Hyglena. If Item 27 is marked other than "natural", or items 23a or 28a-f show or other treumetic event, the Modical Examina	tor	Maryland n/F	Bo	Himore	2			1)	Yes 2□No
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	r dea	Funerai	11. Meritel Stetus	12. Wes Decedent Ever in U Armed Forces?	,S. 13. Wes Dec	edent of Hispenic Origin? (ecify Cuben, Mexican, Pue	Specify Yes or No- rto Rican, etc.)	14. Rec Blac	e - American Ind	len,
20	s afte	by Fi	1 Never Merried 2 Merried 3 Widowed 4 Divorced	1 ☐ Yes 2 ☑ No If Yes, Give Yeer or Detes:	1 ☐ Yes			Specify	2/	L
9	hour furs		15. Decedent's Ed		16a. Decedent's Us	uel Occupation		16b. Kind of B	usiness/Industry	1
215-0020	hin 72 in n	Completed	(Specify only highest grad	de completed) College (1-4or 5+)	(Give kind of v	rork done during most of w use retired)	orking			
21	filed within Hygiena. ther then "	Com	6 th	MA	Crain (perato	r	Stea	2/	
pu	be filed tal Hygi d other event,	Be	17. Father's Neme (First, Middle, Last)			18. Mother's No	eme (First, Middle,	Meiden Suman	ne)	
yla	should be nd Mental marked o umartic eve	10	Unknown				nown			
Maryland	12 sho h and le ma reume		19e. informent's Neme/Reletionship (7	vpe, Print)	111111	ss (Street end Number or F	Rural Route Numbe	ir, City or Town,	Stete, Zip Code	1
ď	1 and Health em 27 ther tr		20a. Method of Disposition	73-001+C	Piece of Disposition (N	mings Ut, L	Dete Dete		City or Town, Si	Total Control
altimor	permit. Pages 1 and Department of Health Important: If them 27 any Injury or other th once.		1 ☐ Buriel 2 ☐ Cremetion 3 ☐ I	Removel from Stete	cemetery, cremetory of	other plece)		0 1		010
	permit. Page Department of Important: If any Injury on once.		4 □ Donetion 5 □ Other (Specify) 21. Signeture of Funeral Service License	0/1	len mount	and Address of Fecility	5-24-96	Annual Street, March Street, Street,		ruia v
Ba	Depa Impor any ir		Carlon C.	Donslars	11701	mecullot	Stree	t, Bali	HIMOre 81217	md
			23a. Pert1. Enter the diseese, or comp shock, or heart feilure. List only of	lications the caused the deet me ceuse in each line.	th. Do not enter the m	ode of dying, such as cardi	ec or respiratory ar	rest,	Interv	oximste vai Between
	Physician /Medical Examiner		Immediate Cause (Final disease or condition resulting in deeth)	e. Suptic	SAV L	n.			Onse	at and Death
W.	n s	ner		halo 4 mg			, '			
	certificata be asscuted nding physician and usa as tha bunal-transit	Examiner	Sequentially list conditions,	b. Due to (c	or es a consequence	fast 7, on				
60,	be axe		Sequentielly list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or injury	c						
68760,	phys phys s tha	Medical	thet initieted events resulting in death) Last	Due to (d	or es e consequence of):				
XO	Seath certifical attanding pl			d					1	
Ď.	death se attar sed for u	icia	Pert il. Other significant conditions co	atributing to death but not rec	uiting in the undertying	cauca given in Part f	23h Did	obacco usa co	ntributs to the c	auga of death?
P.0	hat the de ed by the detached	Physician	Total organical conducts co	Tributing to obath but not res	arring in the arrostrying	cause given in Fett I.		Yss 2 No	3 Probably	
	igned be de	by F					-			1
Records,	law requires that the las been signed by th a 2 should be detache	ted						an autopsy rmed?	24b. Were sur avaliable	prior to
ec	has be	Completed							of death?	on of cause
E	The ata h	Con					101	res 25 No	1 ☐ Yes	2 No
Viltal	lician partifi ractor	Be	25. Wes case referred to medical examiner?	Hospitei:			eeth (Check only o	ne)		
to	Phys rai di	: To	1 Yes 2 No 27. Manner of Death	1 Id inpatient 2	ER/Outpatient 3 1		Home 5 Resid	lence 6 Oth		
9	Attending r death, sclor: After by the fune	tion	1 Neturel 5 Pending 2 Accident Investigation	28a. Dete of injury (Month, Dey Year)	injury	28c. Injury at Work? 1 ☐ Yes 2 ☐ No	200. Describe 1	ow injury occur	160	
Division	유민들	Certification:	3 Suicide 6 Could not be determined	28e. Piece of Injury - At his building, etc. (Specifical Control of the Control o	ome, ferm, street, fectory)	ory, office	28f. Location (S City or Tox	Street end Numb m, Stete)	per or Rural Rout	e Number,
	e Hospital 24 hours a e Funeral D letely filled	edical C	29a. Certifier (Check only one) 1 Certifying Phy 2 Medical Exami	sfclan: To the best of my kno iner: On the basis of examine end menner steted.	wiedge, deeth occurre tion and/or investigetion	d et the time, dete and pied on, in my opinion, deeth occ	ce, and due to the coursed at the time,	cause(s) and ma date end place,	enner as stated. and due to the c	ause(s)
	Comp	Me	29b. Signature end title of certifier	The state of the s	2	9c. License number		29d. Dete signe	d (Month, Day, Y	'ear)
1	n		41.	10 1 -		411197	4	ha . 1	4 91	
1	4		30. Name and address of person who o	ompleted cause of deeth (Iten	n 23a) (Type, Print)	1/40//		want !	5,16	
			(WAthurest	Hosp: Hal	H	ieh	Alice	may 1		
	Sta	te	31. Dete filed (Month, Dey, Year)	32. Registrars Signs	iture—	, ,		•		



permit. Pages 1, 2, 3 should

BOX 68760
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TO THE HOSPITAL OR ATTRICANE PROBLEMS that the death certificate be executed within 24 hours after than the first of the hospital or attending physician. TO THE FUNERAL DIRECTOR for the conficate has been signed by the attending physician and completely filled in by the inner director, page 5 should be detached for use as the burial-trans be filled within 72 hours as the conficate has been signed by the attending physician and completely filled in by the inner director, page 5 should be detached for use as the burial-trans be filled within 72 hours and the confidence of Health and Mental Hygiene prior to burial, cremation, or remove.
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PHYSICIAN: MEDICAL

BY

COMPLET

BE

2

4 Homicide

31. DATE FILED (Month)

96 28839 STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE STATE REGISTRAR 1 -CERTIFICATE OF DEATH 1. DECEDENT'S NAME (First, Middle, Lest) 2. DATE OF DEATH 3. TIME OF DEATH BUNYAN MILLS September 1996 9:30 A. 4. SOCIAL SECURITY NUMBER S. SEX 6. AGE (In yrs. lest birthday) 7. DATE OF BIRTH (Month, Day, Year)
Feb. 7, 1902 IF UNDER 1 YEAR IF UNDER 24 HRS. 8. BIRTHPLACE (State or Foreign Country) DAYS HOURS 1 X M 2 - F 94 S. Carolina 151-20-5455 9e. FACILITY NAME (If not institution, give street end number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH DIRECTOR VA Maryland Health Care System Perry Point Cecil 10e. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY LIMITS? MD Baltimore Catonsville 1 YES 2 X NO 10e. STREET AND NUMBER FUNERAL 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 2023 Cedar Circle Drive 21228 USA 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 X YES 2 NO IF YES, GIVE WAR OR DATES 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or NoIf yes, specify Cuban, Mexican, Puerto Rican, etc.)
1 YES 2 NO Specify: 14. RACE — American Indian, Black, White, etc. 1 XNever Married 2 Married BY 3 Widowed 4 Divorced Specify: **Black** 16a. DECEDENT'S USUAL OCCUPATION

The blad of work flone during most of working ETED 15. DECEDENT'S EDUCATION (Specify only highest grade complete 16b. KIND OF BUSINESS/INDUSTRY (Give kind of work done life. Do NOT use retired.) Elementary/Secondary (0-12) College (1-4 or 8+) Letter Carrier Post Office COMPL 12th 4 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Meiden Surname) George Fletcher Mills Theresa Chapelle Mills BE 19e. INFORMANT'S NAME (Type/Print) 19b. MAILINO ADDRESS (Street end Number or Rural Route Number, City or Town, State, Zip Code) 9 Marguerite R. Mills 2023 Cedar Circle Dr., Balto., MD 21228 20b. PLACE AND DATE OF DISPOSITION (Name of 9/30 20a. METHOD OF DISPOSITION
1 N Burlel 2 □ Cremation 3 □ Ren DATE 20c. LOCATION - City or Town, State Garrison Forest Vet. Other (Specify) Owings Mills, MD Cem. 21. SIGNATURE OF FUNERAL SERVICE LICE 22. NAME AND ADDRESS OF FACILITY
LEROY O. DYETT & SON FUNERAL HOME 4600 LIBERTY HEIGHTS AVE, BALTO. 2120 or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, re. List only one cause of sech line. I. Error the diseases, or comp andck, or heart fallure. List Interval Between IMMEDIATE CAUSE (Final Onset and Death disease or condition Arteriosclerotic cardiovascular disease resulting in death) One year DUE TO (DR AS A CONSEQUENCE OF): CERTIFICATION Sequentially list conditions, DUE TO (OR AS A CONSEDUENCE OF): If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury DUE TO (OR AS A CONSEQUENCE OF):

that initiated events resulting in death) LAST

	d						
PART II. Other algorificant condition	na contributing to death but not	resulting in the	underlying cause given in		244. WAS AN AUTOPSY PERFORMED? 1 YES 2 NO	24b. WERE AUTOPSY FINDINGS AMILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?	
DID TOBACCO USE CONT	RIBUTE TO CAUSE OF DEA	ATH YES	NO UNCERTAIN	1 🖸		1 YES 2 NO	
25. WAS CASE REFERRED TO MEDICAL	26. PLACE OF DEATH (Check only one)						
1 YES 2 ND	HOSPITAL: 1 Connection 2 ER/Outpatient 3 DOA 4 Nursing Home 5 Residence 6 DO				(Specify)		
27. MANNER OF DEATH 1 Natural 5 Pending 2 Accident Investigation	28e. DATE OF INJURY (Month, Day, Year)	28b. TIME OF INJURY M	28c. INJURY AT WORK? 1 YES 2 ND	28d. DESCRIBE HOW INJURY OCCURED			
3 Suicide 6 Could not be					OCATION (Street and Number or Rural Route Number, ity or Town, State)		

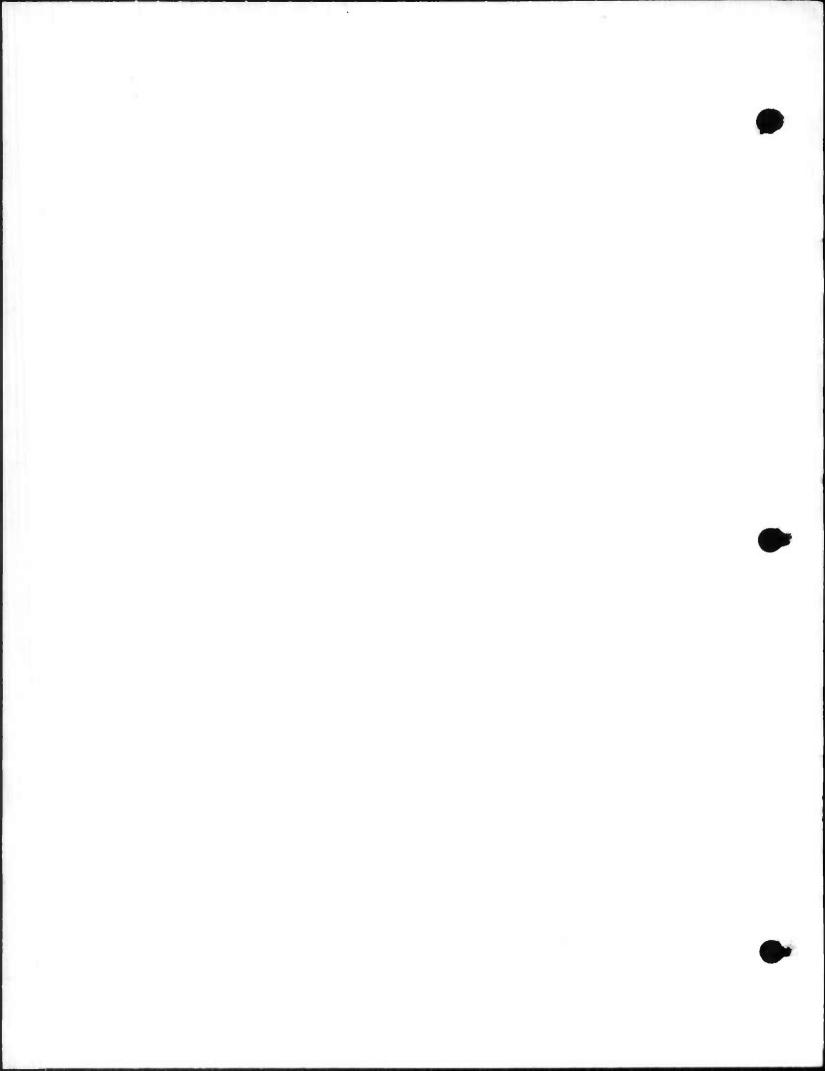
29e. CERTIFIER	4 M CENTIFULIO PRIVACIONAL T. III.
(Check only	1 🖔 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date end place, and due to the cause(s) and manner as stated.
onel	

2 MEDICAL EXAMINER: On the basis of examination end/or investigation, in my opinion, death occured at the time, dete and place, end due to the cause(e) end manner as stated.

9b. SIGNATURE AND TITLE OF CERTIFIER	29c. LICENSE NUMBER	29d. DATE SIONED (Month, Day, Year)
met (8)	D-30951	09/25/96

30 NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

ANGELO LUCCO	D, M.D.	Perry	Point,	Maryland	21902
SEP 2	7 1996	Julia Laurds	ATURE ON- Pangle	M.	



State of Maryland / Department of Health and Mental Hygiene

28840

Physician /Medical **Examiner**

Director

Funeral

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Completed

Be

2

3. Time - Death 7:05 a.m.

Funeral

Director or 28a-f ahow

with the Maryland "natural", or items 23a or a Pagas 1 and 2 should be filed within 72 hours aftar death vent of Haaith and Mental Hyglena. Ont of Haaith and Mental Hyglena. nt: ff them 27 Is marked other than "natural", or thems 23s 7 is marked other than "natur traumatic event, the Medical or other t

Baltimore, Maryland 21215-0020

Physician /Medicai Examiner

Examiner The law requires that the death cartificate be axecuted physician and the burial-transit P.O. Box 68760, Physician/Medical signed by the aid to be detached for Division of Vital Records, Ď Completed page 2 s cartificata director, Be 2 Certification:

Hospital or Attending Physician: 24 hours after death.

Funeral Director: After this carifica 24 hours Fothe Within 2 To the

Certificate of Death 1. Decedent's Neme (First, Middle, Last) 2 Date of Death Glendon Mary Manuel September 0023, 1996 4e. Facility Name (If not institution, give street end number) 4b. City, Town, or Location of Death 4c. County of Death Charlestown Care Center Catonsville Baltimore if Under 24 Hrs. 8. Dete of Birth (Month, Dey, Yea If Under 1 Yeer 5. Sociel Security Number 212-05-1996 7. Age (In yrs. last birthday) Birthplace (State or Foreign Country) 1□M 20 F Months Yrs. 86 AUGUST 1,1910 Maryland Usuel Residence of Decedent 10a State 10b. County 10c. City, Town or Location 10d. Inside City Limits 1 Yes 2 No Baltimore Catonsville 10e. Street and Number 10f. Zip Code 10g. Citizen of Whet Country? 707 Maiden Choice Lane - 7G-02 21228 U.S.A. 12. Wes Decedent Ever in U,S Armed Forces? Wes Decedent of Hispenic Origin? (Specify Yes or No-If Yes, specify Cuben, Mexicen, Puerto Ricen, etc.) 14. Race - American Indian, Bleck White etc. 1 Never Merried 2 Married 1 Yes 2 No If Yes, Give Yeer or Deles: 1 Yes 2 No Specify: WHITE 3 ☐ Widowed 4 ☐ Divorced 16a. Decedent's Usual Occupation (Give kind of work done during most of working life. DO NOT use retired) 15. Decedent's Education (Specify only highest grade completed) 16b. Kind of Business/Industry Elementery/Secondery (0-12) College (1-4or 5+) Telephone Operator Communications 12th Grade 17. Fether's Neme (First, Middle, Last) 18. Mother's Neme (First, Middle, Meiden Sumame) Sarah Elizabeth Olfers John August Eppley 19e. Informent's Neme/Reletionship (Type, Print) 19b. Meiling Address (Street end Number or Rural Route Number, City or Town, Stete, Zip Code) WAYNE DUTROW (NEPHEW) 7770 HOLLINS COURT DRIVE - ROANOKE, VA 24019 20b. Plece of Disposition (Neme of cemetery, cremetory or other plece) 20e. Method of Disposition Date 20c. Location - City or Town, Stete 1 ☑ Buriel 2 ☐ Cremetion 3 ☐ Removel from Stete Loudon Park Cemetery 4 ☐ Donetion 5 ☐ Other (Specify) 9/25/96 Baltimore 21. Signeture of Funerel Service Licensee 22. Name end Address of Fecility Hubbard Funeral Home, Inc. 4107 Wilkens Avenue-Baltimore, Md 06 21229 or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, List only one cause on each line. Approximate Interval Between Onset end Deeth Heart Failer Ha15 fmmediete Cause (Final disease or condition resulting in deeth) Due to (or es a consequence of) Due to (or as a consequence of) Due to (or as e consequence of)

Sequentially list conditions, if eny, leading to immediate ceuse. Enter Underlying Cause (Disease or injury that initiated events resulting in deeth) Lest

25. Was cese referred to medical examiner?

1 Yes 2 No

27. Menner of Death

1 Neturel

29a. Certifier



Part fl. Other significant conditions contributing to death but not resulting in the underlying cause given in Pert i.

24a. Wes an autopsy performed? 24b. Were autopsy findings evellable prior to completion of cause of death? 2 2 No 1 Yes

26. Place of Deeth (Check only one) Other: 4 Nursing Home 5 Residence 6 Other (Specify) 1 ☐ Inpatient 2 ☐ ER/Outpetient 3 ☐ DOA 28a. Date of Injury (Month, Day Year) 28b. Time of 28c. Injury et Work? 28d. Describe how injury occurred 1 ☐ Yes 2 ☐ No

Investigetion 2 Accident 3 Sulcide 6 Could not be 28e. Plece of tnjury - At home, ferm, street, fectory, office building, etc. (Specify) 4 Homicide

28f. Location (Street end Number or Rural Route Number, City or Town, Stete) 12 Certifying Physician: To the best of my knowledge, death occurred et the time, dete end plece, and due to the cause(s) and menner as stated.
2 Medical Examiner: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date end place, and due to the cause(s) end manner stated.

29b. Signeture and title of certifier

5 Pending

29c. License number

29d. Dete signed (Month, Dey, Year) Exptentes 23, 1996

23b. Did tobacco use contribute to the cause of death? 1 | Yes 2 | No 3 | Probably 4 | Unknown

1 ☐ Yes 2 ☐ No

30. Name and eddress of person who completed ceuse of death (Item 23a) (Type, Print) Andrew G 7119 711 Maila

State Registrar

Medical



3. Time of Death

10d. Insida City Limits

White

21222

Approximate Interval Between Onset and Death

1 Yes 2 No

SEPTEMBER 24,1996

1 Yes 2 No

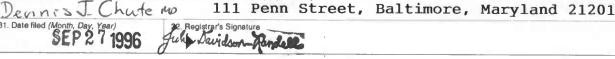
10:50 AM

Certificate of Death 1. Decedent's Nama (First, Middle, Last) 2. Date of Death VINCENT JOHN Month Day Year VINCENT MALKUS SEPT. 23 1996 4a. Facility Name (If not institution, give streat and number) 4b. City, Town, or Location of Death 4c. County of Deeth 7842 LOCKWOOD ROAD DUNDALK BALTIMORE If Undar 1 Yaar | If Undar 24 Hrs Months | Days | Hours | Min. 5. Social Security Number 7. Aga (In yrs. last birthday) 6 Sex 8. Data of Birth (Month, Day, Year) Birthplace (Stata or Foreign Country) Months X M 2 □ F 29 Yrs 212-58-2381 Dec. 10.1966 Maryland Usual Residence of Decedent 10e State 10b. County 10c. City. Town or Location Maryland Baltimore Dundalk 10e. Street and Numbar 10f Zip Code 10g. Citizen of What Country? 7842 Lockwood Road 21222 United States 12. Was Decedent Ever in U,S. Armed Forces? 11. Marital Status Was Decedent of Hispanic Origin? (Specify Yes or No-if Yes, specify Cuban, Mexican, Puerto Ricen, atc.) 14. Race - Amarlcen Indian, Black, White, etc. 17 Nevar Married 2 Married 1 ☐ Yes 21 No If Yes, Give Year or Dates: 1 ☐ Yas 2X No Specify: Specify. 3 ☐ Widowed 4 ☐ Divorced 15. Decedent's Education (Specify only highest grade completed) 16a. Decedent's Usual Occupation (Give kind of work done during most of working life. DO NOT use retired) 16b. Kind of Business/Industry Heating & Elementary/Secondary (0-12) College (1-4or 5+) · Air Conditioning Technician 12 Years 17. Fathar's Name (First, Middle, Last) 18. Mothar's Nama (First, Middla, Maiden Sumama) John Alfred Malkus Carol Ann DiGiacomo 19a. Informant's Name/Relationship (Type, Print) 19b. Mailing Address (Street and Number or Rural Route Number, City or Town, State, Zip Code) Carol A. Milkus / Mother 620 Riverside Drive Baltimore. Maryland 20a. Method of Disposition 20b. Place of Disposition (Name of cemetery, crematory or other place) Date 20c. Location - City or Town, State 1 ☐ Burlat 2)☐Cramation 3 ☐ Removal from Stata 4 ☐ Donation 5 ☐ Other (Specify) Hilltop Service Corp. 9/26/1996 Towson, Maryland 22. Name and Address of Facility
Duda-Ruck Funeral Home of Dundalk, Inc. Dundalk, Maryland 7922 Wise Ave. Inter the disease, or complications that caused the death. Do not enter the mode of dying, such as cerdiac or respiratory arrest, ock, or heer feilure. List only one cause on each line. Immediate Cause (Final COCAINE AND MONOCHLORODIFLUOROMETHANE INTOXICATION diseasa or condition resulting In death) Examiner Due to (or as a consequence of): Examiner and the burial-tran Sequentielly list conditions, if any, leading to immediate ceusa. Enter Undarlying Cause (Disease or Injury that initiated events resulting in death) Last Due to (or as a consequence of) certificate be execu P.O. Box 68760, physician Physician/Medical Due to (or as a consequence of) 88 attending a ed by the a Part II. Other eignificant conditions contributing to death but not resulting in the underlying cause given in Pert I. 23b. Did tobacco use contribute to the cause of death? ate has been signed by page 2 should be detac 1 Tee 2 No 3 Probably 4 Unknown p Completed 24b. Ware autopsy findings available prior to completion of ceuse of deeth? 24a. Was an eutopsy performad? cartificate 1 ☐ Yes 2 ☐ No Division of Vital Be 25. Was cese referred to medical 26. Place of Death (Check only one) Other: 4 Nursing Homa 5 AResidence 6 Other (Specify) 2 1 XYes 2 No 1 ☐ Inpatiant 2 ☐ ER/Outpatient 3 ☐ DOA this funeral 28a. Date of Injury (Month, Day Year) 27. Mannar of Death Certification: 28d. Describe how injury occurred After t 28c. Injury at Work? FOUNDYAT 5 Pending Investigation 1 Netural death. 1 Yes 2 XXNo UNKNOWN 2 Accident FOUND 9-23-96 after death 7:35 A Could not be determined 3 Sulcide 28e. Plece of Injury - At home, farm, straet, factory, office building, atc. (Specify)

FOUND AT HOME 28f. Location (Street and Number or Rural Route Number City or Town, State) 7842 LOCKWOOD ROAD filled in by 4 ☐ Homicide To the Hospital o within 24 hours af To the Funeral Di completety filled in BALTIMORE COUNTY, ND. 29a, Certifier 1 Cartifying Phyeician: To the best of my knowledge, death occurred at the time, date and place, and due to the ceuse(s) end menner as stated Medical Madical Examinar: On the basis of examination end/or investigation, in my opinion, deeth occurred at the time, date and place, and due to the cause(s) and manner steted. 29b. Signature and title of certifier 29c. License number 29d. Date signed (Month, Day, Year)

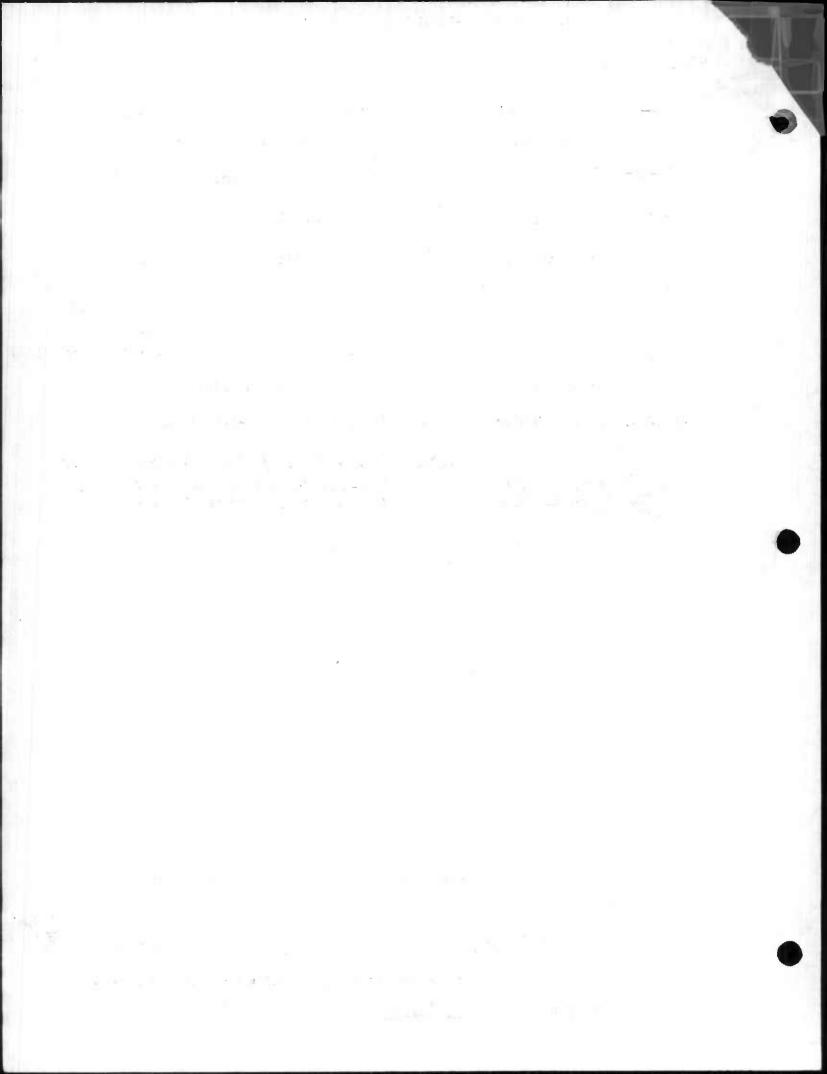
State Registrar

31. Date filed (Month, Day, Year) SEP 2 7 1



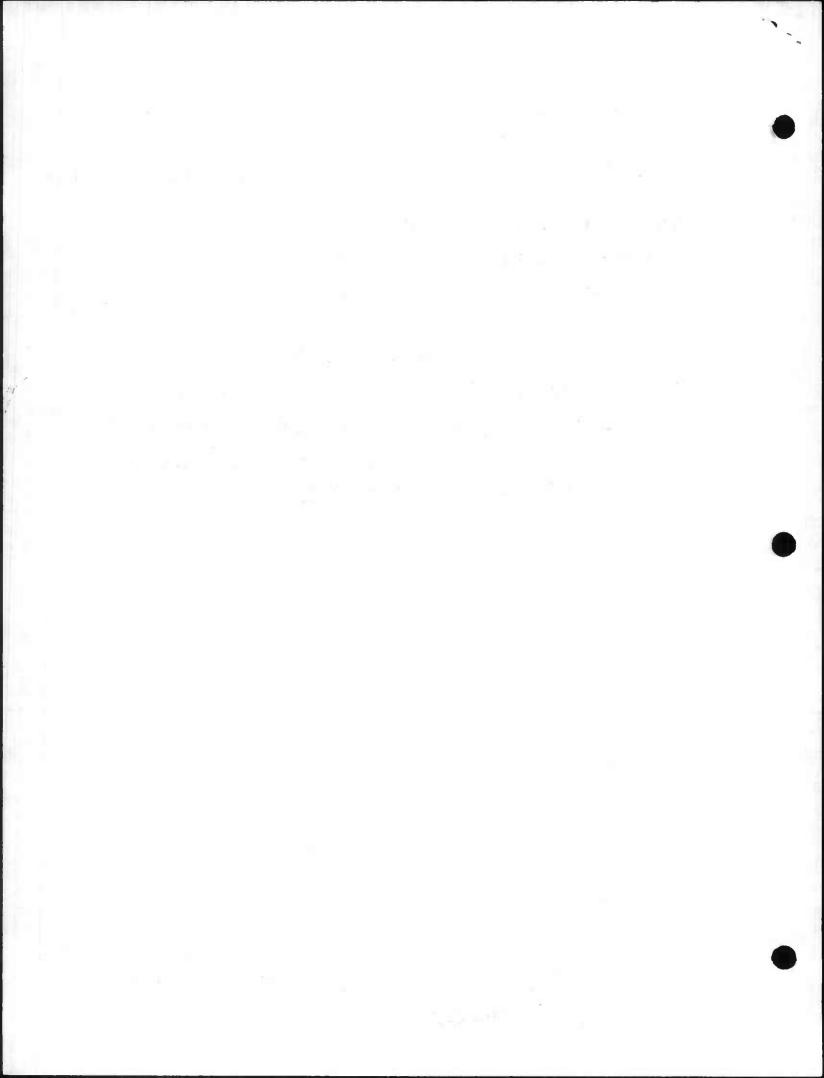
30. Name and address of persod who completed ceuse of death (Item 23a) (Type, Print)

O.C.M.E.



State of Maryland / Department of Health and Mental Hygiene 96

				01010	i waiyiana i	Certificate of			eg. No.	0 20	0042			
			1. Decedent's Name (First, Mid	dle, Last)				2. Data of Dea	th		Time of Death			
		Medical BARBARA HOLT O DONOSIL					C . C-	Month Day Yaar 1996 1100						
/Medical Examiner			4a. Facility Name (If not Instituti	ion, giva street and nu		No.	4b. City, Town, or L	James James J	4c. County		1 7 101			
7	LAGIIII	ICI	9411 Avonda	LE ROAD			20007	1	BALT	-maps				
1	Eumanal		5. Social Security Number	6. Sex	7. Age (In yrs. last bir	thday) If Under 1 Yaar	If Undar 24 Hrs.	8. Date of Birth		9 Birtholace	(State or Foreign			
	Funeral Director		213 52 6674 Usual Residence of Decedent	1□M 281F		Yrs. Months Days	Hours Min.	8. Date of Birth (Month, Day)	Year) 1925	NEW JE	(State or Foreign			
	filed within 72 hours aftar death with the Maryland Hygiene. thar than "natural", or Herns 23a or 23a-f ehow ont, the Medical Examiner must be modified at		10a. Stata 10b. Coun	ty	10c. City, Tow	n or Location				10d. i	naide City Limits			
	Mary	5	MARILAND BALT	795m =	20	BUS				1	☐Yes 2 No			
	the 128	Director	10e. Street and Number	11.0nc	F-1-1	10f. Zip Code		1	Og. Citizen of V	What Country?				
	A S	0	9411 Avon	101= Rai	20	212	311		11	0.2				
	beath 2	Funeral	11. Marital Status		edent Ever in U.S.	13. Was Decedent of	Hispanic Orlgin? (Sp	ecify Yas or No-	14. Rac	e - American In	ndian.			
0	flar of her	Fur	1 ☐ Never Married 2€ Ma		edent Ever in U,S. orces? 250 No	13. Was Decedant of If Yes, specify Cub		Rican, etc.)	Blac	ck, White, etc.				
21215-0020	ours after death with the Manyler all, or Neme 23s or 28s-f show Examiner must be notified at	by	3 ☐ Widowed 4 ☐ Divorce	If Yas, Gi	va	1 ☐ Yes 2 No	Specify:		Specity	"Lost"	2			
Ö	"netural",	8	15. Decede	ent's Education	16a.	Decedent's Usual Occu	pation	1	16b. Kind of Bu	usiness/Industr	v			
215	nin 7	Completed	(Specify only high	nest grade completed)		(Give kind of work done life. DO NOT use retire	during most of work ed)	king						
217	filed with Hygiene. ther ther	Eo	Eiementary/Secondary (0-12)) Collega (1-40r 5+)	22A LAID	TOATIS		Dent	cistry				
	ent,	Bec	17. Fathar's Nama (First, Middle	a, Last)			18. Mother's Nam	e (First, Middle, I	Maiden Sumam	a)				
Maryland	should be filed withing the Mental Hygiene. marked other than imatic event, the Mental t	To B	FRANK DS	E solpe	716h		LAURE	AVER	2					
ary	2 should and Men a marks	-	19a. Informant'a Name/Reiatlor	nship (Type, Print)		. Mailing Address (Stree			City or Town.	State, Zip Cod	101 21274			
Z	and 2 : paith ar n 27 is		JOSEPH B. O	1120000	CR QL	III ALMON	als Road	2070	nv n	DRY O	0000			
Pe,	of Health Item 27 other tr		20a. Method of Disposition	LOUINEN	20b. Piace of	Disposition (Name of		S Pale 30	20c. Location -	City or Town,	State			
Baltimore,	permit. Pages 1 and 2 should be filed within 72 ho Department of Health and Mental Hygiene. Important: if Item 27 is marked other than "netur any injury or other traumatic event, the Medical DOCS.		Burial 2 ☐ Cremation 4 ☐ Donation 5 ☐ Other		Stata Comate	ry, crematory or other pla	ace)		1000	m.	- 0010			
壹	permit. Page Department of Important: If any Injury or otics.		21. Signature of Funeral Service		GHIKI	22. Nama and Addr	rese of Engiller		SARRI.	20011	HASTAU			
Ba	permit. Departr Importu any Injt			1		KS 20AY3	FOILGE!	Truck	7					
			Litary .	town	1	18800 He		ROAD -	<i>tarky</i>					
			23a. Part1. Enter the shock, or heart failure. Lie	or complications that of strong only one causa on a	ach line.	not entar the moda of dy	ing, such as cardiac	or respiratory arr	est,	Inta	oroximate Irval Between			
	Physician				110		111			One	set and Death			
	/Medical Examiner		Immediata Causa (Final disease or condition rasulting in daath)	· Mete	istatic (a	rcinoma o	HAHEL	olon		2	years.			
8	Exa.	L	rasuning in daain)		Due to (or as a	consequence of):	1							
-	D #	in								1				
	ificata be axecuted g physician and as the buriat-transit	Examiner	Sequentially list conditions,		Due to (or as a	consequence of):				1				
68760,	oe ax													
87	sata t shysii the t	Medical	that initiated evants resulting in death) Last	Ü	Due to (or as a	consequence of):								
	\$ 0 a	Me		d										
Box	ath co	an		0						1				
	law requires that tha daath cer as been signed by tha attandir 2 should be detached for use	Physician	sic	ysic	ysic	Part II. Other significant condit	lons contributing to d	eath but not rasulting in	the underlying cause gi	iven in Part I.	23b. Did to	bacco uee cor	stribute to the	cause of death?
P.0	at the		Hypertensi	Posino				1 🗆 Y	1 Yes 2 No 3 Probably 4 Unknow					
	signed del	by	NIPUTUSI	OPT										
brd	been should	P	Man orly Do	nount nt Di	abetes Mel	11:4115		24a. Was a perform		24b. Were a availab	utopsy findings le prior to			
900	aw re is be 2 sh	pie	Laurenth Ad	DENOCH DI	unties Inel	11142			com of d		tion of cause			
Œ	The law ate has page 2	To Be Completed	•					1 U Y	as 22 No	1□Ya	s 2 No			
ta	ician: The certificate rector, pag		25. Was case referred to medic	:al			28. Place of Deat							
of Vital Records,			examinar? 1 ☐ Yes 2 ☑ No	Hospitai:	Inpatient 2 ER/Ou	tpatient 3 DOA Ot	ther	ome 5 Reside		er (Specify)				
0	Physic arthis eral d		27. Manner of Death	28a. Data	of Injury 28b. 1	Time of 28c. Inju		28d. Describe he						
0	Afta fun	Certification:	1 Natural 5 ☐ Pand 2 ☐ Accident invas	ling (Mon stigation	in, Day Year)		onk? ☐Yes 2☐No							
Division	or Attending after daath. Director: Aftai in by the fune		3 ☐ Sulcide 6 ☐ Could	mined 288 Place	of Injury - At home, fa	rm, straet, factory, office		28f. Location (Si		er or Rural Roi	ute Number,			
ā	Dir.	ert	4 LI HOMICIDE	Duildi	ing, etc. (Specify)			City or Town	i, State)					
	Hospital or 24 hours afte Funeral Dir staty filled in		29a. Certifler 15 Certify	ing Physician: To the	best of my knowledge	, death occurred at the ti	lma, data and piace,	and due to the c	ause(s) and ma	nner as stated	,			
	To the Hospital or Attending Phy within 24 hours after death. To the Funeral Director: After thi completely filled in by the funeral	edicai	(Check only one) 2 Medica	i Examiner: On the b	asis of examination an nar stated.	d/or Investigation, in my	opinion, death occur	red at the tima, d	ata and placa,	and dua to the	cause(e)			
	To the within 2 To the comple	M	29b. Signature and title of certif	iar		29c. Lican	isa number	2	9d. Data signed	d (Month, Day,	Year)			
5	^		(CELR VI	1		D 2	4174	6	-	2000	1001			
			30. Name and address of perso	a word completed as	o of doesh (the one)	Time Brint	110		MAR	175K 9.	1 1776			
-	1		O T- LA	Will Completed caus	se of death (Itam 23a)	Type, Print)	1105	wson.	MAR	anali				
		.	31. Date filed (Month, Day, Yea	() A 32 F	legistrar's Signature	OTAL DIC	1145 10	mon,	1 (2/2)	MIM				
	Sta Registr		SEP 2 7 1996	in au	don Randoll									



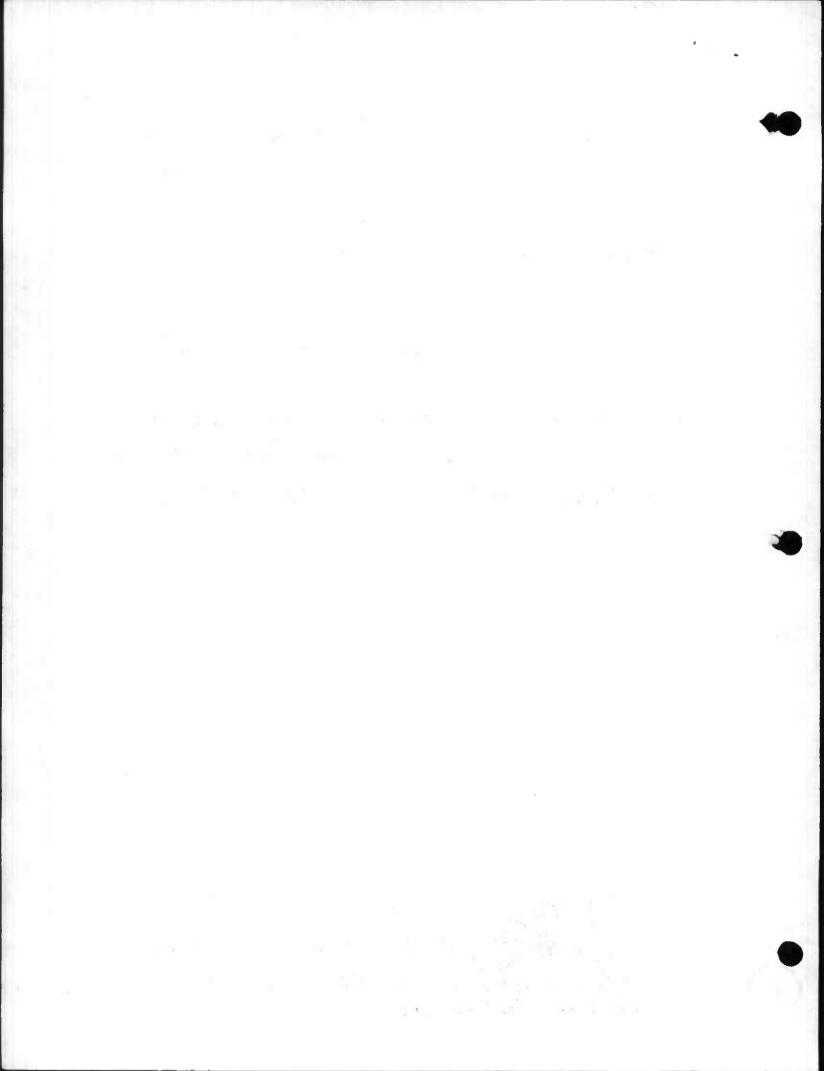
		Ite	em5,Fi1m739,9/27/9	6.1t	d / Depa <i>Cer</i>	rtment of	Health and for the second of t		iene 9	6 28843
	Physic	ian	Decedant's Name (First, Middla, La	ndleton				2. Data of Deat Month SEPTEMB	Day	Year 1996 5 am
1	/Medi Examir		4a. Facility Neme (If not Institution, giv	a street and number)			4b. City, Town,	or Location of Death	4c. County	
	Exami		Laurel Regional	Hospital			Laure	1.	Prin	ice Geroge
	Funeral Director		310 40 0334	Sex 7. Age (In yrs. 1 ☐ M 2ሺ F 65	last birthday) Yrs.	If Under 1 Ye Months Day		B. Date of Birth (Month, Day, Oct. 5,	Year)	Birthplace (State or Foreign Country) Maryland
	h the Maryland r 28a-f show notified at	rector	Usual Rasidance of Dacedent 10a. Stata 10b. County MD Anne A 10e. Street and Number		y, Town or Loo Laurel	ation	a	11	0g. Citizen of V	10d. fnsida City Limits 1 □ Yas 2 □ No
120	after deeth wit or items 23a o	by Funeral Director	3365 Old Line Av 11. Marital Status 1 Navar Married 2 Married 3 Nividowed 4 Divorced	enue 12. Wes Decedent Ever in U, Armed Forcas? 1 ☐ Yes 2 ☑ No If Yas, Giva Yaer or Datas:		20724 /as Decedent of Yas, specify C	of Hispanic Origin? uban, Maxican, Pu	(Specify Yes or No- erto Rican, atc.)	USA 14. Race	e - American Indian, k, Whita, etc.
21215-0020	hin 72 hours b. In "natural", Medical Exe	Completed t	15. Decedant's E (Specify only highast gra	ducation	16a. Deceda (Giva k life. D	ant's Usuai Oc ind of work do O NOT usa rat	cupation na during most of s ired)	working	16b. Kind of Bu	siness/Industry
21	filed withir Hygiene. ther than	mo.	12	Ø	Tead	cher			Day (Care
pu	al Hygie other	Be	17. Fathar's Name (First, Middla, Last,				18. Mothar's N	lame (First, Middla, A	Aaiden Surnam	a)
Maryland	should be nd Mental marked o	To	Richard E. Johns	on			Sarah	Ann Morni	ngstar	
a L	and la ma		19a. fnformant's Name/Raiationship (Type, Print)	19b. Meiling	Addrass (Stre	et and Number or	Rural Routa Number	City or Town,	State, Zip Code)
	1 and 2 Health em 27 I		Gloria J. McLaug	hlin/Daughter	336	65 Old	Line Ave	nue, Laur	el, Ma	aryland 20707
Baltimore,	of Health of Health item 27		20e. Mathod of Disposition		lece of Dispos ematary, cram	ition (Nama of atory or other)	olace)	Deta	20c. Location -	Cify or Town, Stata
Ĕ	Pag nent int: If		1 ☐ Buriai 2 ☐ Cremation 3 ☐ 4 ☐ Denation 5 ☐ Othar (Specif	JHemovel from Stata			gton Cr.	9/23	Laurel.	Maryland
alti	permit. Pages Department of P Important: If its any injury or of		21. Signature of Funeral Service Licer		P		dress of Fecility			
m	8858		Mr. J.	C 8. J				ome, Inc.		
	Physician /Medical Examiner		23e. Part1. Enter the disaesa, or com shock, or haart teilure. List only immediata Causa (Final disease or condition rasulting in death)	a. CEPUBA		MIAR			ist,	Approximata intarvai Between Onset and Death
1	70 %	ner								
,0928	ate be executed hysician and the burial-transit	ai Examiner	Sequentially list conditions, if any, laeding to immadiate cause. Enter Undarlying Cause (Diseasa or Injury	Dua to (or	r as a consequ	ance ot):			7	
Box 687	the death certificete y the attending physiched for use as the	Physiclan/Medical	that initiated avants rasulting in daath) Last	Dua to (or	as a consequ	ance of):				
	deat de att	sick	Part ff. Other significant conditions of	ontributing to death but not resu	ulting in the un	darlying causa	given in Part i.	23b. Did to	bacco usa con	tribute to the cause of death?
s, P.0	requires that the de been signed by the should be detached	by Phy						1 U Y	88 2□ No	3 □ Probably 4 ☑ Unknown
Records,	8 S C	Completed			<u> </u>			24a. Was a perform	n autopsy ned?	24b. Wara sutopsy tindings available prior to completion of cause of daath?
=	Page at	S						1□Ye	s 2 No	1 ☐ Yas 2 ☐ NO
Vital	iclan: The certificate rector, pag	Be	25. Was casa ratarred to medical axaminar?					Death (Check only on	a)	
of	ding Phys h. After this funeral di	ıtlon: To	1 Yes 2 No 27. Mannar of Death 1 Watural 5 Panding 2 Accident Invastigation	28a. Data of injury (Month, Day Year)	ER/Outpatient 28b. Tima of injury	28c. tr		Home 5 Reside		
Division		Certification:	3 Suicida 6 Could not be detarmined	28a. Placa of Injury - At ho building, atc. (Specify		at, factory, office	> 9	28t. Location (St. City or Town		er or Rural Route Number,
	To the Hospital or within 24 hours after To the Funeral Direction of the Completely filled in	edicai	one) 2 Medicat Exam	ysicfsn: To tha best of my knowniner: On tha bests of axaminat and manner stated.	wledge, deeth ion and/or inva	occurred at the astigetion, in m	tima, dete end pie y opinion, daath oo	curred at the tima, de	ate and place, a	and dua to the cause(s)
	within 2 To the	Σ	29b. Signature end titla of certifiar	(an w)			2499			(Month, Day, Year)
	16		30. Nama and address of person who	complated causa of death (itam	23a) (Type, P	rint) PRY L	ANE U	AUNEZ W	20 20	707
	Sta Registr		31. Data filed (Month, Day, Year) SEP 2 7 1996	32. Registrar's Signat	tura - Pande 22	3				

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State of Maryland / Department of Health and Mental Hygiene 95

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					Cei	tificate d	of Death		Reg.	No.	U	_ 00-	7 7
Physiciar		1. Decedent's Name (First, Midd	la, Last)					2. Date Mor	of Death	Day	Year	3. Time of	
/Medica	al .	Gertrude 4a. Facility Name (If not institutio	Ros				4h Cihi To	Sept	•	23	1996	6:00	M
Examine		7134 Winter Ros	se Path			W11 4	Colum	nbia		4c. County HOW	ard		
Funeral Director		5. Social Security Number 057–28–5895 Usual Residence of Decedent	6. Sex 1 ☐ M 2 💢 F	7. Age (In yrs		If Under 1 Ye Months Da			of Birth oth, Dey, Ye 4, 1	^{ar)} 935	9. Birthpl Coun	nace (Stete or try) NY	Foreign
with the Maryland a or 28a-f show be not led at		10a. State 10b. County	ward		ity, Town or Lo lumbia	cation					10d. Inside City Limit		
ifter death with the Maryla r items 23a or 28a-f sho iner must be notified at Finneral Director	al Direc	10e. Street and Number 7134 Winter Ro	ose Path			10f. Zip Cod 2104			10g.	Citizen of V USA	What Coun	try?	
or items	D	11. Marital Status 1 ☐ Navar Merriad 2 【X Mar 3 ☐ Widowed 4 ☐ Divorced	ried 1 Yes	2X No	1	Vas Decedent I Yes, specify C	uban, Mexicar	igln? (Specify Yas n, Puarto Rican, e	or No-		ca - America ck, Whita, a y: Whi	etc.	
within ena.	mpiered	15. Deceder (Specify only highe Elementary/Secondary (0-12) 1.2	nt's Education st grade completed) College (1	I-4or 5+)		ient's Usuai Oc kind of work do OO NOT use re Inity Pi		at of working	Ho	. Kind of Brousing	and	ustry Urban	
Mentel Hygi arked other atic event, T	0	17. Father's Name (First, Middle, John DeKraker	Last)				18. Mothe	er's Name (First, I	viiddle, Mei	den Sumen			
1 and 2 should be filed than 4 Mentel Pleath and Mentel Pleam 27 is merked of other treumetic every and To Be		19e. Informant's Name/Reletions Hugh R. Ross	thip (Type, Print) (Husband)			-		er or Rural Route Path, Col			Stete, Zip		
bemit. Peges 1 ar Separtment of Hes Moortant: If Item iny injury or othe 2008.		20a. Method of Disposition 1 ↑ Burial 2 □ Cremation 4 □ Donation 5 □ Other (S	3 KRemovai from			sition (Neme or netory or other 1 Nat. (Oct. Date 2, 1996		Location -			
permit. Peg Department Important: I any Injury o		21. Signature of Funaral Service Rolet 1	Licensee	reha	W	Nama and Additzke H	uneral	Homes,	Inc.	nia. M	D 21	045	
Physician /Medical Examiner uiel-transit Examiner	Evalillier	Immediete Cause (Finel disease or condition resulting In deeth) Sequentially list conditions, if any, leading to Immediate cause. Enter Underlying Cause (Disease or Injury	a. Gh.	Due to (ASTOM or as a conseq or as a conseq	uence of):	uhtif	ORHE				Onset and De	
eath certificate be axecuted ettending physician and for use as the buriel-transit clan/Medical Examir	NI COLO	Cause (Disease or Injury that infiliated events resulting in death) Last	d	Due to (d	or as a consequ	uanca of):							
ed by the detached		Part II. Other significent condition	ons contributing to de	eath but not res	uiting In the ur	derlying cause	given in Part I	231	o. Did tobac			the cause of ably 4 U	
aw requires to should 2 should pleted								24e	. Was an a	utopsy I?	ava	re autopsy fin ilable prior to apletion of cau eath?	
The L									1 ☐ Yes	210 No	10	Yas 201	No
Physicien: The this certificate ral director, pare ral of the control of the cont		25. Was case referred to medical examiner? 1 ☐ Yes	Hospital:			-5	Other:	of Death (Check	/				
on the no		27. Manner of Death 1. Natural 5 Pendin 2 Accident investig	28e. Date of (Mont	-	28b. Time of Injury	28c. Ir	4∐ Nu njury at Vork? ☐ Yes 2☐		Residence cribe how l)	
오류음 :		3 SetSide 6 Could a determine	innd 286. Place	of Injury - At h	ome, farm, stre	et, factory, offi	ce		ition (Stream or Town, Si		er or Rurel	Route Number	er,
To the Hospital or Attendition within 24 hours after death To the Funeral Director: A completely filled in by the funeral Certification of the funeral Certification of the funeral management of the funeral		(Spe)	and mare	of my kno sis of examina ar custod	wledge, death tion and/or lnv			d piece, and due th occurred at the					
V Cor		Separature and sele of brillies	AL	34	ha HT.	D	9419		29d.	Date signed	Month, E	Day, Year)	16
115 -	-	1) Name and address of person	with completed days	o classif (Iten	0 CAT	11 11	B	ANTIMOI	-	m	2	5.9	



State of Maryland / Department of Health and Mental Hygiene 96 28845

						C	ertificate of	f Death		Reg. No.		
	Physici		Decedent's Name (First, Middle, Las JAMES B. RICHARDS	e)	-				2. Date of De Month SEPT		Yeer 96	3. Time of Death
1	/Medic Examir		4e. Facility Neme (If not institution, give	street and number)				4b. City, Town, or	1			1074
7	Examin	iei	3455 WILKENS AVEN					BALTIMO	ORE		N/A	
	Funeral Director			9x ¬ M 2□ F 6		ast birthda Yrs.	y) If Under 1 Yes Months Day		(Month, Da	th y, Year) 1, 1926	9. Birthp Coun MA	elace <i>(State or Foreig</i> n htry) RYLAND
	and and		Usual Residenca of Decedent 10a. State 10b. County		10c. City	, Town or	Location				1	0d. Inside City Limits
	Marylan f show	lor	MD N/A				IMORE					Yes 2□No
	T 28a	Director	10e. Street and Number			DVLI	10f. Zip Code			10g. Citizen of V	Vhat Cour	ntry?
	3a o	D	4009 WILKENS AVEN	UE			21	229		U.S.A		
	deat	Funeral	11. Meritel Stetus	12. Wes Decedent I Armed Forces?	Ever In U,	S. 1	3. Was Decedent of	Hispanic Orlgin? (Suben, Mexican, Puer	Specify Yes or No		e - Americ	can Indian,
020	be filed within 72 hours after death with the Maryland tiel Hyglene. d other then "natural", or items 23s or 28s-f show event, the Mod cell Engineer must be notified at	by Fu	1 ☐ Never Married 2 ☑ Merried 3 ☐ Widowed 4 ☐ Divorced	1 Yes 2 Xh If Yes, Give Yeer or Detes:	No		1 ☐ Yes 2 ☐ N		to riban, etc.)	Specify		etc. ITE
Ö	2 hor	ted	15. Decedent's Edu			16a. De	cedent's Usual Occ	upation	4.5	16b. Kind of Bu		
21215-0020	thin 7	Completed	(Specify only highest grad	de completed) Coilege (1-4or 5	i+)	life	ve kind of work don . DO NOT use retii	e during most of wo red)	orking			
2	filed within Hygiene. Ither than ont, the Me	Con	12TH GRADE			BUIL	DING MANA			HEALTH		E
Maryland	should be filed nd Mentel Hyg marked other imatic event,	Be	17. Father's Name (First, Middle, Last)	O.D.				2.00	me (First, Middle,		e)	
2	should be and Mentel marked o	2	JAMES B. RICHARDS			Τ	William Control		McCLAI			(= 12)
S	0 0 0 0		19a. Informant's Name/Relationship (T) BERTHA RICHARDS (et and Number or R AVENUE -				
a,	Heelth Heelth em 27		20a. Method of Disposition	WIFE)	20b. Pi	ace of Dis	position (Name of		DALITM	20c. Location -		229 own, Stete
10 10	Pages nent of h net: If ite		1 ☐ Burlai 2 ☐ Cremation 3 ☐ I 4 ☐ Donation 5 ☐ Other (Specify,				rematory or other p		9/26/96	BALTIM		
altimore,	교본론증		21. Signature of Funeral Service Licens		OAK		22. Name and Add	ress of Facility		DALITH	OKE	
m	Depa Impo any it		1 / Jun 17	1	ua		HUBBARD F	UNERAL HO				
			23a. Part1. Enter the disease, or comp shock, or heart failure. List only of	ilications that caused		Do not	4107 WILK enter the mode of d	ENS AVENU	JE -BALT	IMORE, M	D. 2	Approximate
	Physician		shock, or heart failure. List only o								i	Interval Between Onset and Death
10	/Medical		Immediate Cause (Final disease or condition				VCV	duala	1titu	loxe	1	30 min
ľ	Examiner		resulting In death)	a	Due to (or	as a cons	sequenca of): A	dualo 5CVD			1	
	D .=	ner					N	2C13				15 12
	and trans	Examiner		b	Due to (or	es e cons	sequenca of):					
60,	rtificete be executed ing physician and s es the buriel-transit		Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Couse (Diseese or Injury	C							1	
68760	physic the l	edicai	that initiated events resulting in death) Last		Due to (or	as a cons	equence of):					
OX 6	00	2	L	d								
B	death ce e attendi d for use	Physician	Carl Other Lands									
o.	the the	hysi	Part II. Other significant conditions co	ntributing to death bi	ut not resu	iting in the	underlying cause (given in Part I.	23b. Did			the cause of death?
ď.	rhat ned t	by P							1/23	Tee ZLING	3 FTO	bably 4 Olikilowi
Records,	The law requires that the death Ite has been signed by the atte page 2 should be detached for									en eutopsy med?		ere eutopsy findings ailable prior to
000	s bee	Completed	_						penc	omieu:	CO	mpletion of cause death?
Ĭ	The law ate has page 2	mo							10	Yes 2 No	1[☐Yes 2☐No
Vital		Be C	25. Was case referred to medical					26. Plece of De	ath (Check only	one)	/	
	Physic this ce	To	examiner? 1 Yes 2 No	Hospital: 1 🗆 inpatie	nt 2 🗆	ER/Outpet	ient 3 DOA	other: 4 \sum Nursing	Home 5 Resi	denca 6 Doth	er (Specif	ý)
0	ng Ph her th neral		27. Manner of Death 1 ☑ Natural 5 ☐ Pending	28a. Date of Injui (Month, Da)	y Year)	28b. Time Injur		ury at ork?	28d. Describe	how injury occur	ed	
0	Attending Physician: sr deeth. ector: After this certific by the funeral director,	catio	2 Accident investigation 3 Suicide 6 Could not be					☐ Yes 2 ☐ No				
Division of		Certification:	4 Homicide determined	28e. Place of Inju- building, etc	ury - At ho c. (Specify	me, farm,	street, factory, offic	0	28f. Location (City or To	Street and Numb wn, State)	er or Rura	al Route Number,
	Hospital 24 hours a Funeral C		29e. Certifier 1 Certifying Phy	relation. To the heat	of many laminar	uladan da	ath accurred at the	time data and place	a land due to the	saves(a) and ma		totad
	To the Hospital o within 24 hours at To the Funeral DI completely filled in	edicai		rsician: To the best of iner: On the basis of and manner sta	examineti	vieuge, de ion end/or	Investigation, in my	opinion, deeth occ	urred at the time,	dete end place,	and due to	the cause(s)
	To the within 2 To the comple	Me	29b. Signature and title of cartifier		7	~	29c. Lice	nse number	· · · · T	29d. Date s/gne	d (Month,	Day, Year)
	λ		X Carput	N.X.	Soh	D,	. 1	1550		9/21	1190	
_	20		30. Neme end address of person who co	ompleted cause of d	eeth (Item	23a) (Typ	e, Print)				1 10	
п	10		DR. RAYMOND D. BA		•			SUITE 304	- BALT	MORE, M	D :	21229

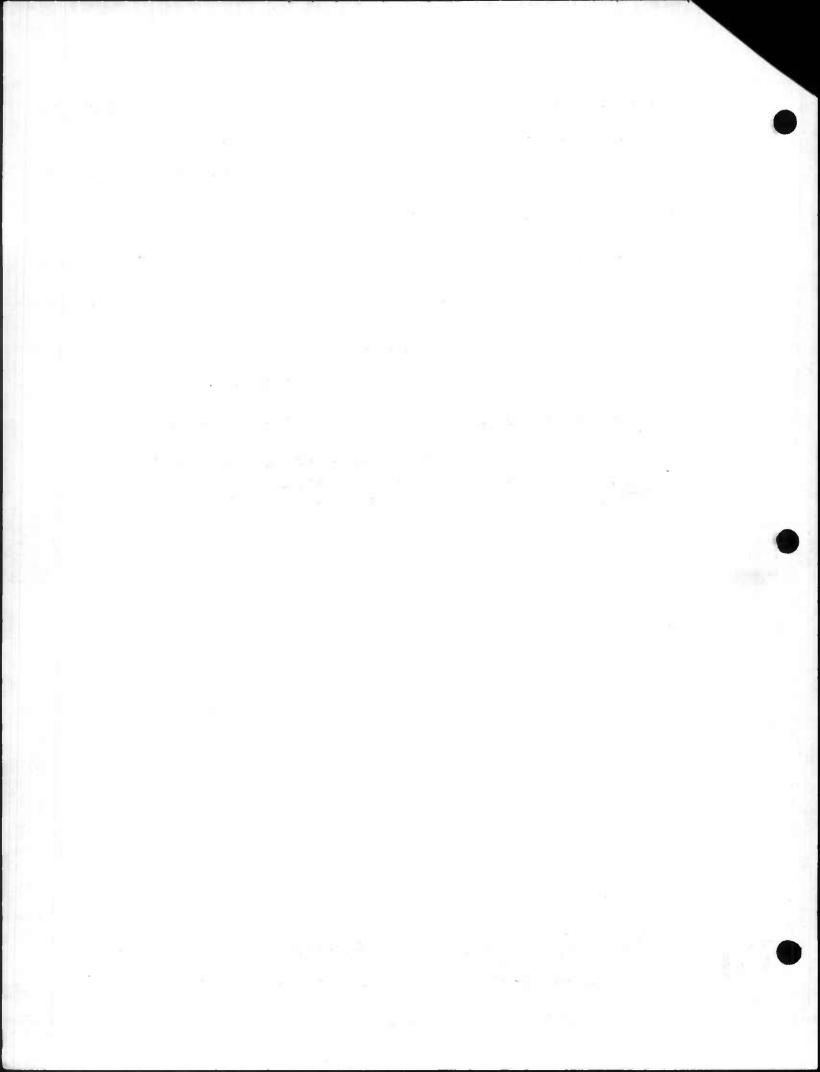
State Registrar

State of Maryland / Department of Health and Mental Hygiene

Item10b, Film739, 9/27, 96, 1t Certificate of Death 1. Decedent's Name (First, Middle, Last) 2. Date of Death 3 Time of Death Day **Physician** Norman J. Rondeau September 25, 00:42 /Medical 4a. Facility Name (If not institution, give street and number) 4b. City, Town, or Location of Death 4c. County of Death **Examiner** Union Memorial Hospital Baltimore City 5. Sociel Security Number If Under 1 Year If Under 24 Hrs. 7. Age (In yrs. lest birthday) **Funeral** 8. Date of Birth (Month, Dey, Year) Birthplece (State or Foreign Country) 12 M 2□ F Months Days Hours 61 Director 032-26-1138 MASSACHUSETTS JAN.6, 1935 Usuai Residence of Decedent with the Maryland 10b. County HOWARD 10a. State Rem 27 is marked other than "naturat", or items 23a or 28a-f show other traumstic event, the Medical Examiner main by notified at 10c. City, Town or Location 10d. Inside City Limits MD BALTIMORE ELKRIDGE Director 1 ☐ Yes 2 No 10e. Street end Number 10f. Zip Code 10g. Citizen of What Country? 5870 WOODVALLEY ROAD 21227 U.S.A. Funeral 12. Wes Decedent Ever in U,S. Armed Forces? 11. Maritai Status Was Decedent of Hispanic Origin? (Specify Yes or No-if Yes, specify Cuban, Mexican, Puerto Rican, etc.) 14. Race - American Indian, Biack, White, etc. Pages 1 and 2 should be filed within 72 hours efter ment of Health and Mental Hygiene. and 1 tem 27 is marked other then "naturat", or ite 1 Never Married 2 Married Yes 2 No Yes, Give Maryland 21215-0020 1 Yes 2 XNo Specify: by 3 ☐ Widowed 4 ☐ Divorced Year or Dates: KOREAN WHITE Completed 16a. Decedent's Usual Occupation (Give kind of work done during most of working life. DO NOT use retired) 15. Decedent's Education (Specify only highest grade completed) 16b. Kind of Business/Industry Eiementary/Secondary (0-12) Coilege (1-4or 5+) BALTIMORE CITY POLICE POLICE OFFICER 12TH GRADE 17. Father's Name (First, Middle, Last) 18. Mother's Name (First, Middle, Meiden Sumeme) Be Department of Health and Mental I Important: If Item 27 is marked out any injury or other traumstic ever once. OLIVER RONDEAU LORETTA SIMONIN 2 19a. Informant's Name/Relationship (Type, Print) 19b. Mailing Address (Street and Number or Rural Route Number, City or Town, State, Zip Code) DEBBIE HEILMANN (DAUGHTER) 5870 WOODVALLEY ROAD - ELKRIDGE, MD. 21227 Baltimore, 20b. Place of Disposition (Neme of cemetery, crematory or other place) 20a. Method of Disposition 20c. Location - City or Town, State 1 ₺ Buriai 2 ☐ Cremetion 3 ☐ Removal from State VETS CEMETERY WNSVILLE 9/27/96 CROWNSVILLE, MD 4 ☐ Donation 5 ☐ Other (Specify) 21. Signature of Funeral Service Licenses 22. Name end Address of Fecility HUBBARD FUNERAL HOME INC. 4107 WILKENS AVENUE- BALTIMORE, MD 21229 23a. Part 1. Egger the disease, or complications that caused the gentle shock, or heart failure. List only one cause on each line. Do not enter the mode of dylng, such as cardiec or respiratory arrest, Approximate Interval Between Onset and Deeth **Physician** Immediate Cause (Finel disease or condition resulting in death) /Medical oronary **Examiner** Examiner or Attending Physician: The law requires that the death certificate be executed ed by the attending physician and detached for use as the bunal-transit Sequentially list conditions, if any, leeding to immediate ceuse. Enter Underlying Cause (Disease or injury thet initiated events resulting in death) Last Due to (or as a consequence of) P.O. Box 68760, Physician/Medical Due to (or es a consequence of): Part II. Other significant conditions contributing to death but not resulting in the underlying ceuse given in Part I. 23b. Did tobacco use contribute to the cause of death? signed by ti 1 Yes 2 No 3 Probably 4 Unknown Division of Vital Records, þ Completed 24b. Were autopsy findings available prior to 24a. Was an autopsy completion of cause of death? certificate has 2 No 1 Yes 1 ☐ Yes 2 ☐ No 25. Was cese referred to medicel examiner? Be 26. Piece of Death (Check only one) Other: 4 Nursing Home 5 Residence 6 Other (Specify) 2 1 Yes 2 No Inpatient 2 ER/Outpatient 3 DOA this 28c. Injury et Work? Certification: 27. Manner of Deeth 28a. Date of Injury (Month, Day Year) 28b. Time of Injury 28d. Describe how Injury occurred After 5 Pending Investigation 1 Natural r death. 1 Yes 2 Accident after death 6 Could not be determined 3 ☐ Suicide 6 Place of Injury - At home, farm, street, factory, office building, etc. (Specify) 28f. Location (Street and Number or Rural Route Number, City or Town, State) 4 Homicide within 24 hours a To the Funeral C completely filled the Hospitat Certifying Physician: To the best of my knowledge, deeth occurred at the time, dete and piace, and due to the cause(s) and manner as stated.

| Medical Examiner: On the basis of examination end/or investigation, in my opinion, deeth occurred at the time, date and place, and due to the cause(s) and manner stated. 29a. Certifier Medical (Check only one) 29b. Signeture and fitte of certifies, 29c. License number 29d. Date signed (Month, Day, Year) 10 September 25, 1996 AT2438946 30. Name and address of person who completed ceuse of death (Item 23a) (Type, Print) St., Baltimore MD arai8 EVE S. FABER 2845 N. Calvert 31. Date filed (Month, Dey, Year) 32. Registrar's Signature Registrar

DHMH 16 Rev 6/95



State of Maryland / Department of Health and Mental Hygiene

28847

Certificate of Death 1. Decedant's Name (First, Middle, Last) 2. Date of Death 3. Time of Death Month **Physician** DORIS L SENGER SEPT. 24, 3:35 AM 1996 /Medical 4a. Facility Nama (If not Institution, give street and number) 4b. City, Town, or Location of Daath 4c. County of Death Examiner ST. JOSEPH MEDICAL CENTER TOWSON BALTIMORE If Under 1 Year If Under 24 Hrs. 7. Aga (In yrs. last birthday) 8. Data of Birth (Month, Day, Year)
Jan. 20, 1917 5. Social Security Number 9. Birthplace (State or Foreign **Funeral** Days Hours 1 □ M 2 🕽 F Maryland 79 212-09-9896 Director Usual Residence of Decedant with the Maryland 10a Stata 10b. County 10c. City, Town or Location 10d. Inside City Limits 7 is marked other than "natural", or flems 23s or 28s-f shot traumatic event, the Medical Experience must be not find as 1 Yes 2 No Directo Maryland Baltimore Glen Arm 10e. Street and Number 10f. Zip Code 10g. Citizen of What Country? 11630 Glen Arm Road 21057 U.S.A. death Funeral 12. Was Decedant Evar in U,S. Armed Forcas? 1 ☐ Yes 2 ☑No If Yas, Giva Year or Detes: Was Decedant of Hispanic Origin? (Specify Yes or Notif Yas, specify Cuban, Mexican, Puerto Rican, etc.) 14. Rece - American Indian, Biack, White, etc. Pages 1 end 2 should be filed within 72 hours after onent of Health and Mental Hygiene. Int: If Item 27 Is marked other than "natural; or Iter 1 Naver Married 2 Married Maryland 21215-0020 1 ☐ Yes 2 No Specify: specify: White ð 3 X Widowed 4 □ Divorced Completed 16a. Decedant's Usual Occupation (Giva kind of work dona during most of working lifa. DO NOT use ratired) 15. Decedant's Education (Specify only highast grada completed) 16b. Kind of Businass/Industry Elementary/Secondery (0-12) College (1-4or 5+) Homemaker Own Home 10th grade 17. Fathar's Nama (First, Middla, Last) 18. Mothar's Name (First, Middla, Meiden Surnama) John R. Myers Louise Roeder 19a. Informant's Name/Raiationship (Type, Print) 19b. Mailing Addrass (Street and Number or Rural Routa Number, City or Town, Steta, Zip Code) 4502 Hershey Way, Baltimore, Maryland 21236 Katherine Lepson (daughter) other t Baltimore, 20b. Place of Disposition (Nama of cematary, cramatory or other place) 20a. Mathod of Disposition 20c. Location - City or Town, Stete 1 ABurial 2 □ Cramation 3 □ Ramoval from State injury or permit. Page Department of Important: If any injury or once. 4 ☐ Donation 5 ☐ Othar (Specify) 9/27/96 Baltimore. Maryland Baltimore Cemetery 22. Name and Address of Facility
Schimunek Funeral Homes, Inc. 21. Signature of Funeral Service Licensee 9705 Belair Rd., Baltimore, MD 21236 23a. Part1. Enter the disease, or complications thet caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line. Approximeta Intarval Batween Onset and Death **Physician** /Medical Immediate Causa (Final disease or condition rasulting in deeth) SHOCK Examiner GANGRENOUS BOWEL Examiner the death certificate be executed physician end s the burial-trans Sequentially list conditions, if any, laading to immadiata causa. Enter Underlying Cause (Disease or Injury that initiated events rasulting in death) Last Due to (or es a consequence of): ARTERIOSCLEROTIC VASCULAR INSUFFICIENCY Physician/Medical Due to (or es e consequança of) for use es 980 signed by the e P.O. Part II. Other eignificant conditions contributing to death but not resulting in the underlying cause given in Pert I. 23b. Did tobacco use contribute to the cause of death? 1 Yee 2X No 3 Probably 4 Unknown DIABETES MELLITUS þ 24e. Wes an autopsy performed? 24b. Wara autopsy findings available prior to completion of cause of death? Completed peed certificata has 2X No 1 ☐ Yas 2 XNo 1 ☐ Yes Division of Vital The Hospital or Attending Physician: n 24 hours after death. The Funeral Director: After this certifica funeral director, 25. Was casa rafarred to medical axaminer? Be 28. Place of Deeth (Check only ona) Hospitel: Other: 4 Nursing Homa 5 Residence 6 Other (Specify) 1 Yas 2 XNo Inpatient 2 ER/Outpatient 3 DOA 2 28a. Dete of Injury (Month, Dey Year) 27. Mannar of Death Certification: 28b. Time of 28c. Injury at Work? 28d. Dascribe how injury occurred 1 Neturel 5 Pending 1 ☐ Yas 2 ☐ No invastigation 2 Accident 6 Could not ba 3 ☐ Suicide 28a. Placa of Injury - At homa, farm, streat, factory, office building, atc. (Specify) 28f. Location (Street end Number or Rural Routa Number, City or Town, State) filled in by 4 Homicida edical 1 Certifying Physician: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(s) and manner as stated.

2 Medical Examiner: On the basis of exeminetion and/or invastigation, in my opinion, deeth occurred at the time, deta and place, and due to the cause(s) and manner stated. 29a. Certifian å 29b. Sign ture and title of certifia 29c. Licensa number 29d. Data signed (Month, Day, Year) 10 MON 30. Nama and addrass of person who complated causa of death (Item 23e) (Type, Print) 7620 York Road, Towson, Maryland 21204 Alfonso P. Zalduondo, M.D., 31. Data filed (Month, Dey, Year) 32. Registrar's Signatura _

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DHMH 16 Rev 6/95

State

Registrar

JEP 27 1996

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State of Maryland / Department of Health and Mental Hygiene

Certificate of Death

10d. Inaide City Limits

Approximate Interval Between Onset and Death

1 DAY

1 DAY

1 Yes 2 No

Physician /Medical Examiner

1. Decedent's Neme (First, Middle, Last)

2. Date of Death

3. Time of Death

physician and the burial-transit esn ate has been signed by page 2 should be detac certificate has funerai

i or Attending Physicien: after death. Director: After this certifica à Hospital 24 hours 24 hours within 2

Funeral Director the Maryland 10a State 7 is marked other than "natural", or itema 23a or 28a-f show traumatic event, the Medical Examiner must be notified at Md. Director 10e. Street and Number 2000 Funerai death permit. Pages 1 and 2 should be filed within 72 hours after to Department of Health and Mental Hygiene. Important: If Item 27 is marked other than "natural", or then eny injury or other trauments event, the Health Examples. Baltimore, Maryland 21215-0020 à Completed 9 Be 2 **Physician** /Medical Immediate Cause (Final disease or condition resulting in death) **Examiner** Examiner Box 68760 Physician/Medical P.O. Records. þ Completed Division of Vital Be 1 Yea 2 No 0 27. Manner of Death Certification:

MARGARET RERNADETTE SEPTEMBER 25,1996 9:32PM SCHATZ 4a. Facility Name (If not institution, give street and number) 4b. City, Town, or Location of Death 4c. County of Death SAINT JOSEPH MEDICAL CENTER TOWSON, MARYLAND BALTIMORE 5. Social Security Number 214 14 4379 7. Age (In yrs. last birthday) 73 Yrs. If Under 1 Year | If Under 24 Hrs. 8. Date of Birth (Month, Day, Year) 10 28 22 9. Birthplace (State or Foreign Country) Maryland 1 □ M 2 X F Montha Days Hours Yrs. Usual Residence of Decedent 10h Counts 10c. City. Town or Location N/A Baltimore 10f. Zlp Code 10g. Citizen of What Country? 21237 USA Odell Avenue Apt. 1916 12. Was Decedent Ever in U,S. Armed Forces? Was Decedent of Hispanic Origin? (Specify Yes or No-If Yes, specify Cuban, Mexican, Puerto Rican, etc.) 14. Raca - American Indian, Black, White, etc. 1 ☐ Yes 2 ☒ No If Yes, Give Yeer or Dates: 1 ☐ Never Married 2 ☐ Married 1 ☐ Yes 2 ☑ No Specify: Specify: White 3 ☑ Widowed 4 ☐ Divorced 15. Decedent's Education (Specify only highest grade completed) 16a. Decedent's Usual Occupation (Give kind of work done during most of working life. DO NOT use retired) 16b. Kind of Business/Industry Elementary/Secondary (0-12) College (1-4or 5+) Housework At Home 17. Father's Name (First, Middle, Last) 18. Mother's Name (First, Middle, Maiden Sumame) Barbara Schruefer Addison Geho 19a. Informant's Name/Relationship (Type, Print) Anthony A.Schatz, Jr., Son 19b. Malling Address (Street and Number of Rural Route Number, City or Joya, Staje, Zip Code) 3428 Parklawn Ave. Baltimore, Md. 21213 20b. Place of Disposition (Neme of cemetery, crematory or other place) 20a. Method of Disposition 20c. Location - City or Town, State to Burial 2 ☐ Cremation 3 ☐ Removal from State Sacred Heart of Jesus Cem. 9-28-96 Dundalk, Md. 4 ☐ Donation 5 ☐ Other (Specify) 21. Signature of Funeral Service Licensee 22. Name and Address of Facility Charles S. Zeiler & Son Inc. 901 S.Conkling St. Balto., Md. 23a. Part 1. Enter the disease, or complications bet caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line. SEPTIC SHOCK Due to (or as a consequenca of): ISCHEMIC BOWEL Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or Injury that initieted events reaulting in death) Last Due to (or as a consequence of): Due to (or as a consequence of) Pert II. Other eignificant conditions contributing to death but not resulting in the underlying cause given in Part I. 23b. Did tobacco use contribute to the cause of death? 1 Yes 2 No 3 Probably 4 Unknown ATRIAL FIBRILLATION 24b. Were autopsy findings available prior to completion of cause of death? 24a. Was an autopsy performed? 1 Yes 25. Was case referred to medical 26. Placa of Death (Check only one) Hospital: 1 Inpatient 2 □ ER/Outpatient 3 □ DOA Other: 4 Nursing Home 5 Residenca 6 Other (Specify)

28a. Date of Injury (Month, Day Year) 28b. Time of 28d. Describe how Injury occurred 28c. Injury at Work? 1 Natural 2 ☐ Accident 5 Pending 1 ☐ Yes 2 ☐ No Investigation 6 Could not be determined 3 Suicide 281. Location (Street and Number or Rural Route Number, City or Town, State) 28e. Place of Injury - At home, farm, street, factory, office building, etc. (Specify) 4 Homicide 152 Certifying Physician: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(s) and manner as atated.
213 Medical Examiner: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(a) and manner stated. 29e. Certifier (Check only one)

29b. Signature and title of certifier

29c. License number D30263 29d. Date algned (Month, Day, Year) 09-26-96

30. Name and address of person who completed cause of death (Item 23a) (Type, Print)

FRANCIS T. KHOO, M.D., 7620 YORK ROAD, TOWSON, MARYLAND 21204 31. Date Illed (Month, Day, Year)

State Registrar

Medical

JEP 27 1996

32. Registrar's Signature

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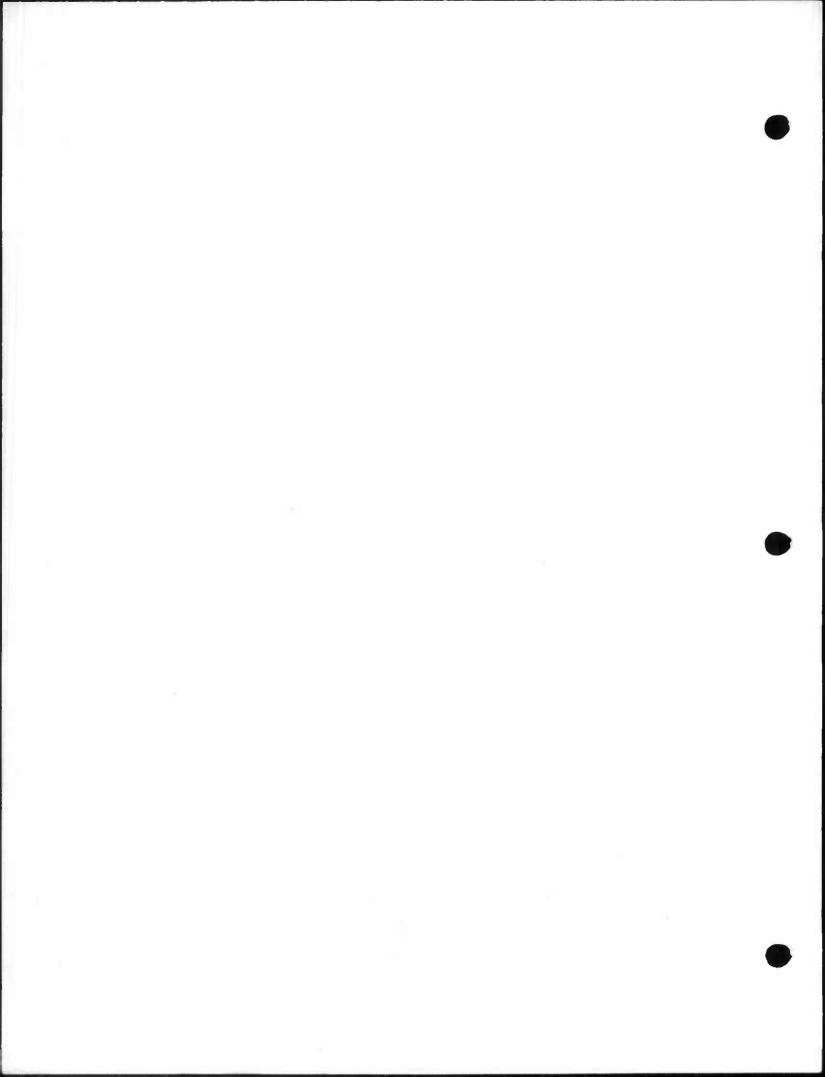
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TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If them 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

	1 - STATE REGISTRAR	STATE OF MARYL	AND / DEPAR CERTIF	RTMENT OF H	EALTH AND	MENTAL HYGIEN						
Ţ,	1. DECEDENT'S NAME (First, Middle, Last)					2. DATE OF DEATH		3. TIME OF DEATH				
	William Wes	tley S	teward			MONTH	R 25,19	TEAR				
	4. SOCIAL SECURITY NUMBER		In yrs. last birthday)	IF UNDER 1 YEAR	IF UNDER 24 HRS.	So promo	1	BIRTHPLACE (State or Foreign				
	217-24-5058 Se. FACILITY NAME (If not institution, give stre	1 😡 M 2 🗆 F	67 YRS.	MONTHS DAYS	HOURS MIN.	June 17	1929	Maryland				
œ					OR LOCATION OF DI			Y OF DEATH				
DIRECTOR	5926 Leewood Aven	ue		Cat	onsville	2	DA	LTIMORa				
S I	RESIDENCE OF DECEDENT 10a, STATE 10b, COUNTY		10c CIT	Y, TOWN OR LOCAT	CON							
Ë	150		100.011					10d. INSIDE CITY LIMITS?				
	MD Bal 100. STREET AND NUMBER	timore		Catonsv				1XXYES 2 NO				
¥.				101	. ZIP CODE		10g. CITIZE	N OF WHAT COUNTRY?				
FUNERAL	5926 Leewood Aven				21228		US	SA				
5	11. MARITAL STATUS 1 Never Married 2 Married	12. WAS DECEDENT EVER IN FORCES? 1 YES	U.S. ARMED	13. WAS DEC	ENDENT OF HISPAI	NIC ORIGIN? (Specify Year, Puerto Rican, etc.)	s or No- 14	. RACE — American Indian, Black, White, etc.				
BY	3 Widowed 4 Divorced	IF YES, GIVE WAR OR DA	TESXX	1 TES				Specify:				
	****							Black				
COMPLETED	15. DECEDENT'S EDUCA (Specify only highest grade of	ompleted)	(Give kind of v	USUAL OCCUPATION Work done during mo	ON st of working	16b. KIND OF BL	ISINESS/INDUS	TRY				
٦	Elementary/Secondary (0-12)	College (1-4 or 5+)	life. Do NOT us	1000-274								
₹	High School		self er	mployed		Plur	nber					
	17. FATHER'S NAME (First, Middle, Last)				18. MOTHER'S NA	ME (First, Middle, Melder	Surname)					
H	Charles Steward.	Se.			Jessie	Washingto	on					
6	190. INFORMANT'S NAME (Type/Print)	ister	19b. MAILING	ADORESS (Street e	nd Number or Rural	Route Number, City or To-	vn, State, Zip Co	ode)				
	Mary Carter		5240	West Run	ning Bro	ok Rd. Co	olumbia	a, MD 21044				
	20a. METHOD OF DISPOSITION 1 Notice 1 Method 1 Method 2 Cremation 3 Remove 3 1 Method 3 1	20b.	PLACE AND DATE	DE DISPOSITION (No	me of	DATE 20c. LC						
	4 Donation 5 Other (Specify)	WC	odlawn (thar place) Cemetery		Sep 30 Bal	Ltimore	County, MD				
	21. SIGNATURE OF FUNERAL SERVICE LICE	NSEE		22. NAME AN	D ADDRESS OF FA			eral Homes, Inc				
	3 tolok 8	· hutter		2501 (Gwynns F	alls Pkwy 21216		ada nomes, and				
	23. PART I. Enter the diseases, or co	emplications that coused	the death. Do n	not enter the mo	de of dying, suc	h as cerdiac or resc	iratory arrest	t. Approximate				
- 11	23. PART I. Enter the diseases, or complications that ceused the death. Do not enter the mode of dying, such as cerdiac or respiratory arrest, shock, or heert feliure. List only one ceuse on each line. IMMEDIATE CAUSE (Final disease or condition resulting in death) DUE TO (OR AS A CONSEQUENCE OF): Approximata interval Batween Onset and Death Conset and Death											
NO	disease or condition resulting in death)			ric CAK	dioves			Interval Between				
CERTIFICATION	disease or condition	DUE TO (OR AS A		F):	edio VAS			Interval Between				
AL CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events	DUE TO (OR AS A	CONSEQUENCE OF	F):		CULAR II	SOFS	Interval Between Onset and Daeth JOHES 24b. WERE AUTOPSY FINDINGS				
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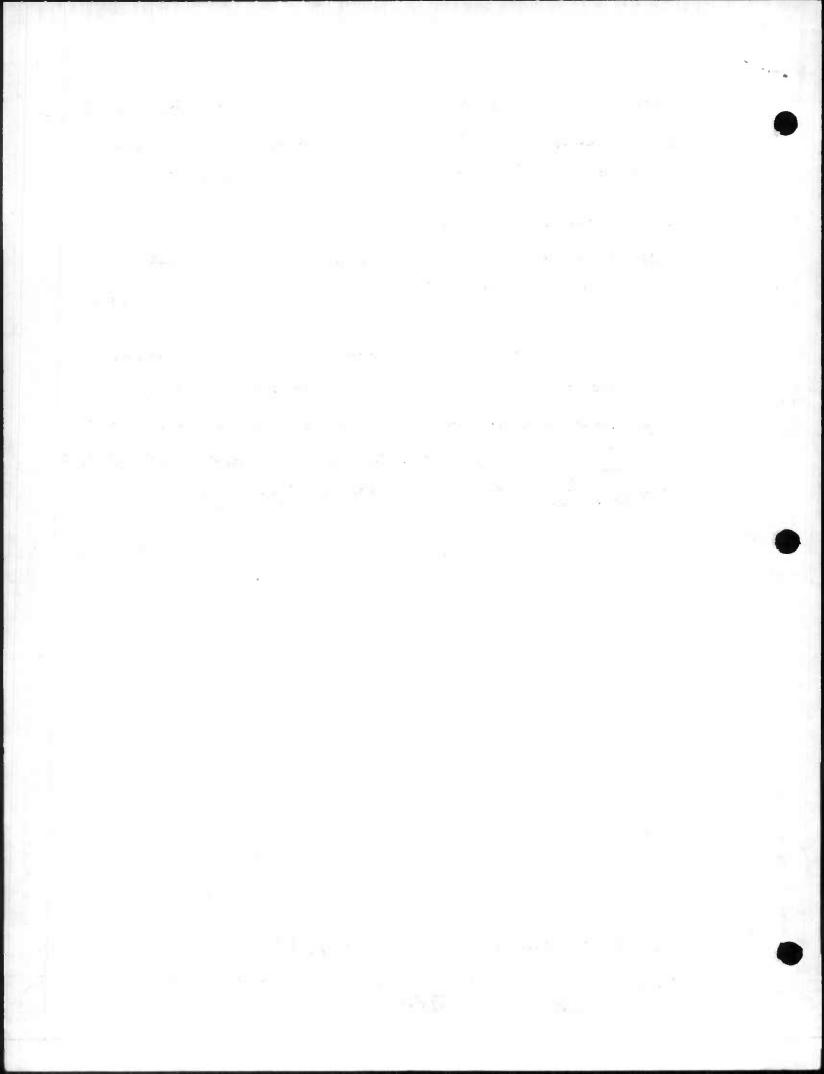


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e Me	cto	MD Montgor	nery	Poto	omac						1 ☐ Yes XXN
ter death with the Marylen items 23a or 28a-f show instrinkts by Inclified at	Director	10e. Street end Number				10f. Zip Code			10g. Citizen	of Whet Cour	atry?
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State of Maryland / Department of Health and Mental Hygiene 9.6. 2.8.8.5.2

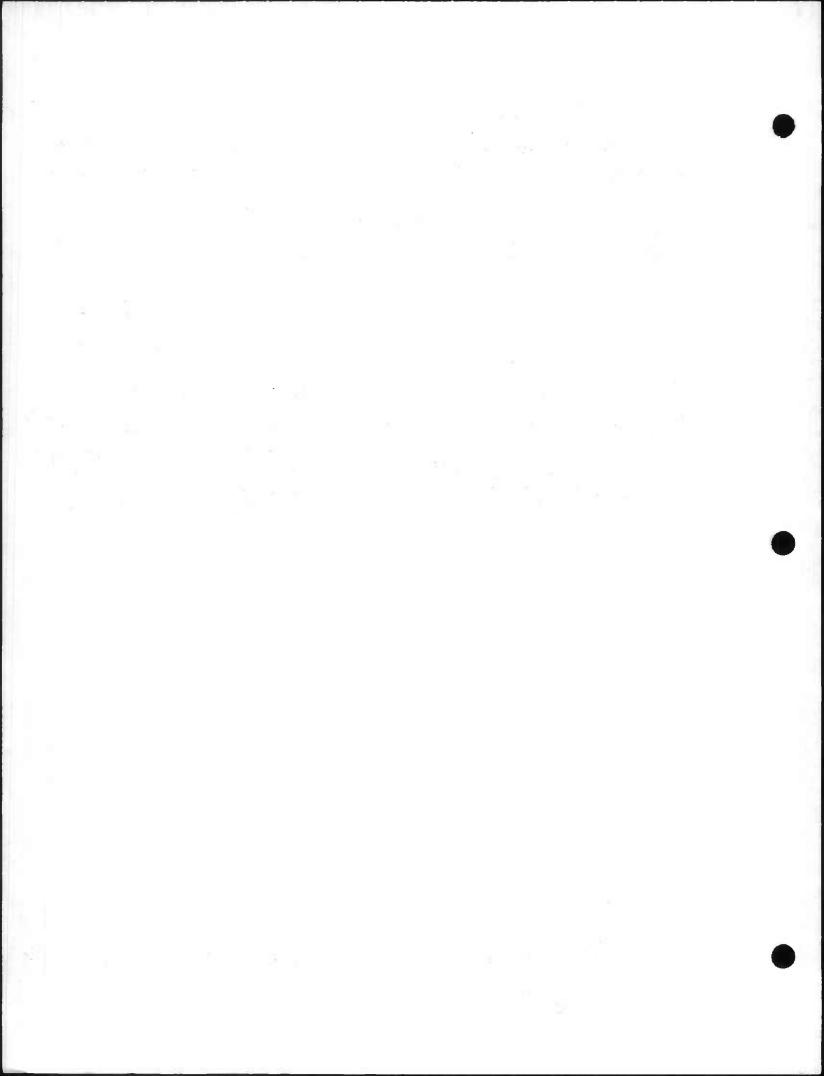
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	Maryland f show	ior	Usual Rasidance of Decedant 10a. Stata 10b. County Md. Howa	urd	10c. City, Town or Ellicoti						Inside City Limits
	28e notif	Director	10e. Street and Number	10	LITICOL	10f. Zip Coda		11	Og. Citizen of V		^
	h with	a D	4607 Bonnie Bran	ich Road		210	043			USA	
020	be filed within 72 hours after death with the Maryland tal Hygiene. I other than "natural", or items 23e or 28e-f show event, in a Modical Examiner must be notified at	by Funeral	11. Marilal Slatus 1 ☐ Nevar Married 2 ☑ Married 3 ☐ Widowed 4 ☐ Divorced	12. Was Decedant E Armed Forcas? 1 ☐ Yas 2 ☐ N If Yas, Giva Year or Datas:	Evar in U,S. 13		Hispanic Origin? (Spe en, Maxican, Puarto I	cify Yas or No- Rican, atc.)		e - Amarican I ck, Whita, atc.	
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lan	fental fental ked c	To Be	Henry J. Kram	ier			Gertr	ude M. H	Hood		
Maryland	2 should be filed with end Mental Hygiene. is marked other than surnatic event, the		19a. Informant's Name/Ralationship (7	ype, Print)	19b. Ma	iling Address (Strea	t and Number or Rura	l Routa Number	City or Town,	Stata, Zip Co	de)
			Gerald R. Schaad	– husband			Branch Rd.				
Baltimore,			20a. Mathod of Disposition 1 🖾 Burial 2 🗆 Cramation 3 🗆 4 🗆 Donation 5 🗀 Othar (Specify			position (Nama of ematory or other pla 1's Cemete	ery 9/	27/96	20c. Location - Ilches	N	aryland
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N N	Physician: The I this certificate har ral director, page	Be C	25. Was casa rafarred to medical axaminar?	Hospital:		Ot	26. Pleca of Daath				
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	Ne Hospitu n 24 hours Ne Funeral	Medical C	29a. Certifiar (Check only one) Certifying Phy	yelclan: To the best of ilner: On tha besis of and mannar slal	axamination and/or	ith occurred at tha ti invastigation, in my	ima, data and piace, a opinion, daath occurre	and dua to the ca ad at the time, de	tuse(s) end ma ata and piaca,	anner as atate end dua to the	d. a causa(e)
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	15		30. Nama and addrass of person who	iomplated causa of da	Parkua	9, Print) Sute	209, Col	umbia,	mi) à	2104	1
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State of Maryland / Department of Health and Mental Hygiene Q 6

				Cei	rtificate of		Reg.	20	20003				
	Physici /Medic		1. Decedent's Neme (First, Middle, Last) Margaret Todd				2. Dete of Death	Day Year	3. Time of Death 412am				
	Examir		4a. Facility Neme (II not institution, give street end number) Johns Hopkins Muspin	t-u1		4b. City, Town, or Local TSaltim		4c. County of Death	1				
	Funeral Director		5. Sociel Security Number 6. Sex 7. Age (In your 1 → M 2 1 → F 7. Age (In your 2 1 → F 7. Age (In you	rs. lest birthday) 7 7 Yrs.	If Under 1 Yeer Months Deys	If Under 24 Hrs.	8. Dete of Birth (Month, Dey, Ye 07-19-1		hplace (Stete or Foreign untry) ID/ •				
	ahow		Usuel Residence of Decedent 10a. Stete 10b. County 10c.	City, Town or Lo	ocation				10d. Inside City Limits				
	Mary a-f sh	ctor	MD. NA Be	altimore	9				X Yes 2□ No				
	or 28	Director	10e. Street end Number		10f. Zip Code		10g.	Citizen of What Co	untry?				
	e 23a	erai	1360 Pentridge Road	-110 401	21239	Historia Oslala (Ones	16 - War Na	USA	don todlor				
020	172 hours after death with the Maryland "natural", or items 23s or 28s-f show adical Examiner must be notified at	by Funeral	11. Meritel Stetus 1 Never Merried 2 Married 1 Never Merried 2 Married 1 Yes, Give Year or Detes:		wes Decement of If Yes, specify Cut 1 ☐ Yes 2 💢 No	Hispanic Origin? (Spec ban, Mexican, Puerto R Specify:	lican, etc.)	14. Race - Amer Bleck, White Specify: B1					
5-0	72 ho	eted	15. Decedent's Education (Specify only highest grade completed)	16a. Decec	dent's Usuel Occu	pation during most of working	g 16t	o. Kind of Business/I	ndustry				
21215-0020	s within liene.	Completed	Elementery/Secondery (0-12) College (1-4or 5+) 12th Grade NA			during most of working ed) State Progr		lodel City	's Agency				
Maryland	2 B D	Be	17. Fether's Neme (First, Middle, Last)			18. Mother's Neme		den Sumeme)					
ryla	Mer	10	Domingo Durate 19e. Informent's Neme/Reletionship (Type, Print)	40h Malli	a Address (Otros	Estella It and Number or Rural	Court Mombas O		ones				
	2 8 9 2		William E. Todd Jr.		Pentrid			e, Marylan					
Baltimore,	of Hear		20e. Method of Disposition 20b	b. Pleca of Dispo	esition (Name of		Dete 200	Location - City or 1 Wings Mil	Town, Stete				
Balti	permit. Page Department of important: if any injury or once.		21. Signeture of Funerel Servica License		2. Neme end Addr	ess of Fecility Bal		Maryland	21202				
			23a. Part1. Enter the disease, or complications that caused the de shock, or heart failure. List only one cause on each line.		-				Approximete Interval Between				
	Physician /Medical Examiner		Immediate Cause (Finel disease or condition	5.3				1	Onset and Deeth 12 hrs				
	Examine.	er	Due to (or as a consequence of):										
	od d ansit	Examiner	Sequentially list conditions b. Masey	h teri C	- Isch	emia		i	10 40-5				
0,	e exec ian an urial-tr		Due to (or es e consequence of): Lage bowel Obstraction Due to (or es e consequence of): Due to (or es e consequence of): Due to (or es e consequence of): Due to (or es e consequence of): Due to (or es e consequence of):										
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Box		an/N	d					1					
	the death car y the attendinached for use	Physician/N	Part II. Other aignificant conditions contributing to death but not r	resulting in the ur	nderlying cause g	iven in Pert i.	23b. Did toba	cco use contribute	to the cause of death?				
ls, P.0	es that the de igned by the a be detached	by Ph					1 ☐ Yes	2 No 3 Pr	obably 4 Unknown				
Records	aw requires been size should	Completed t					24e. Wes an a performed	3?	Were autopsy findings aveilable prior to completion of cause of deeth?				
E.	Page Page	Com					1□ Yes	2 000	I □ Yes 2 □ No				
Vita	Physicien: The partificate rai director, par	Be	25. Was case referred to medical exeminer?			26. Place of Deeth	(Check only one)						
ou of	Physical distriction of the second districti	ion: To	27. Manner of Death 28a. Dete of injury (Month, Day Year)	28b. Time of Injury	28c. Inju		ne 5 Residence 6d. Describe how	e 6 Other (Specinjury occurred	ify)				
Division of Vital	or Attending after death. Director: Alte d in by the fund	Certification:	2 Accident investigation 3 Suicide 6 Could not ba 4 Homicide determined 28e. Plece of Injury - Al building, etc. (Spe	t home, ferm, streetily)			8f. Location (Stree City or Town, S	et and Number or Ru State)	ral Route Number,				
	To the Hospital of Within 24 hours at To the Funeral Discompletaly filled	edical C	29e. Cartifler (Check only one) Certifying Physician: To the basis of my k Description (Check only one)	nowledge, deeth	n occurred et the t vestigetion, in my	ime, dete end pleca, a opinion, deeth occurre	nd due to the caus d at the time, date	e(s) end manner as and place, and due	stated. to the cause(s)				
	To the To the Comple	Me	29b. Signeture and title of certifier	4		se number		Dete signed (Month					
	(10)		Illip B. Jom R	19. D.	AJY	147357	- Se	stember o	15 1996				
Air.	U J		30. Name and eddress of person who completed cause of deeth (III) Phillip Storm, Tr. M.D.	tem 23a) (Type,	Print) NWolf	147357 e St B	altimore	MD	21287				
ľ	Sta Registr		31. Dete filed (Month, Day, Year) CTP 27 1996					11.					

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					Certifica	ate of Death	R	eg. No.		
	Dhuaini		1. Decedant's Nama (First, Middla, La	st)			2. Data of Dea Month		Year	3. Tima of Death
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) —	Examir		4e. Facility Nama (If not institution, give			4b. City, Town, o	r Location of Daath	4c. County of	of Death	
<u>_</u>			Sinai Ho	Soital		Balt	more	Bat	tim	none
	Funeral		5. Social Security Number 6. S	ex, 1 7. Age (In yrs.	Month	lar 1 Yaar if Under 24 Ĥr s Deys Hours Mir		Year) / //	9. Birthplac	ice (State or Foreign
_	Director		Usuai Rasidance of Decedent	32	Yrs.		teb. 11	1964	Mary	land
200	ž .		10a. State 10b. County	, 10c. City	, Town or Location				100	d. insida City Limits
Man	4 4	Į.	Maryland NI	AIT	Baltimo	re.				1 Yas 2 No
4	200	Director	10e. Street and Number	4		Zip Coda		0g. Citizen of W	hat Countr	v?
de la casido	38.0		4115 Rogers	Allo		21216		110	SA	
20 hours after death with the Mandand	ital Hygiene. Ital Hygiene. O other than "natural", or itema 23a or 28a-1 show event, the Medical Examinat must be notified at	Funeral	11. Maritai Status	12. Was Dacedant Evar in U,	S. 13. Was Dec	edent of Hispanic Origin? (ecify Cuben, Mexican, Pue	Specify Yes or No-		- American	
1	N S		1 Nevar Married 2 Married	Armed Forces?		1.0	irto Hican, atc.)		c, Whita, at	c.
dwithin 70 hours of	F. C.	i by	3 ☐ Widowed 4 ☐ Divorced	If Yas, Giva Yaar or Datas:	1 LI Yas	2 No Specify:		Specify:	Nec	250
	natu	Completed	15. Decedant's Ed (Specify only highest gra	ducation	16a. Decedent's Us	sual Occupation work dona during most of w use ratired)	orkina	16b. Kind of Bus	sinass/Indu	etry
ithin	6 5 6	du	Elementary/Secondery (0-12)	Coilege (1-4or 5+)	life. 190 NOT	use ratired)		Nour:	10.0	Huma
filad within	Hygiene.		17 Cabbada Nama (Final Middle 1 and	0	C00	40 14 11 11	(F) - 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	IVUIDI	119	MOTTLE
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chould	and Mental and Mental a marked o	To	LEUN INOR	rias sr.	100 14-111 1-14	1001	S	Somie	2000 700	2.4.1
0	. 65 60 2		19a, Informant's Name/Relationship (7 Nott	iss (Street and Number or F	+ Z	Ita N	State, Zip C	21244
1 and	f Heelth frem 27 I other tr		20e. Method of Disposition	omas 206. P	lace of Disposition (A	lama of	Dete	20c. Location - (City or Tow	m State
Danae	00 =		1 Buriai 2 ☐ Crametion 3 ☐	Ramovai from State	ametery, crematory o	other place)	9/28/96	Enado	rink	M
			4 Donation 5 Other (Specifical Service Licenters)		1 10/15/11	and Address of Facility	70.0	rreae	ICh	1119.
nami	Depa		D A O A	4 Duna	Joseph	h L. Russ	Fune	ral Ho	me	
			Joseph	d. Muss	222	2 W. North	Ave. F	Balto. 1	Ma.	21216
-			23a. Party Enter the disease, or com- should, or heart tellure. List only	plications that coused the deetr ona couse on each line.	. Do not entar tha m	ode of dying, such as cerdli	ac or raspiratory an	est,	ir	Approximata intarval Between Onset and Death
	hysician /Medical		immediata Causa (Finel	11	\t_+	Λ			!	Stroot and Doan
	xaminer		diseasa or condition rasulting in death)	a. Hemo	lytic	Anemia				
		ē		Due to (o	r as e consequance o	f):			i	
hah	physician and s the buriel-transit	Examiner	Sequentially list conditions	b. — Due to (o	r es e consequence o	0.				
Owe	in an	Exa	Sequentially list conditions, if any, leading to immediate cause. Enter Underlying	504 (0 (0	es e consequence o	1).			i	
ificate he av	ysick bu	cal	causa. Entar Underlying Cause (Disaasa or Injury that initiated evants	C Dua to (or	es e consequence o	n:			-	
death cartificate he evecuted	as th	Medical	rasulting in deeth) Lest	^		ne Deficit	0.10 M/ E	1 -0	0	
th car	attending pi	Na Na	•	· Acquire	a arnino	ne vencit	ency Si	1 manuly	e i	
death	ed fo	sician	Part li. Other significant conditions of	ontributing to death but not rasu	ilting in the underlying	causa givan in Part i.	23b. Did to	obacco uee con	tribute to t	the cause of death?
at the	ed by the a	Physi					1 D Y	00 2 No	3 Proba	ibly 4 Unknown
he law requires the	3 6 8	by					-			
requires that	been si						24a. Was a		avali	a autopsy findings lable prior to
3	2 5	Completed							of de	pletion of cause eath?
The	- 6	E O					1 🗆 Y	as 2 No	10	Yas 2 No
- Cel		Be (25. Was casa rafarred to medicei axaminar?			26. Place of De	eath (Check only or	na)		
Physician	nis ce I dire	ဂ္	1 ☐ Yas 2 No	Hospital: 1,⊠inpatient 2□	ER/Outpatient 3	DOA Other: 4 Nursing	Homa 5□ Resid	ence 6 Othe	r (Specify)	
			27. Manner of Death 1 Manual 5 □ Panding	28a. Data of Injury (Month, Day Year)	28b. Time of injury	28c. tnjury at Work?	28d. Describe h	ow injury occurre	ed .	
Attending	death. ctor: A y the fu	catle	2 Accident invastigation		М	1 ☐ Yas 2 ☐ No				
or Attending		Certification:	3 Suicida 6 Could not be determined	28a. Place of injury - At ho building, atc. (Specify	ma, farm, street, fact	ory, office	28f. Location (S City or Tow	treet and Numbe n, Stata)	r or Rural F	Route Number,
-	Iled In									
å	7 T	edical	(Check only 2 Medical Exam	yalcian: To the bast of my knowntner: On the basis of examinat						
¥	2 4	Med	one)	and mannar steted.						
Po P	8	=	29b. Signeture end titla of certifier	. 0		9c. License number		9d. Date signed	(Month, Da	By, Year)
	. /		Our	mmolan	1	AS 2402321-	LC-9031	091	23	1996
	4		30. Nama and address of person who	complated cause of death (itam	23e) (Type, Print)		•			
			L. Cunningh	ary	pinai H	ospital				
	Sta	te	31. Dete filed SEP 2. 7 1996	Grand Begging Signer	Mande 82	4				



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	4				Cen	tificate of	Death		Reg. No.		
g agree work			1. Decedent's Neme (First, Middle, Li	est)				2. Dete of De	eeth	Vana	3. Time of Death
	ıysici: Medic		Stella	Turney				Septem	ber 24	1996	3:20 AM
	camin	_	4e. Fecility Neme (If not institution, gir				4b. City, Town,	ur Location of Dea		y of Deeth	
			Laurel Regional	Hospital			Laurel		Pr	ince (George
Fun	neral		Social Security Number 6	Sex 7. Age (In yrs	s. lest birthday)	If Under 1 Year	If Under 24 H	Irs. 8. Dete of Bi	rth		piece (Stete or Foreign
	ctor		213-42-6788	1□ M 20 F	89 Yrs.	Months Days	PHOURE: NO	July 1	7,1907		th Carolina
9			Usuel Residence of Decedent				1				E S S S S S S S S S S S S S S S S S S S
urylar	191	-	10e. Stete 10b. County	10c. C	city, Town or Loc	ation				11	Od. Inside City Limits
e Me	10	ct	MD Prince	George I	_aurel						1 TYes 2 □ No
\$ 5 5	200	Director	10e. Street and Number			10f. Zip Code			10g. Citizen of	What Coun	itry?
th w	UST.		337 11th Street			20707			USA		
17215-0020 within 72 hours after death with the Manyland one. than "natural", or items 23s or 28s-f show	edical Examiner must be notified at	Funeral	11. Meritel Stetus	12. Wes Decedent Ever in Armed Forces?	U,S. 13. W		dispenic Origin?	(Specify Yes or N	o- 14. Rei	ca - Americ	
o ta ta	å		1 ☐ Never Merried 2 ☐ Merried	1 ☐ Yes 2 ☐ No if Yes, Give		□Yes 20XNo		,			
our sing	Ex	1 by	3 ☐ Widowed 4 ☐ Divorced	Yeer or Detes:		D 703 Z ZZ 110	opeony.		Specif	y: Whit	ce
72 h	dica	Completed	15. Decedent's E (Specify only highest gr	ducation ade completed)	(Give k	ent's Usuel Occup and of work done	during most of v	vorkina	16b. Kind of B	usiness/Inc	dustry
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arylan should be and Mental	atic	2	Arvin M. Abernet	ny		-18	Elenor	Mostell	er		
2 sho	3		19e. Informent's Neme/Relationship		1	· ·		Rural Route Numb			Code)
or Haalth	ar t		Earl J. Turney/So				eet, L	aurel,	Maryland	1 207	707
Ore of H	to at		20e. Method of Disposition 11 Buriai 2 ☐ Cremetion 3 ☐		Plece of Dispos cemetery, cremi	itlon (Neme of etory or other ple	ce)	Dete	20c. Location	- City or To	wn, State
Pag Pag	ury		4 Donetion 5 □Other (Speci		y Hill	Cemetery	,	9/26/96	Laurel	. Mar	rvland
Baltimore, permit. Pages 1 ar Department of Haa Important: If Hem 2	any in		21. Signature of Funerel Service Lice	nsee C	22.	Neme end Addre	ess of Fecility				
D &&E	2 8			الائح				ome, Inc		M =	-1 1 20707
			23e. Far1. Enter the diseese, or com	pications thet caused the dec	eth. Do not enter	the mode of dyl	ng, such es card	liac or respiretory	errest,	Mary	land 20707
 Physic	cian		shock, or heert failure. List only	one ceuse on each line.						i	Interval Between Onset end Deeth
/Med			Immediete Cause (Finei	601	Dere					i	
Exam	iner		diseese or condition resulting in death)	0.	120						
	9	9		Due to-	or es a consequ	ence or):					
pet p	for usa as the burial-transit	Examiner	Convention lies and distance	b. — Due to	(or es e consequ	ence ot):				<u> </u>	
X 68 / 60, sertificata be assocuted ding physician and	ial-tn	Exa	Sequentially list conditions, if any, leeding to immediate cause. Enter Underlying	50010	(or es e consequ	ence orj.				1	
6876U, tificata be axe g physician a	a bu	edical	Cause (Disease or Injury that initieted events	C. Due to f	or es e consequ	ance of):					
g ph	as th	8	resulting In deeth) Last	550101	or oo o consequ	01100 017.					
OX T Cent	usa usa	2		d						<u> </u>	
death c	d for	Physician	Pert II. Other eignificant conditions of	contributing to death but not re	sulting In the un	derlying cause ab	ven in Pert I	23h Did	tobacco use co	ntribute to	the cause of death?
) a +	detached	hys	Total and anglimount actions of	contributing to death but not re	outing in the one	Jony III Gadae gir	voir iii c orc i.		Yee 2 No		bably 4 Unknown
	e det	by P						_	20 140	30710	ALLY 4 OIKIOWII
OrdS requires een sign								24e. We	en eutopsy		ere autopsy tindings
COL Peed	should	ete						perf	ormed?	001	allable prior to mpletion of cause
7 6 2	98 2	Completed							-/	· _	death?
= F #	r. page	-						10	Yes 2 No	1 [Yes 2 No
Of VITAL I Physician: The this cartificate	rector,	Be	25. Was case referred to medical examiner?	Hospitei:		Oth	or:	Deeth (Check only			
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	funai	lo	1 ■Netural 5 ■ Pending	28a. Dete of Injury (Month, Dey Year)	28b. Time of Injury	28c. Inju		28d. Describe	how Injury occur	red	
0 000	6	cat	2 Accident investigation 3 Sulcide 6 Could not be	00			Yes 2□No	ant treation	(Ot-2010) and \$1		I Marita Blood
Direct A	E.	Certification:	4 ☐ Homicide determined	28e. Pleca of Injury - At building, etc. (Spec	nome, term, stree efy)	et, tectory, office		City or To	(Street end Numi wn, Stete)	or or Hura	I Houre Number,
100	1		29e. Certifier 1 Certifying Pt	undelen T- N- t- t '							
1	toly	edical	(Check only one)	nysician: To the best of my kn minar: On the basis of examin	owledge, deeth o ation end/or inve	occurred et the tire estigetion, in my c	me, dete and ple opinion, deeth oc	ce, end due to the courred at the time	cause(s) end m , dete end piece,	and due to	ated. the cause(s)
thin th	omple	Mec	29b. Signature individe of certified	end menner steted.		29c. Licens	te number		29d. Dete signe	ad /Month	Day Year)
5 출 t	8	-	MAN	MALAT		No. Licens	I C C L	(2			./
/	1		1000	Minne		100	-447	-	EP	4	T 1496
-			30. Name and eddress of person who	completed cause of deeth (Ite	am 23a) (Type, P	rint)	1	1.)	0 14	4 1996
	1		GYLLGUNY A	-COMPUDA	1 03	1/ 6	nemy	Lane	laur	L V	70
17.	Stat		31. Dete filed (Month, Day, Year) SFP 2 7 1006	32. Registrer'e Sign	Rando 00		1				20707
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			ITEMS: 10e,15,16a,b,1	8,19a per F.H. 0	G-740 C	Certificate of	Death 10/7	/96 reb	Reg. No.		20000
	Physici	an	1. Decedent's Neme (First, Middle, La	-				2. Dete of De Month	eth Dsy	Yeer	3. Time of Death
	/Medi		Ruth 3		er			09.	- 22-	16	4:45 A
K	Examir	ner	4a. Facility Name (If not Institution, gi	.11 / / 1	11 0.	101	4b. City, Town, or L		4c. County	of Death	
L		Director	5. Social Security Number 6.	Mayland /	rs. last birth	(a) System	If Under 24 Hrs.			0 Diahi-I	lone (State of Farrise
٠	Funeral Director			10M 2QF 6		Months Devs		8. Dete of Bir	934	MARY	lace (State or Foreign (PV) LAND
	p ,		Usuel Residence of Decedent 10e. Stete 10b, County	100	City, Town	or Location					
21215-0020	be filed within 72 hours after death with the Maryland tital thyglene. d other than "natural", or items 23a or 28a-f show event, the Medical Examiner must be notified at		MARYLAND N/		City, Town	BALTIMO	RE				0d. Inside City Limite 1 No 2 No
			10e, Street end Number 10f. Zip Code 10g. Citizen of What Country?								iry?
		Funeral	1215 BAYARD STF	RET 12. Wes Decedent Ever is	nlle		1230	pacifu Vae or No	14 Per	S.A.	an Indian
		To Be Completed by Fun	1 Never Merried 2 Merried 3 Widowed 4 Divorced	Armed Forces? 1 Yes 2 No If Yes, Give Yeer or Detes:	0,0.	13. Wes Decedent of I If Yes, specify Cub 1 ☐ Yes 2 ☑ No		Rican, etc.)	Bis Specif	ck, White, e	etc.
5-0	72 ho		15. Decedent's E (Specify only highest gr		18e. D	ecedent's Usuel Occup	petion during most of work	cina	16b. Kind of B	usiness/ind	iustry
121	within ene.		Elementery/Secondery (0-12)	Coilege (1-4or 5+)	1	Give kind of work done fe. DO NOT use retire					
	Hygier the true the		9 12 17. Fether's Neme (First, Middle, Last	0		HOMEMAKE					OUSEKEEPER
and	d 2 should th and Mer 7 is marks traumatic		ANDREW TURN				18. Mother's Nam				
Maryland			19e. Informent's Neme/Reletionship		19b. N	Neiling Address (Street	GLADYS		er City or Town		
			EARNISTINE DOCK	(DAUGHTER)		35 BAYARD					
Baltimore,	工工		20e. Method of Disposition		b. Piece of D	isposition (Neme of cremetory or other ple	T	Dete	20c. Location		
mo	9 0 - 5		1 Suriel 2 ☐ Cremetion 3 ☐ 4 ☐ Donetion 5 ☐ Other (Speci			HILL CEMET		96	BROOKL	VN MA	DVI AND
alti	pemit. Pag Department Important: If any Injury o		21. Signature of Eunerel Service Lice			22. Name and Addre ESTEP BRO	ess of Fecility	50 H	DNOOKL	тт, пл.	KILANU
m	88 2 2 8		1 Tland	y lot	~	1300 EUTA	M DI ACE B	LKAL HU	ME P.A.	AND 2	1217
			23a. Pert1. Enter the discusse, or comshock, or heart fellow. List only	plicetions thet caused the done ceuse on each line.	Do no	enter the mode of dyl	ng, such as cardiac	or respiratory s	rrest,	AND L	1217 Approximete Interval Between
	Physician /Medical Examiner		,				0.5				Onset end Death
П			Immediate Couse (Final disease or condition resulting in death) e. multisystem; organ failure							24 hay	
		je.		Seps15	o (or es e co	nsequence of):					2 110
68760,	w requires that the death certificate be executed to been signed by the attending physician and should be detached for use as the bunal-transit	Examiner	C		0 /01 00 0 00	nsequence of):				i	2 years
			Sequentielly list conditions, if any, leeding to immediate cause. Enter Underlying Ceuse (Disease or Injury				1				
		Medical	that sutified events	cDue to (or es e consequence of):							
		Med	1/10 PSOGS absorber							1	
Box		by Physician/I	d. 1110 43043 (18506)								
0			Pert II. Other significant conditions contributing to death but not resulting in the underlying cause given in Pert I.					23b. Did tobacco use contribute to the cause of death?			
<u>α</u>							10	1 Yes 2 No 3 Probably 4 L			
of Vital Records,								24e. Was	en autopsy	24b. We	ere autopsy findings
000		lete						perfo	ormed?	con	pilable prior to repletion of cause death?
Re	The law ate has b	Medical Certification: To Be Completed						15/	/ Yes 2□No		Yes 2 No
ital	Iclan: The		25. Wes case referred to medical				26. Place of Dee			1 04	7140 20140
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Æ									28f. Location (Street and Number or Rural Route Number, City or Town, State)		
-	Med Ball		29e. Certifier 11 Certifying Phyeician: To the best of my knowledge, deeth occurred at the time, date end place, and due to the cause(s) end menner as steled.								
	24.7. 24.7. 9.6. 9.6.		29e. Certifier 1 ✓ Certifying Pt (Check only one) 2 ✓ Medical Exam	niner: On the basis of examend menner steted.	knowledge, d inetion end/d	or investigation, in my	me, date end placa, opinion, deeth occur	red et the time,	dete and piece,	and due to	the cause(e)
	vithin 24 h		29b. Signeture and title of certifier	/ .		29c. Licens	se number		29d. Date signe	d (Month, L	Dey, Year)
	- > - 0		Vest Wehl	begun /Px	siden	t) D	46536		9	1221	96
	Gi		30. Neme and address of person who	completed cause of deeth (Item 23a) (T)	rpe, Print)	I W Jo			00-	-
_	1		Kurt Weh	berg-M.D.,	22	S. Green	Street,	Balti	mar, 1	Nd	21201
	Sta		31. Dete filed (Month, Dey, Year)	32. Registrer's Si	gneture	-					
	Registr	ar	SEP 27 1996	1 2 murdson	-Mandell	6					

ITEM: 10a, b, c, e, f, 14, 15, 16a, b, 18, 19a, b, 24a, 27 film 739 9-27-9 Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene 95 Certificate of Death 1. Decedent's Neme (First, Middle, Last) 2. Date of Deeth 3. Time of Death 424 AM **Physician** JUNE Bou Iriplia /Medical 4e. Facility Neme (If not institution, give street end number) 4b. City, Town, or Location of Death 4c. County of Death Examiner HOSPITAL OF BALTIMORE BALTIMORE If Undar 24 Hrs. 8. Dete of Birth (Month, Dey, Year) 5. Social Security Number 7. Aga (In yrs. last birthdey) If Undar 1 Yaar Birthpleca (State or Foreign Country) **Funeral** JØM 2□F SS JUNE Months Deys Director MD Usual Rasidence of Decedent Pages 1 and 2 should be filed within 72 hours after deeth with the Maryland near of Health and Mantal Hygiere.

nt: if Nem 27 is marked other than "natural", or Nems 23s or 28s-f show r 28a-f show 10e State 10h Counts 10c. City. Town or Location 10d. Insida City Limits BALTIMORE BALTIMORE 1 Yes 2 No Director 10e. Street and Number 10f. Zip Code 10g. Citizen of What Country? ms 23a or 7 USA 3410 FAIRVIEW RD 21207 by Funeral 7 is merked other than "natural", or items traumatic event, the Medical Examples in 11. Marital Status 12. Was Decedent Ever in U,S. Armed Forcas? Wes Decedent of Hispenic Origin? (Specify Yas or No-If Yes, apecify Cuban, Mexican, Puarto Rican, etc.) 14. Race - American Indian. Bleck, White, etc. ty□ Never Merried 2 Married 1 ☐ Yes 2 ☐ No If Yes, Give Yaar or Datas: 1 Yes 2 No Specify: 3 ☐ Widowed 4 ☐ Divorced Completed 16b. Kind of Business/Industry 15. Decedent's Education (Specify only highest grade completed) 16e. Decedent's Usuei Occupation (Give kind of work done during most of working life. DO NOT use retired) Elementery/Secondery (0-12) Coilege (1-4or 5+) 0 INFANT INFANT 17 Fether's Neme (First Middle Last) 18 Mother's Name (First Middle Melden Sumeme) Be DON YELLE KATRICE TRIPLIN 19b. Mailing Address (Street and Number or Rural Route Number, City or Town, State, Zip Code) 19e. Informent's Neme/Relationship (Type, Print) DON YELLE TRIPLIN 3410 FAIRVIEW RD or other 20b. Place of Disposition (Neme of 20a. Method of Disposition 20c. Location - City or Town, Steta Important: H any injury o Department 4050 4 ☐ Donation 5 ☐ Other (Specify) 22. Name and Addrass of Fecility 21 Signeture of Edgeral Service Licensee W. BILVEDERE 2401 114A1 23a. Pert1. Enter the disease, or complications that caused the deeth. Do not enter the mode of dying, such as cardiac or respiratory errest, shock, or heart failure. List only one cause on each line. Approximate interval Between Onset and Deeth **Physician** /Medical tmmediate Ceuse (Finet 55 MIN PREMATURIT EXTREME disease or condition resulting in deeth) Examiner Due to (or es a consequenca of) Examiner attending physician and for use as the buriel-transit Sequentially tist conditions, if eny, leading to immediate cause. Enter Underlying Ceuse (Disease or Injury that initiated events rasulting in death) Last Due to (or es a consequence of) Physician/Medical Dua to (or as a consequence of) Pert tl. Other significant conditions contributing to death but not resulting in the underlying cause given in Pert I. 23b. Did tobacco use contribute to the cause of death? been signed by the should be deteched 1 Yes 2 No 3 Probably 4 Unknown þ 24b. Were eutopsy findings available prior to Completed 24a. Wes en autopsy performed? completion of cause of death? ate has 1 Yas 2 □ No 1 ☐ Yas 2 ☐ No After this certificate 25. Wes case referred to medical exeminer? Be 26. Piece of Deeth (Check only one) Other: 4 Nursing Home 5 Residence 8 Other (Specify) 1 Yes 2 No 1 Inpatient 2 2 ER/Outpetient 3 DOA 27. Manner of Death 28c. tnjury at Work? 28d. Describe how injury occurred 28b. Time of 5 Pending investigation 1 X Naturai death. 1 ☐ Yes 2 ☐ No 2 Accident 6 Could not be determined 3 Suicide 28e. Plece of Injury - At home, ferm, street, factory, office building, etc. (Specify) 28f. Location (Street and Number or Rural Route Number, City or Town, State) Direc 4 ☐ Homicide within 24 hours a
To the Funeral D
completely filled Varifying Physicien: To the best of my knowledge, death occurred at the time, dete and pleca, end due to the causa(s) and manner as stated.

2 Medicat Examinar: On the basis of axamination end/or invastigetion, in my opinion, daath occurred at tha time, data and place, and due to the cause(s) end manner steted. edical 29e. Certifier (Check only one) 29b. Signeture and title of cartifles 29c. License number 29d. Data signed (Month, Day, Year) ad address of person who completed cause of deeth (item 23e) (Type, Print) 2300 GarrismBlvd. Balta.

State Registrar narles

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31. Dete filed (Month, Day, Year)

7 1996

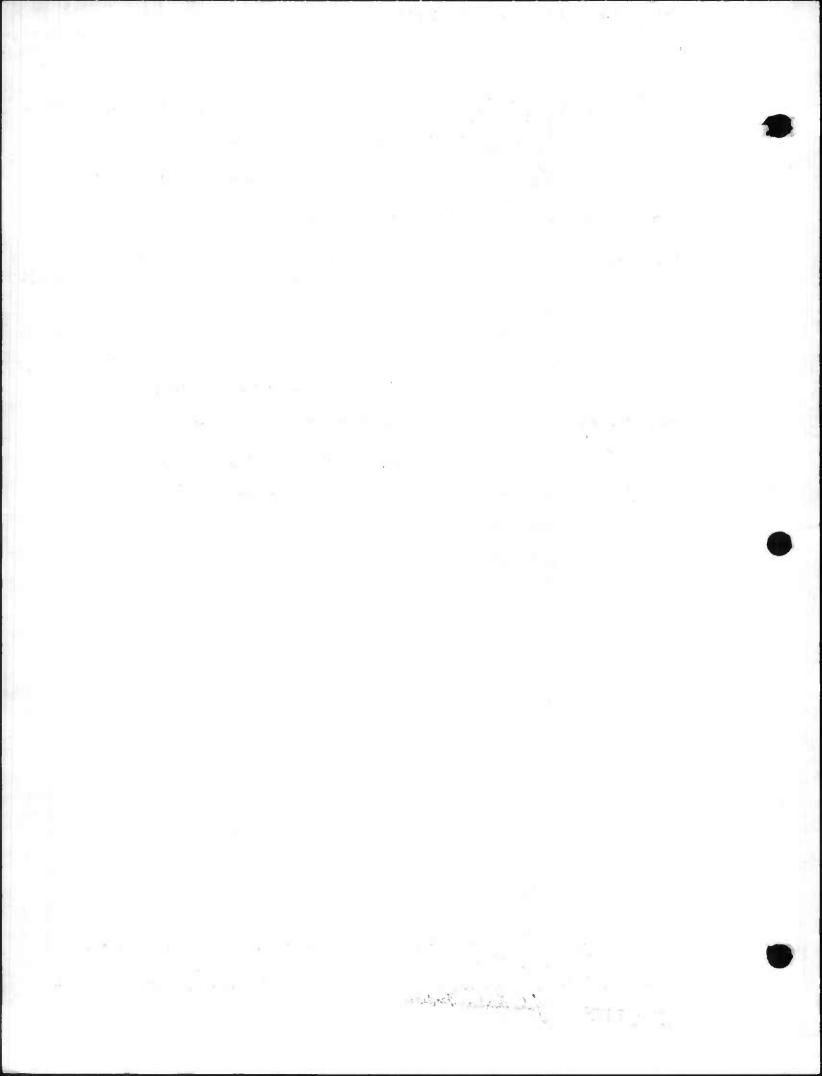
AHR

Baltimore, Maryland 21215-0020

The law requires that the death certificate be executed

To the Hospital or Attending Physician:

Division of Vital Records, P.O. Box 68760,



State of Maryland / Department of Health and Mental Hygiene 9 6 Certificate of Death 1. Decedent's Name (First, Middle, Last) 2. Date of Death 3. Time of Death Month

Physician /Medicai Examiner

.Funeral Director

r than "natural", or items 23s or 28s-f show the Medical Examiner must be notified at Hygiene.

Usual Residence of Deceden 10a. State 10b. County 10c. City, Town or Location MD. Director Howard Ellicott City 10e. Street and Number 10f. Zip Code 8337 Montgomery Run Rd., Apt. G 21043 Funeral 12. Was Decedent Evar in U,S. Armed Forcas? Was Decedent of Hispanic Origin? (Specify Yes or No-If Yes, specify Cuban, Mexicen, Puerto Ricen, atc.) filed within 72 hours after 1 Yes 2 No If Yes. Giva 1 Nevar Marriad 35 Married altimore, Maryland 21215-0020 1 ☐ Yes 2 ☑ No Specify: 2 Yaar or Dates: 43-46 3 Widowed 4 Divorced Completed 16a. Decedent's Usual Occupation (Give kind of work done during most of working life. DO NOT use retired) 15. Decedent's Education (Spacify only highest grade completed) Elementary/Secondary (0-12) College (1-4or 5+) permit. Pages 1 and 2 should be filled will Department of Health and Mental Hygiern Important: If Nem 27 is marked other than any Injury or other traumatic event examples. 5+ accountant 17. Father's Name (First, Middle, Last) Be Joseph Alphonsus Uhlhorn 19a. Informant's Name/Relationship (Type, Print) Helen Uhlhorn (Wife) 20b. Place of Disposition (Neme of cemetery, cremetory or other place) 20a. Method of Disposition Date 1 ■ Burlal 2 □ Cremation 3 □ Removal from State Crestlawn Cemetery 4 ☐ Donetion 5 ☐ Other (Specify) 21. Signature of Funaral Service Licensee 22. Name and Address of Facility Witzke Funeral Homes Inc. **Physician** Immediete Cause (Final disaase or condition rasulting in death) /Medical Responsting Examiner Examiner Aspsration preumatic the death certificate be executed Sequentially list conditions, if any, leeding to immediate ceuse. Enter Underlying Cause (Disease or Injury pue buriel-tran Box 68760, 2084-412706 attending physician for use as the burie SOITLIMA Physician/Medicai that initiated events resulting in death) Last Due to (or as a consequence of) P.O. Part II. Other significant conditions contributing to death but not resulting in the undarlying ceuse given in Part I. Christ animin Records. δ Completed Division of Vital or Attending Physician: 25. Wes cese referred to medicel axaminer? Be 26. Place of Death (Check only one) Hospital: 1 ☐ Inpetient 2 ☐ ER/Outpatient 3 ☐ DOA 2 1 Yes 2 No this 27. Manner of Death 28a. Date of Injury (Month, Dev Year) 28c. Injury at Work? Certification: 28b. Time of After 1 Natural 2 Accident 5 Pending Investigation 24 hours after deeth.

Funeral Director: After the funeral in by the funeral process. 1 ☐ Yes 2 ☐ No 6 Could not be determined 3 ☐ Suicide 28e. Place of Injury - At home, farm, street, factory, office building, etc. (Specify) 4 Homlcide Hospital Medical 29a. Certifier (Check only one) 29b. Signature and title of certifier 29c. License number 0 030573 30. Name and add ess of person who completed cause of death (Item 23a) (Type, Print) Jon K. Minford

32. Registrar's Signature

all Savider Re

JOSEPH ALPHONSUS UHLHORN Sept. 20, 1996 5:20 pm 4a. Facility Name (If not Institution, give street and number) 4b. City, Town, or Location of Death 4c. County of Death 8337 Montgomery Run Rd., Apt. G Ellicott City Howard 7. Age (In yrs. last birthday) If Under 1 Year If Under 24 Hrs. 8. Date of Birth (Month, Dey, Year) 5. Social Security Number 6 Sax Birthplace (State or Foraign Country) M 2□ F Months Days Hours Yrs. 217-14-2076 May 18, 1922 MD. 10d. Inside City Limits 1 ☐ Yes 2√ No 10g. Citizen of What Country? USA 14. Race - Amarican Indian, Black, White, etc. Specify: white 16b. Kind of Business/Industry Amoco Oil 18. Mothar's Nama (First, Middla, Malden Sumema) Helen Marie Hoffman 19b. Malling Address (Street end Number or Rurel Route Number, City or Town, State, Zip Code) 21043 8337 Montgomery Run Rd., Apt. G, Ellicott City, MD 20c. Location - City or Town, State Sept. 24,1996 Marriottsville, MD 5555 Twin Knolls Rd., Columbia MD 21045 23a. Part1. Enter the disease, or compile a one that caused the death. Do not antar the mode of dying, such as cerdiac or respiratory arrest, shock, or heart fallura. List only only dause on each line. Approximate Intervel Between Onset and Death 23b. Did tobacco use contributs to the cause of death? 1 Yes 2 No 3 Probably 4 Unknown 24b. Were autopsy findings available prior to 24a. Was an autopsy completion of cause of death? 2 No 1 Yes 1 ☐ Yes 2 No Other: 4 Nursing Home 5 Residence 6 Other (Specify) 28d. Describe how injury occurred 281. Location (Street end Number or Rurel Route Number, City or Town, Stete) Certifying Physician: To the best of my knowledge, death occurred at the time, date end place, end due to the cause(s) and manner as stated.

2 Medical Examiner: On the basis of examination and/or investigetion, in my opinion, death occurred at the time, dete and place, and due to the cause(s) and manner stated. 29d. Date signed (Month, Dey, Year) SEPTEMBER 23 1996 11065 Little Patuxent Parkway, Columbia MD 21044

DHMH 16 Rev 6/95

State

Registrar

31. Date filed (Month, Dey, Year)

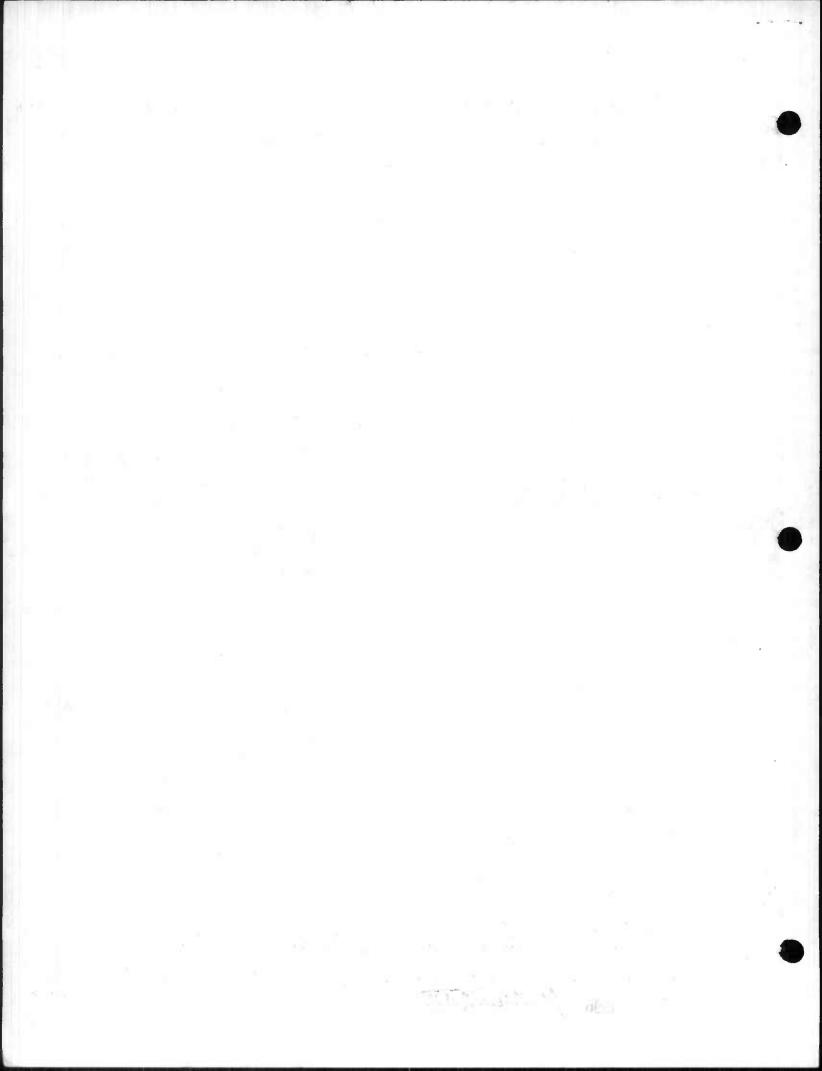
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State of Maryland / Department of Health and Mental Hygiene

Certificate of Death

28859

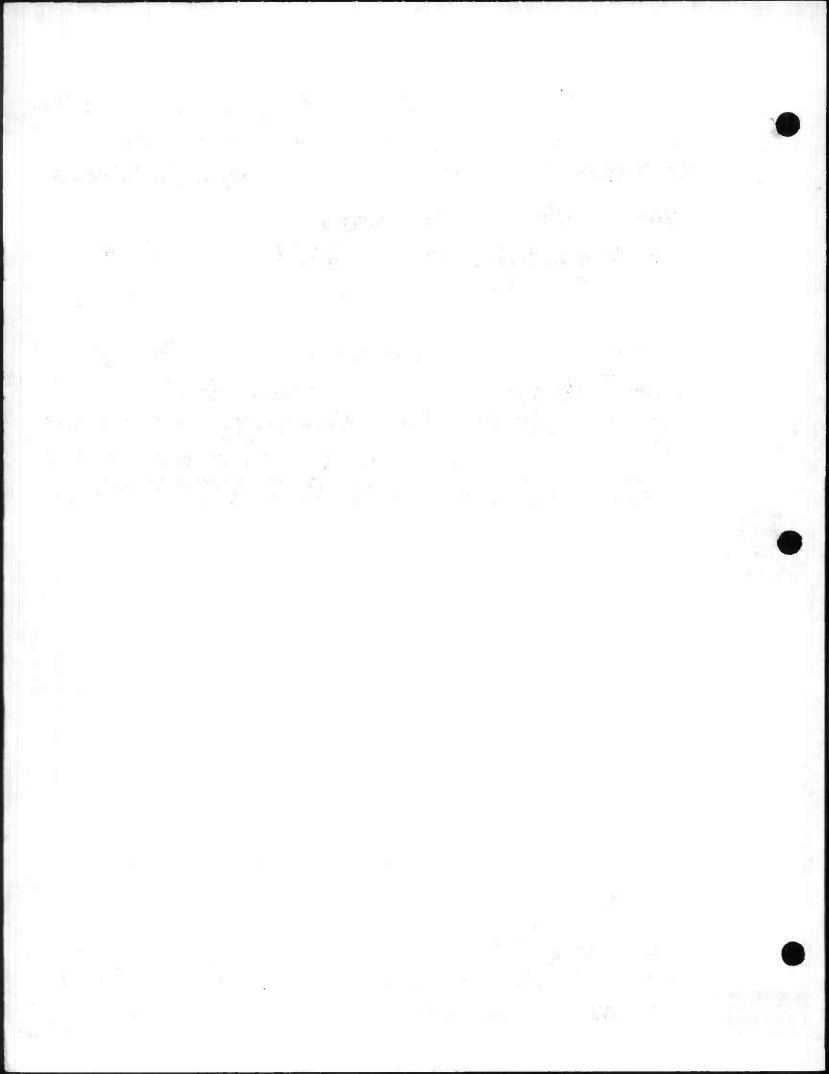
	_		Certifica	ite or Death	1	Reg. No.		
Physic		1. Decedent's Name (First, Middle, Last)			2. Date of Dec	Day	3. Time of Deeth	
/Medi Exami		4a. Facility Name (if not institution, give street and number)		4b. City, Town, o	Septen or Location of Death	-	1996 8: 40 P.A	
Exami	ier	Gilchrist Center		Towso			timore	
Funeral		5. Sociel Security Number 6. Sex 7. Age (In	- 4 / Month	er 1 Year If Under 24 H	rs. 8. Date of Birt		9. Birthplace (State or Foreign	
Director		2/3 - 18 - 1529 12 M 2□ F Usual Residence of Decedent	76 Yrs.	170010	March	6, 1920	Maryland	
within 72 hours after death with the Maryland ene. than "natural", or items 23a or 28a-1 show in Mad-cal Exterinet must be notified at			c. City, Town or Location				10d. inside City Limits	
Mary Filed	tor	Maryland Baltimore	Papkville			1 ☐ Yes 2 Divo		
af', or items 23a or 28a-f show Extended over the political at	Director	10e. Street and Number	101. 2	lip Code		10g. Citizen of W	het Country?	
23a	ral	8705 Wendell Ave.		21234		U.	S.A.	
Nem	Funeral	11. Maritei Status 12. Was Decedent Ever Armed Forces?	In U,S. 13. Was Dec	edent of Hispantc Origin? ecify Cuban, Mexican, Pu	(Specify Yes or No- erto Rican, etc.)	14. Race Bieck	- American Indian, , White, etc.	
, o	by F	1 Never Married 2 Married 1 Yes 2 No 3 Widowed 4 Divorced 1 Yes, Give Yeer or Dates: W	NII 1□ Yes	2 No Specify:		Specify:	White	
"netural", edical Exe		15. Decedent's Education		uai Occupetion rork done during most of w use ratired)		16b. Kind of Bus	siness/Industry	
The Med	Completed	(Specify only highest grade completed) Elementary/Secondary (0-12) College (1-4or 5+)	iffe. DO NOT	use ratired)	ronking	Baltim	ORE	
omer u		17. Fether's Name (First, Middle, Last)	Chief 1	IDRARIAN		Ju	N Paper	
matic eve	Be C	Chall P Viter		E/12	ame (First, Middle,	Majden Sumame	nole	
	To	19a. Informent's Name/Relationship (Type, Print)	19b. Mailing Addre	ss (Street end Number or	Rurei Route Numbe	or, City or Town, S	Stete, Zip Code)	
r tra		GRace Vitek / wife	8705 W	Jon 1011 Ave	PAPKU	16. M	Pulant 21274	
important: if Itam 27 any injury or other tonce.		15/2 of 0 000 of 0	Ob. Place of Disposition (N cemetery, crematory of	eme of other place)	Selle.	20c. Location - C	City or Town, State	
		4 Donetion 5 Other (Specify)	Julaney Vall	ey Memorial	21,1996	TIMONIL	im Makuland	
any injury		21. Signature of Funeral Service Licensee	22. Name (and Address of Facility	Memorie	\$ 8800		
- 4		General Collegency	CVICIO	4694.5.		Baltimon	eo. Md. 21234	
		23a. Part T. Enter the disease, or complication of that caused the shock, or heart failure. List only one cause on each line.	death. Do not enter the mo	ode of dying, such as card	iec or respiratory ar	rest,	Approximate tnterval Between Onset end Death	
cian lical		tmmedlete Cause (Final	1 1 1 1	Carrel	001	40	18 mont	
niner		rosalling in dealtr)	A STATIC to (or as a consequence of	CANCEL	T.	orig	18 Print	
sit	Examiner	a b				J		
s the burial-transit	xar	Sequentially list conditions, if eny, leading to immediate cause. Enter Underlying						
e buri		that initiated events	to (or as a consequenca of					
as	fedical	resulting In death) Last						
or usa as t	an/M	d						
hed fo	Physicia	Part II. Other significant conditions contributing to death but no	t resulting in the underlying	cause given in Part i.	23b. Did t	obacco use cont	ribute to the cause of death?	
be detached for		None	None					
ed b	d by				24a. Was	an autoney	24b. Were autopsy findings	
should	Completed					med?	evaliable prior to completion of cause of death?	
paga 2	ошо				1 D Y	es 2 No	1 Yes 2 No	
rector, pag	BeC	25. Wes case referred to medical		26. Place of D	eeth (Check only o		10.169 20.140	
al director,	To	examiner? 1 ☐ Yes 2 No Hospital: 1 ☐ inpatient	2 ☐ ER/Outpatient 3 ☐ D	Other: 4 Nursing	Home 5 ☐ Resid	enca 6 Other	(Specify) Hospice	
funera	ion:	27. Manner of Deeth 1 Natural 5 Pending 28e. Dete of injury (Month, Dey Yes		28c. injury et Work?	28d. Describe h	ow Injury occurre	d /	
y the	licat	2 Accident Investigation 3 Suicide 6 Could not be	At home, farm, street, facto	1 Yes 2 No	28f Location /S	Ymet and Number	r or Rurei Route Number,	
3	Certification:	4 Homicide determined 200. Prece of injury - building, etc. (Sp.	pecify)	ry, office	City or Tow	n, Stete)	or narer noute rainiber,	
		29a. Certifier Certifying Phyaician: To the best of my	knowledge, deeth occurred	d at the time, date and place	e, and due to the o	ause(s) end man	ner as stated.	
23	edicai	(Check only one) 2 Medical Examiner: On the basis of examiner and menner stated.	mination end/or investigatio	n, in my opinion, death occ	curred et the time, o	late end piace, ar	nd due to the cause(s)	
Ton	Σ	29b. Signature and title of partifier	_ 3	29d. Dete signed (Month, Dey, Year) 9/18/96 Charles St. Balto. Md Z(20)4				
1		71- Mongreller	nno	125005		7/18/9	6	
10		30. Name and address of person who course hed cause of death W. Anthony Riley 10.	(Item 23e) (Type, Print) GBMC	1701 A/	Chada	ct	Balta MI	
Sta	te		GAMIC	6/01 14.	CMATCE	> 31.	Z(204	
Registr	ar	SEP 2 1996	Ab-frago				/	



State of Maryland / Department of Health and Mental Hygiene

28860 Certificate of Death 1. Decedent's Neme (First, Middle, Last) 2. Date of Deeth 3. Time of Death **Physician** VAUGHN Month CLINT SEPT 1996 /Medical 4e. Facility Neme (If not institution, give street end number) 4b. City, Town, or Location of Deeth **Examiner** BALTIMORE SECOURS HOSPITAL BON 5. Social Security Number Year If Under 24 Hrs. 9. Birthplace (State or Foreign **Funeral** 18M 2DF Director 10a. State 10b. County 10d. Inside City Limits 28a-f show 1 PYes 2 No Director 10g. Citizen of What Country? "natural", or items 23a or Funeral Was Decedent of Hispanic Origin? (Specify Yes or No If Yes, specify Cuban, Mexican, Puerto Rican, etc.) Race - American Indian Bieck, White, etc. Marital Statue permit. Pages 1 and 2 should be filed within 72 hours efter Dependent of Health and Mental Hygiene. Important: If flem 27 is marked other than "natural", or fle any Injury or other traumatic event, the Mental of Engine. 2 Married 1 Never Married TYes Baltimore, Maryland 21215-0020 1□ Yes 20 No Specify by 3 Widowed 4 Divorced Be Completed 15. Decedent's Education (Specify only highest grade completed) 16a. Decadent's Usuel Occupation 16b. Kind of Business/Industry Give kind of work done during most of working life DO NOT use retired) Elementary/Secondary (0-12) College (1-4or 5+) 2 20b. Place of Disposition (Neme o d of Disposition 1 Buriai 2 □ Cremation 4 ☐ Donetion S ☐ Other (Specify) neral Service License Approximate Interval Between Onset end Death **Physician** Immedible Ceuse (Finel disease or condition resulting in death) /Medical Examiner Physician/Medical Examiner SEPSIS To the Hospital or Ananding Physician: The lew requires that the death certificate be executed with 24 highs after death.

To the Putarial Director After this certificate has been signed by the attending physician and Sequentielly list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or injury that initiated events resulting in death) Last the burial-tran P.O. Box 68760, Pert II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 23b. Did tobacco use contribute to the cause of death? 3 Probably 4 Unknown 1 Yes 2 No w Division of Vital Records, þ Certification: To Be Completed 24b. Were autopsy findings available prior to 24a. Was en autopsy completion of cause of death? 2 12 No 1 Yes 1 ☐ Yas 2 ☐ No 25. Was case referred to medical examiner? 26. Place of Death (Check only one) Other: 4 Nursing Home 5 Residence 6 Other (Specify) Hospitel: 1 Yes 2 No 1 D Inpatient 2 ER/Outpatient 3 DOA 27. Menner of Death Dete of Injury (Month, Dey Year) 28c. Injury at Work? 28d. Describe how injury occurred 5 Pending investigation 1 Yes 2 No 2 Accident 6 Could not be determined 3 ☐ Suicide 28e. Place of Injury - At home, farm, street, factory, office building, etc. (Specify) Location (Street and Number or Rural Route Number, City or Town, State) E 4 Homlcide 10. Certifying Physician: To the best of my knowledge, deeth occurred at the time, dete and place, and due to the ceuse(s) and manner as stated.
2 Medical Examiner: On the basis of examination end/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and manner stated. 29e. Certifier Medical (Check only one) 29b. Signeture and title of certifier 29c. License number 29d. Date signed (Month, Dey, Year) 30. Name and address of person who complete Sewars Hos Prtai se of death (Item 23e) (Type, Print) Baltimo St. WW Baltun Mo 31. Dete filed (Month, Day, Year) 32. Registrer's Signature State 2/223 SEP 2 7 1996 Registrar



State of Maryland / Department of Health and Mental Hygiene

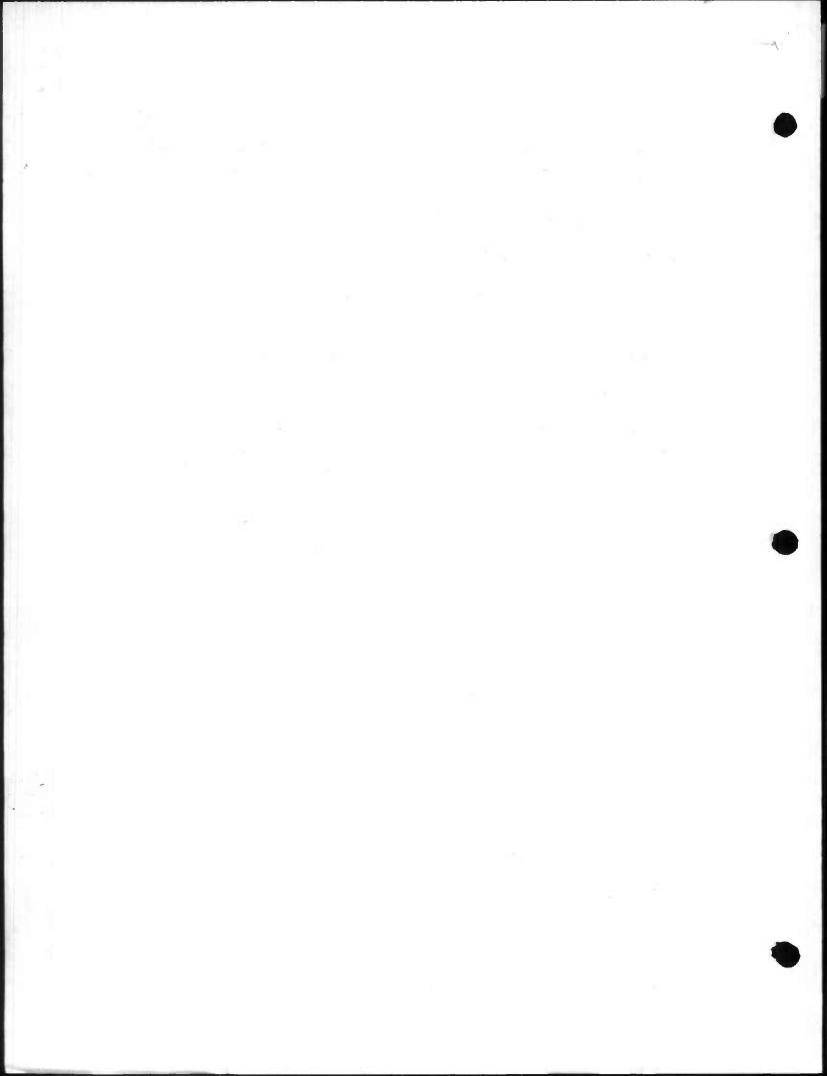
Certificate of Death 1. Decedent's Name (First, Middle, Last) 2. Dete of Death 3. Time of Deeth **Physician** SEPT 21, 1996 VINNEDGE ANN Τ. . 7:00PM /Medical 4a. Fecliity Neme (If not institution, give street end number) 4b. City. Town, or Location of Deeth 4c. County of Death **Examiner** FAIRFIELD NURSING CENETR CROWNSVILLE A.A. If Under 1 Yeer | If Under 24 Hrs. | 8. Dete of Birth (Month, Day, Year) 5. Social Security Number 7. Age (In yrs. last birthdey) Birthpiece (State or Foreign Country) **Funeral** 1□ M 2☐F Yrs. Director 559-16-2911 Feb. 21, 1917 Missouri Usual Residence of Decedent the Maryland 10e. Stete 10b. County 10c. City, Town or Location 10d. tnside City Limits show items 23a or 28a-f shov liver mast be notified at NV Yerington 721 River Ave. Director 1 ☐ Yes 2X No 10e. Street end Number 10f. Zip Code 10g. Citizen of Whet Country? with 721 River Ave. 89446 USA Funeral filed within 72 hours after death 12. Was Decedent Ever in U,S. Armed Forces? 11. Maritel Stetus Wes Decedent of Hispanic Origin? (Specify Yes or No-If Yes, specify Cuben, Mexican, Puerto Rican, etc.) 14. Raca - American Indien, Bleck, White, etc. 1 ☐ Never Merried 2 ☐ Merried 1 ☐ Yes 2 ☑ No If Yes, Give Yeer or Detes: Baltimore, Maryland 21215-0020 ò Completed by 1 ☐ Yes 2 ☑ No Specify: White Specify: 3X Widowed 4 □ Divorced "natural", traumatic event, the Medical 15. Decedent's Education (Specify only highest grede completed) 16a. Decedent's Usuel Occupetion (Give kind of work done during most of working life. DO NOT use retired) 16b. Kind of Business/Industry Pages 1 and 2 should be filed within nent of Health and Mental Hygiene. int: If Item 27 Is marked other than ' Elementary/Secondary (0-12) Coilege (1-4or 5+) Bookkeeper Retail Produce 17. Father's Neme (First, Middle, Last) 18. Mother's Name (First, Middle, Maiden Sumeme) Be Harry Kaiser Myrtle Gilman 19e. Informant's Name/Relationship (Type, Print) 19b. Meiling Address (Street end Number or Rurel Route Number, City or Town, Stete, Zip Code) Don Roy Vinnedge 1220 R. Gemini Dr. Annapolis, MD 21403 or other t 20a. Method of Disposition 20b. Place of Disposition (Neme of cemetery, cremetory or other pleca) 20c. Location - City or Town, Stete 1 ☐ Buriai 2 ☐ Cremetion 3 ☐ Removel from State Department of Important: If any injury or once. 9/24 Baltimore, MD Metro Crematory 4 ☐ Donation 5 ☐ Other (Specify) 21. Signature of Funeral Segrice Licensee 22. Name and Address of Fecility Hardesty Funeral Home, P.A. 12 Ridgely Ave. Annapolis, MD 23a. Part1. Enter the disease, or complications that caused the deeth. Do not enter the mode of dying, such as cardiec or respiretory errest, shock, or heart failure. List only one cause on each line. Approximete intervei Between Onset and Death **Physician** /Medical immediate Cause (Finel disease or condition resulting in deeth) y ears **Examiner** The law requires that the death certificate be executed use es the buriel-tran Sequentially list conditions, if eny, leading to immediate cause. Enter Underlying Cause (Diseese or injury that initiated events resulting in deeth) Last Due to (or es a consequenca of) Islon of Vital Records, P.O. Box 68760, Physician/Medical Due to (or es e consequenca of) Pert ii. Other significant conditions contributing to death but not resulting in the underlying cause given in Part i. 23b. Did tobacco usa contribute to the cause of death? 110 signed by 1 ☐ Yes 2 ☑ No 3 ☐ Probably 4 ☐ Unknown Dely drakon þ ector, page 2 should be Completed 24b. Were autopsy findings aveileble prior to 24e. Was en eutopsy performed? peen : completion of cause of death? certificate has 1 Yes 2 No 1 Yes 2 No Be 25. Was case referred to medical 26. Piece of Deeth (Check only one) Other: 4 Nursing Home 5 Residence 6 Other (Specify) 2 1 Yes 2 No 1 Inpatient 2 ER/Outpatient 3 DOA this 27. Manner of Deeth 28a. Dete of injury (Month, Dey Year) Certification: 28b. Time of 28c. injury at Work? 28d. Describe how Injury occurred guipus Atter 5 Pending Investigation 1 Naturai 1 ☐ Yes 2 ☐ No 2 Accident 6 Could not be determined 3 Sulcide 28e. Place of injury - At home, farm, street, fectory, office building, etc. (Specify) 28f. Location (Street end Number or Rurel Route Number, City or Town, Stete) 4 ☐ Homicide Medical 29a. Certifier 1 🗹 Certifying Physician: To the best of my knowledge, deeth occurred et the time, dete end place, end due to the cause(s) and manner as steted. (Check only one) 2 Medical Examinar: On the basis of examinetion and/or investigetion, in my opinion, death occurred et the time, date and piece, end due to the cause(s) end menner stated. 29b. Signature and title of certifier 29c. License number 29d. Date signed (Month, Dey, Year) M D 38958 30. Name and address of person who completed cause of deeth (Item 23a) (Type, Print), MD, 1413 Annapoles Road #106, oderten MD 21113 Silhu 31. Dete filed (Month, Dev. Year) SEP 2 7 1996 32. Registrar's Signeture State

Registrar

State of Maryland / Department of Health and Mental Hygiene

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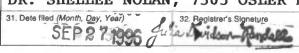


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Certificate of Death Reg. No.		
State of Maryland / Department of Health and Mental Hygiene	96	
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State Registrar



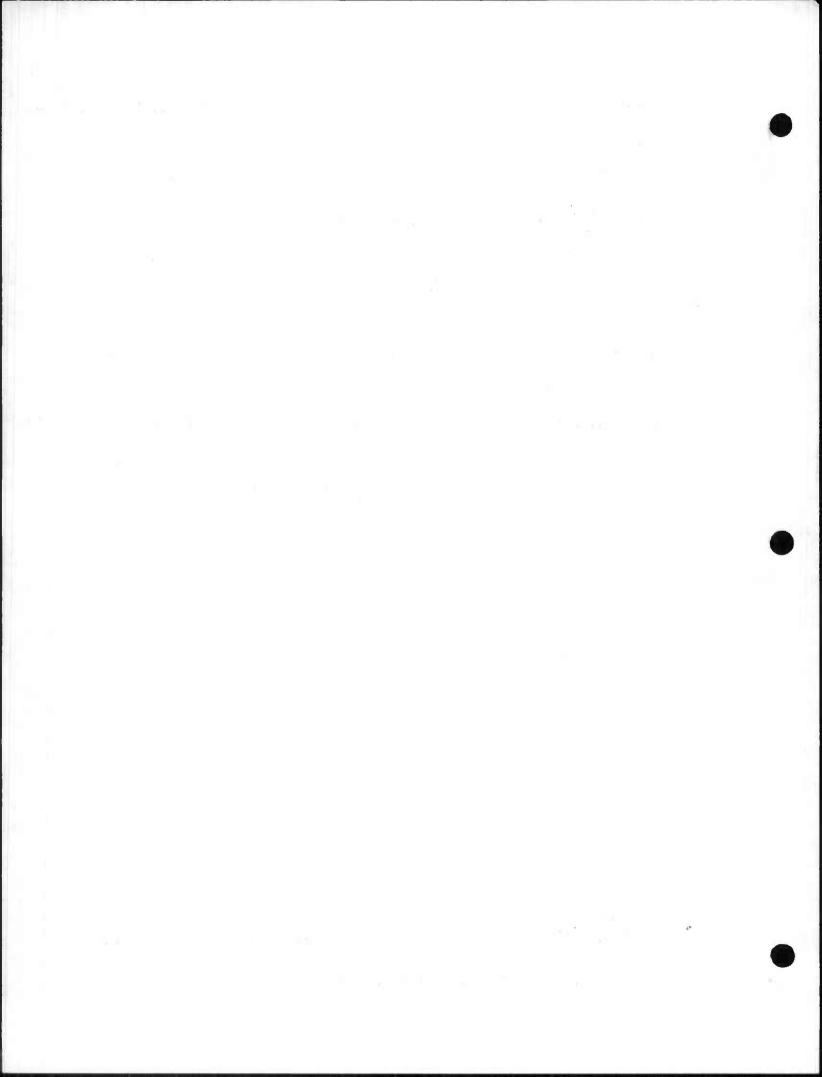
State of Maryland / Department of Health and Mental Hygiene Certificate of Death

28864

1. Decedant's Nama (First, Middle, Last) 2. Date of Death 25 1996 **Physician** Month Henry William . Wise September 1:30 p.m. /Medical 4b. City, Town, or Location of Death 4a. Facility Nama (If not institution, give street and number) 4c. County of Deeth Examiner Stella Maris Hospice Towson Baltimore | If Under 1 Yeer | If Under 24 Hrs. | 8. Deta of Birth (Mooth, Day, Year) | Min. | Min. | March 2, 1909 5. Social Security Number 9. Birthplece (Stata or Foreign Country) Maryland 7. Age (In yrs. lest birthday) **Funeral** 1 XM 2 □ F Yrs Director 215-10-3419 87 Usual Rasidance of Decedent with the Meryland 10a Stete 10b Counts 10c. City, Town or Location 10d. Inside City Limits 7 is marked other than "natural", or itema 23a or 28a-f ehow treumstic event, the Medical Examinar must be notified at Director 1 ☐ Yas 2 No Baltimore Rodgers Forge Maryland 10e. Street and Number 10f. Zip Coda 10g. Citizan of What Country? 21212 206 Murdock Road U.S.A. Funeral 12. Wes Decedent Evar in U,S. Armed Forcas? 1 ⊠Yas 2 □ No If Yas, Giva Yaar or Dates: WWII Was Decedant of Hispanic Origin? (Specify Yes or No-lf Yas, specify Cuben, Maxican, Puerto Rican, etc.) 11. Merital Status 14. Race - American Indian, Bleck, Whita, atc. 72 hours after 1 Nevar Married 2 Married Baltlmore, Maryland 21215-0020 1 Yes 2 No Specify: þ 3 Widowed 4 □ Divorced Specify: White Completed 16a. Decedant's Usuel Occupation (Giva kind of work done during most of working lifa. DO NOT usa retired) 15. Decedant's Education (Specify only highest grada complated) 16b. Kind of Businass/Industry pemit. Peges 1 and 2 should be filed within 7 Department of Health and Mental thygiene. Important: If item 27 is marked other than "r eny injury or other treumatic event, one Med Elemantery/Secondary (0-12) College (1-4or 5+) Letter Carrier Postal Service 8 years 17. Fathar's Name (First, Middla, Last) 18. Mothar's Nama (First, Middle, Maiden Sumama) John Wise Barbara Kahl 19a. Informant's Neme/Ralationship (Type, Print) 19b. Malling Addrass (Straat and Number or Rural Routa Number, City or Town, State, Zip Code) Elizabeth Coward (niece) 8439 Pleasant Plains Road Baltimore, Maryland 21286 20b. Place of Disposition (Nama of cemetary, cremetory or other place) 20e. Mathod of Disposition 20c. Location - City or Town, Stata 1 ABuriel 2 Cramation 3 Ramoval Irom State Dulaney Valley Memorial Gardens 9-28-96 4 ☐ Donation 5 ☐ Othar (Specify) Timonium, Maryland 21. Signatura of Funaral Sarvice Licensee 22. Nama end Address of Facility
Mitchell-Wiedefeld Home 6500 York Road Baltimore, Maryland 21212 Part 1. Enter the diseased or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory errest, shock, or heart fellure. Eist only one cause on each line. Approximata Intarvai Between Onset end Death **Physician** /Medical Immediata Causa (Final disease or condition rasulting in daath) . Chronic Lung Disease Examiner Dua to (or as a consequance of): Examiner physician and s the buriel-transit thet the death certificate be executed Sequantially list conditions, if any, leeding to immediata causa. Enter Undarlying Cause (Disaasa or Injury that infliated avants rasulting in death) Last Dua to (or as a consequence of): Box 68760 Physician/Medicai Dua to (or as a consequence of): for use es P.O. ed by the a Part II. Other significant conditions contributing to death but not rasulting in the underlying cause given in Part I. 23b. Did tobacco use contribute to the cause of death? ate has been signed by page 2 should be detac 1 Yes 2 No 3 Probably 4 Unknown Records, þ Completed 24a. Was an autopsy performed? 24b. Ware autopsy lindings available prior to completion of cause of death? 1 Yes 2 No 1 ☐ Yas 2 ☐ No certificate Division of Vital l or Attending Physician: after death. 25. Was casa ralarred to madical examinar? director Be 26. Placa of Death (Check only one) Other: 4 12 Nursing Homa 5 - Rasidance 8 Other (Specify) 1 Yas 2 No Certification: To 1 ☐ Inpatient 2 ☐ ER/Outpatient 3 ☐ DOA this funeral 27. Manner of Death 28a. Data of Injury (Month, Day Year) 28b. Tima of 28c. Injury at Work? 28d. Dascribe how Injury occurred After 5 Panding investigation 1 2 Naturai 1 ☐ Yes 2 ☐ No 2 Accident Director: / 28f. Location (Street and Number or Rural Route Number, City or Town, State) 3 Sulcide 6 Could not be datamined 28a. Place of Injury - At home, Ierm, straat, lactory, office building, atc. (Specify) 4 Homleida Hospital 24 hours a 24 hours Funeral edicai 1 Certifying Physician: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(s) and manner as stated.

2 Medical Examiner: On the best of examinetion end/or invastigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and manner stated. 29a, Cartifian To the 29b. Signeture and title of certifier 29c. Ligense number 29d. Dete signed (Month, Day, Year) Udkhods 155 04 9 26 96 30. Nama and address of person who complated causa of death (Itam 23a) (Type, Print) Eddie Nakhuda, M.D. 2300 Dulaney Valley Road, Towson, MD 31. Data liled (Month, Day, Year) SEP 2 7 1996 32. Ragistrar's Signatura State w son- Gandell

Registrar



				State of M	arylan		artment of l artificate of	Health and N Death		giene Reg. No.	16	28865
	Physic		1. Decedent's Neme (First, Middla, Jeanette	Last)			Wi	lkins	2. Dete of De Month Q	eth Dey	Year L 996	3. Time of Deeth 7:59 A. N
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	Mery Fred	tor	MD N/A				BAL	TO.				Yas 2□No
	or 28	Director	10e. Street end Number				10f. Zip Code			10g. Citizen of V		ry?
	ath w	ral	3628 A VALLEY	TERRACE			212			U.S.A		
21215-0020	be filed within 72 hours efter death with the Meryland stall thygiene. Id other than "natural", or flems 23s or 28s-f show event, the Medical Examiner must be notified at	by Funeral	11. Meritei Stetus 1 □ Never Married ② Merried 3 □ Widowed 4 □ Divorced	12. Wes Decedent Armed Forces? 1		,S. 13.	Wes Decedent of If Yes, specify Cub 1 ☐ Yes 2 🗓 No	Hispenic Origin? (Spen, Mexican, Puerto Specify:	pecify Yes or No Bican, etc.)		e - America ck, White, e .: BLA	etc.
5-0	72 h	Completed	15. Decedent's (Specify only highest)	Education grada completed)		(Giv	edent's Usuel Occu e kind of work done	during most of world	king	16b. Kind of Bu	ısiness/Indi	ustry
121	filed within Hygiene.	mpl	Elemantery/Secondery (0-12)	College (1-4or	5+)		DO NOT use rating			N/A		
	al Hygid other	e Cc	12th 17. Fether's Neme (First, Middle, La	N/A st)		0	NEMPLOY	18. Mother's Nam	ne (First, Middle			
Maryland	should be fund Mental I	To Be	UNKNOWN					ANNA H	HENDRI	CKS		
lan	2 sho and N Is ma		19e. Informent's Neme/Reletionship	(Type, Print)		19b. Meii	ing Address (Stree	t end Number or Ru	ral Route Numb	er, City or Town,	State, Zip	Code)
2	lealth m 27 her tr		MONICA RICHAR	DSON	act E			E BALTO	7	1229		
Baltimore,	permit. Peges 1 and 2 should be Department of Health and Mente Important: if Item 27 is marked any injury or other traumatic en once.		20e. Method of Disposition **Burial 2 Cremetion 3		206. P	emetery, cre	osition (Neme of emetory or other ple	oce)	Dete SEPT	20c. Location -	City or Tov	vn, Stete
	artme ortant injury		4 □ Donetion 5 □ Other (Spe 21. Signeture of Fundal Service Lic		MT	. ZIO	N CEM	ess of Fecility BE'	5, 96	BALTO		
Ba	Depariment of the population o		1/4	12				CAROLINI		NERL HO		213
	Physician /Medical Examiner	ner	23e. Pert1. Enter the disease, or conshook, or haert failure. List or Immediate Ceusa (Final disease or condition resulting in death)	A CQUIRE	DI		DEFICE					Interval Between Onset end Death
Box 68760,	death certificate be executed e ettending physician and and for use as the buriel-transit	n/Medical Examiner	Sequantially list conditions, if eny, leeding to immediate cause. Enter Underlying Causa (Disaase or injury that initieted avants resulting in deeth) Lest	c		or es e conse						
	death	sicia	Part II. Other significant conditions	contributing to death b	ut not res	ulting in the	underlying cause g	iven in Pert I.	23b. Did	tobacco use co	ntribute to	the cause of death?
S, P.O	es thet the death cerligned by the ettendin be detached for use	by Physician/M							10	Yes 2 No	3 Prob	ably 4 Unknown
Records,	aw requir	Completed b							24e. Wes	an autopsy ormed?	ave	re autopsy findings illable prior to appletion of cause leeth?
									1 🗆	Yes 2 No	10	Yes 2□ No
n of Vital	ding Physician: The i h. Affer this certificate he funeral director, page	n: To Be	25. Wes casa referred to medical exeminer? 1 Yes 22 No 27. Manner of Daeth 20 Naturel 5 Pending	Hospitel: 1 Inpatie 28a. Data of Inju	ıry	ER/Outpatie	INT 3LI DOA		ome 5□ Resi	ona) dence 8 Oth how injury occur)
Division of	or Attendifier deat Mrector: in by the	Certification:	2 Accidant 5 Pending 2 Accidant invastigal 3 Sulcida 6 Could not 4 Homloida determine	ion NA	ury - At ho	ome, ferm, s		Yes 2□No	28f. Location (City or To	Straet and Numb wn, Stete)	er or Rural	Route Number,
	To the Hospital or within 24 hours after To the Funeral Director completely filled in	edical C	29e. Certifier (Check only one) Certifying Medical Ex	Physician: To the best aminer: On the basis of end menner st	examine	wledge, dae tion end/or Ir	th occurred et the to	ime, data and pleca opinion, deeth occur	, and due to the rred et the time,	cause(s) and ma dete end piece,	nnar as sta and due to	ited. the cause(s)
-	To th To th comp	Me	28b. Signal and title of certifier	DOO	14.4	1 =2	29c. Licen	se number		29d. Dete signe	d (Modern, C	lay, Year)
/			Kober E.	Coly &	M	D	D-	19425	•	9/21	1/90	0
1	Q		30. Neme end addrass of person where the second sec	completed tayse of c	leeth (Item	123e) (Type 4615	PARK	HEIGHT	s AVE	1	212	15
	Sta Registr	_	31. Dete filed (Month, Dey, Year) SEP 27 1996	32. Registr	PASINO.	182						

State of Maryland / Department of Health and Mental Hygiene

Certificate of Death

28866

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22221		1 ☐ Yes If Yes, Gir	ve		1	☐ Yes	2X) No	Specify:				Specify	a BI	LACK
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(Specify only	edent's Edu	cation		16a.	Decede	nt's Usue	ei Occup	pation during mos d)	t of work	rina	16b. Ki	nd of B	usiness/In	dustry
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23a. Part1. Enter the disea	se, or comp	licetions thet o	caused the	death. Don	not ente	the mod	de of dyi	ng, such es	cardiec	or respiratory	arrest,			Approxin Intervsi I
snock, or heert fellure	List only o	ne cause on e	ech line.										į	Onset ar
immediate Cause (Finei			_				1		,					935
disease or condition		e	deno	rance	non	~	du	my 6	ene	in			1	1/2
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Sequentially list conditions.		0.	Due	e to (or as e o	consequ	ence of):								
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Part ii. Other significant co	nditions co	ntributing to de	eath but no	ot resulting in	the und	derlying c	ause gi	ven in Pert I		23b. Did	d tobacco	use co	ntributs t	o the caus
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4 ☐ Homicide	etermined	28e. Piece buildi	of injury -	- At home, fer Specify)	m, stre	et, fectory	y, office						per or Run	al Route N
(Check only 2 Me	tifying Phy lical Exami	nar: On the ba	asis of exa	amination end	deeth d	occurred estigetion,	at the ti	me, dete en opinion, des	d piece, th occur	and due to the	e cause(s) e, date end	and me	enner as s	teted. o the ceus
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30. Neme end eddress of pe	rson who co	impleted caus	se of deeth	(Item 23e) (Type, P	rint)								
				(, (TAL E				
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Registrar

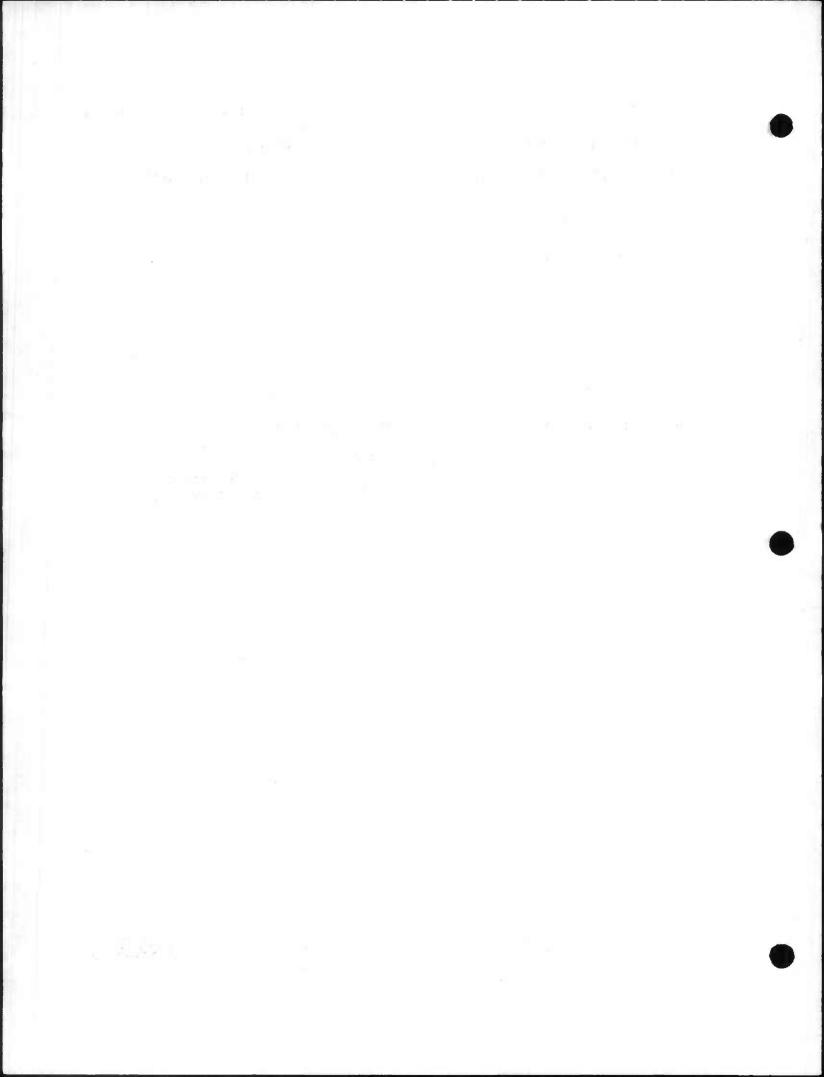
State of Maryland / Department of Health and Mental Hygiene

Certificate of Death

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ľ	Physic		Decedent's Nama (First, Middla, L EDWARD	asi) WATCH				2. Date Mon SEP			3. Time of Death
1	/Medi Examii		4a. Facility Nema (If not Institution, g	iva street and number)			4b. City, Tox	wn, or Location of	1	County of Death	11:10 P.M
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-	Funeral		STELLA MORRI 5. Social Sacurity Number 6.		<u>Y</u> a (In yrs. last birthda)	If Under 1		LTO . 24 Hrs. 8. Dete	of Birth	N/A	hniace (State or Foreign
	Funeral Director		215-52-1118	% SkM 2□F	Yre	Months D	ays Hours		of Birth oth, Day, Year)		hpiace (State or Foraign untry)
	_		Usuel Rasidance of Decedant	4.	/			NOV	5, 19	48	MD
	land		10a. Stata 10b. County		10c. City, Town or L	ocation					10d. Insida City Limits
	r 28a-f ahow	0	MD N/A			BAL	TO				15 Yas 2 No
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	death with the Maryland ms 23a or 28a-f ahow Front be notified at	Funeral	1517 DECKER AV				21213			U.S.A.	
		Š	11. Maritei Status	12. Was Decedant Armed Forcas?		If Yes, specify	of Hispanic Orig Cuban, Maxican	gin? (Specify Yes i, Puarto Rican, a	tc.)	 Race - Amer Biack, White 	
2	8 8		1 Nevar Married 2 Marriad	If Yes, Giva	No	1 Yas 2/	No Specify:			Specify: R	LACK
Š	72 hours natural', dical Ex	d by	3 Widowed 4 Divorced	Year or Detes:		Λ				орошу. В.	DACK
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	s 1 and 2 should I Haalth and Men tem 27 la marka other traumatic		CELESTINE WATC	н	151	7 DEC	KER AVI	E BALTO	MD	21213	
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	/Medical Examiner		Immediata Cause (Finat disaasa or condition	LARYNGE	AL CANCER					1	2 MONTHS
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Division of Vital	Physician: The this certificata ral director, pag	Be	25. Was case refarred to medical examiner?								RIS AT MERC
5	5 00	10	1 ☐ Yes 2 ☐XNo	Hoapital: 1 Inpatie	ant 2 ER/Outpatie	ent 3 DOA	Other: 4 Nu	rsing Home 5 C	Rasidance	8 Other (Spec	cify) HOSPICE
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4	0		30 Name and address of name			Deint		3ELAIR MD	100	00	10
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91

12. Wes Decedent Ever in U.S. Armed Forcas? 1 ☐ Yas ≥ 2 No If Yas, Giva Yeer or Datas:

Yrs.

10c. City, Town or Location

Laurel

State of Maryland / Department of Health and Mental Hygiene Certificate of Death 1. Decedant's Nama (First, Middla, Last) 2. Data of Death 3. Time of the Month 45 AM JOHN 08 4a. Facility Nama (If not institution, give street end number) 4b. City, Town, or Location of Daath 4c. County of Death Laure1
If Undar 24 Hrs. 8. Data of Birth
(Month, Day, Year) Laurel Regional Hospital Prince George's If Undar 1 Year 5. Sociel Sacurity Number 9. Birthplace (State or Foreign Country) West 4 Virginia 7. Age (in yrs. last birthday)

Was Decedant of Hispanic Origin? (Specify Yas or No-If Yes, specify Cuban, Mexican, Puerto Rican, etc.)

Specify:

December 4, 1904

10g. Citizan of What Country? U.S.A.

14. Rece - American Indian, Biack, White, etc.

Specify: White

10d. Insida City Limits

1 ☐ Yas 2 No

Days

10f. Zip Coda

1 ☐ Yas 2 ☐ No

20705

Examiner **Funeral**

Physician

/Medical

579-24-6880

10e. Street and Number

11. Marital Status

10a State

Director

Funeral

ģ

Usual Rasidance of Decedent

10b. County

4605 Quimby Avenue

1 ☐ Never Merriad 2 ☐ Married

3XXWidowed 4 □ Divorced

Maryland Prince George's

9015

14333

Director death with the Manyland 7 is marked other than "natural", or Nema 23s or 28s-f show traumstic event, the Medical Examiner must be notified at

permit. Pages 1 and 2 should be filed within 72 hours after of Department of Health and Mental Hygiene. Important: If Itam 27 ie marked other than "natural", or Nei Phyllury or other traumate event, fre Medial Exammenty injury or other traumate event, fre Medial Examment.

Baltimore, Maryland 21215-0020

Physician /Medical Examiner

physician and the bunal-transit that the death certificate be executed signed by the attending to be detached for use as peen: has certificata director, funeral

P.O. Box 68760,

Records,

Division of Vital

i or Attending Physician: after death. Director: After this certifica To the Hospital or Atte within 24 hours after de To the Funeral Directo completely filled in by the

15. Decedant's Education (Specify only highast grada complated) 16a. Decedant's Usuel Occupation (Giva kind of work dona during most of working lifa. DO NOT usa retired) 16b. Kind of Business/Industry University of Elemantary/Secondary (0-12) Coilege (1-4or 5+) Maryland Supervisor 6 17. Fether's Nema (First, Middla, Last) 18. Mothar's Nama (First, Middle, Maiden Sumeme) Unobtainable Unobtainable 19a. Informant's Neme/Relationship (Type, Print) 19b. Meiling Address (Street and Number or Rural Routa Number, City or Town, State, Zip Code) 4605 Quimby Avenue Laurel, MD 20705 Clarence Ray Amos / Sow 20b. Place of Disposition (Nama of cematary, crematory or other place) 20a. Mathod of Disposition 20c. Location - City or Town, Stata Deta 1 ☐ Burial 2 Cramation 3 ☐ Removal from Stata August Mount Comfort Crematory 4 ☐ Donetion 5 ☐ Othar (Specify) 13, 1996 Alexandria, Virginia 21. Signature of Funeral Service Doensee 22. Name and Address of Fecility Demaine Funeral Homes, Inc 520 South Washington Street, Alexandria, VA 22314 , or complications that caused the death. Do not antar tha mode of dylng, such as cardiac or respiratory arrest, List only one cause on each line. Approximata Intarval Batween Onset and Deeth Immediate Ceusa (Final Pheumonia disaasa or condition resulting in daath) Dua to (or es a consequence of): Examiner Cancel OlON Sequantially list conditions, if any, leading to immediata causa. Entar Underlying Cause (Diseesa or Injury thet initiated evants rasulting in death) Last Due to (or as a consequance of): Accident Cerebrovascyar Physician/Medical Dua to (or es e consequance of) Part II. Other eignificent conditions contributing to death but not resulting In the underlying cause given in Part I. 23b. Did tobacco use contribute to the cause of death? 1 Yee 2 No 3 Probably 4 Unknown þ 24b. Ware autopsy findings evallebla prior to completion of cause of death? 24a. Wes an eutopsy performed? Completed 1 Yas 280 No 1 ☐ Yas 2 ☐ No 25. Wes casa rafarrad to medical Be 26. Placa of Death (Check only ona) Other: 4 Nursing Home 5 Residence 8 Other (Specify) Hospitel: 1 Impatiant 2 ER/Outpatient 3 DOA 2 1 Yas 2 No 28a. Deta of Injury (Month, Day Year) 27. Menner of Death 28d. Describe how injury occurred Certification: 28b. Tima of 28c. Injury at Work? 1 Delatural 5 Pending Invastigation 1 Yes 2 No 2 Accident 6 Could not be datarminad 3 Suicide 28f. Location (Street and Number or Rural Routa Number, City or Town, Stata) 28a. Place of Injury - At home, ferm, straat, factory, office building, atc. (Specify) 4 Homicida 29e. Certifiar 🞏 Certifying Physician: To the best of my knowledga, daeth occurred at tha tima, data and place, and dua to tha causa(s) and mannar as stated. Medical (Check only one) 2 Medical Examiner: On the basis of axamination and/or invastigation, in my opinion, deeth occurred at the time, data and place, and due to the causa(s) and mannar stated. 29b. Signatura and title of cartifier 29c. License number 29d. Dete signed (Month, Dey, Year) 30. Name and addrass of person ye no complated causa of death (Itam 23a) (Type, Print)

Laurel Bure Ry #307

DHMH 16 Rev 6/95

State Registrar

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Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene 96 #2, per M.D., 8/29/96, MRT, Certificate of Death Amended 14,199 fine of Deeth 1. Decedent's Neme (First, Middle, Last) 2. Dete of Deeth **Physician** ANNIS EMILY 10:55 Am /Medical 4e. Fecility Neme (If not institution, give street end number) 4b. City, Town, or Location of Deeth 4c. County of Deeth **Examiner** CROSS HOSPITAL Silver Spring Montgomery HOLY if Under 1 Year If Under 24 Hrs. 8. Dete of Birth (Month, Day, Year) 5. Sociei Security Number 6. Sex 7. Age (In yrs. last birthdey) Birthplaca (State or Foreign Country) **Funeral** 10 M 200F Months Deys 577058843 Director 79 Sept. 24, 1917 Canada Usuel Residence of Decedent death with the Maryland 10a. Stete 10b. County 10c. City, Town or Location 10d. inside City Limits 7 is marked other than "natural", or flams 23a or 28a-f show traumatic event, the Medical Examiner must be notified at 1 ☐ Yes 2 ☒ No Director Maryland Montgomery Silver Spring 10e. Street and Number 10f. Zip Code 10g. Citizen of What Country? 3928 Wendy Lane 20906 USA 12. Wes Decedent Ever in U.S. Armed Forcas? 13. Wes Decedent of Hispanic Origin? (Specify Yes or No-lif Yes, specify Cuben, Mexican, Puerto Rican, etc.) 11. Meritei Stetus 14. Rece - American Indien, Bleck White etc. 2 should be filed within 72 hours after and Mental Hygiene. Is marked other than "natural", or ite 1 ☐ Yes 2 🔼 No If Yes, Give Yeer or Detes: 1 Never Merried 2 Merried Baltimore, Maryland 21215-0020 1 ☐ Yes 2 ☒ No Specify: White þ 3 ☐ Widowed 4 ☐ Divorced Completed 16a. Decedent's Usuel Occupetion (Give kind of work done during most of working life. DO NOT use retired) 15. Decedent's Education (Specify only highest grede completed) 18b. Kind of Business/Industry Elementery/Secondery (0-12) College (1-4or 5+) Homemaker Own Home 17. Fether's Neme (First, Middle, Last) 18. Mother's Neme (First, Middle, Melden Sumeme) 10 Louis G. Caron Elizabeth Kewley 19e. Informent's Neme/Reletionship (Type, Print) 19b. Meiling Address (Street end Number or Rural Route Number, City or Town, Stete, Zip Code) permit. Pages 1 and 2 sh Department of Health and Important: If Item 27 Is m any Injury or other traun once. Harry Annis, Jr. / Husband 3928 Wendy Lane, Silver Spring, Maryland 20906 20b. Piece of Disposition (Neme of cemetery, cremetory or other place) 20e. Method of Disposition 20c. Location - City or Town, Stete 1 Buriel 2 □ Cremetion 3 □ Removel from State 4 ☐ Donetion 5 ☐ Other (Specify) Fort Lincoln Cemetery 8/19/96 Brentwood, Maryland 21. Signeture of Funeral Service Co. 22. Name and Address of Facility Hines-Rinaldi Funeral Home 11800 New Hampshire Avenue Silver Spring, Maryland 23a. Pert1. Enter the disease, or complications that caused the deeth. Do not enter the mode of dying, such as cardiac or respiratory errest, shock, or heart failure. List only one cause on each line. Approximate interval Between Onset and Death **Physician** /Medical immediete Causa (Finel disease or condition resulting in deeth) HEMMORHAGIC SHOCK IDAY Examiner Due to (or es a consequence of): Examiner 10 DAY COA GULDPATH sician and burial-transit Sequentially list conditions, if eny, leeding to immediate cause. Enter Underlying Cause (Diseese or Injury that initiated events resulting in deeth) Last Box 68760, physician the buria 16 DAYS RENAL FAILUR 8 Physician/Medical Due to (or es e consequence of): 15DAYS SHOCK SEPTIC 980 Pert II. Other significant conditions contributing to death but not resulting in the underlying cause given in Pert I. P.O. 23b. Did tobacco use contribute to the cause of death? signed by 1 Yes 2 No 3 Probably 4 Unknown DYSPUNCTION LIVER Records, by ACUTE RESPIRATORY DISTRESS SYNOROME 24a. Wes an autopsy performed? 24b. Were sutopsy findings aveilable prior to completion of cause of death? Completed peen has 1 Yes 1 ☐ Yes 2 ☐ No Division of Vital 25. Wes case referred to medical exeminer? Be 26. Place of Deeth (Check only one) Hospitel: 1 Yes 250No Other: 4 Nursing Home 5 Residence 8 Other (Specify) 2 1 Inpatient 2 ER/Outpetient 3 DOA this funeral 27. Manner of Death 28a. Date of Injury (Month, Day Year) 28b. Time of 28c. fnjury at Work? 28d. Describe how Injury occurred Certification: After 5 Pending investigation 1 Neturei 1 ☐ Yes 2 ☐ No **Z** ☐ Accident 6 Could not be determined 3 ☐ Suicide 28f. Location (Street end Number or Rural Route Number, City or Town, Stete) 28e. Pieca of Injury - At home, ferm, street, fectory, offica building, etc. (Specify) 4 Homicide Certifying Physician: To the best of my knowledge, deeth occurred et the time, dete end plece, and due to the ceuse(s) and manner as stated.

2 Medical Examiner: On the basis of examinetion end/or investigetion, in my opinion, deeth occurred et the time, dete and pleca, and due to the cause(s) and menner steled. Medicai 29e. Cartifier (Check only one)

To the Hospital or Attendii within 24 hours after death. To the Funeral Director: A

Registrar

VIRENDRA K-31. Date filed (Month, Dey, Year)

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AUG 1 9 1996

7100 DEER CROSSING CT. BETHESON MI) 20817 SAXENA. MU) 32. Registrer's Signeture

avon

30. Name and address of person who completed cause of death (Item 23e) (Type, Print)

ule Devidson- Randers

CONSUCTING 29c. License number D30112

29d. Dete signed (Month, Dey, Year)

State of Maryland / Department of Health and Mental Hygiene

Certificate of Death

12:37 PM

1 Yas 2 No

20906

Approximate Intarvsi Between Onset and Death

29d. Date signed (Month, Dey, Year)

1. Decedent's Nama (First, Middle, Last) 2. Date of Death Month Day **Physician** 1996 August 26, Christopher Kaiser Ange1 /Medical 4b. City, Town, or Location of Death 4a. Facility Name (If not institution, give street end number) 4c. County of Death Examiner Holy Cross Hospital Silver Spring Montgomery | H Under 1 Year | If Under 24 Hrs. | 8. Date of Birth (Month, Day, Year) | Oct. 28, 1 9. Birthplace (State or Foreign Country) 1951 Syria 5. Social Security Number 7. Age (In yrs. lest birthdey) **Funeral** 12 M 2 F 212-04-9755 44 Yrs. Director Usual Residence of Decedent 10a State 10b. County 10c. City, Town or Location 10d. Insida City Limits Directo Maryland | Montgomery Silver Spring 10e. Street and Number 10f. Zip Coda 10g. Citizen of What Country? r than "natural", or items 23e or the Medical Examiner must be 3815 Ferrara Drive 20906 USA Funeral 12. Was Decedant Evar in U,S. Armed Forces? Was Decedent of Hispanic Origin? (Specify Yas or No-If Yes, specify Cuban, Mexican, Puerto Rican, etc.) 14. Race - American Indian, Black, White, etc. 1 Nevar Married 2 Married Yes 2X No f Yes, Give Baltimore, Maryland 21215-0020 1 ☐ Yes 2 No Specify: White P 3 ☐ Widowed 4 ₺ Divorced r yes, Give Year or Detes: Completed 16a. Decedent's Usual Occupation (Give kind of work done during most of working life. DO NOT use retired) 15. Decedent's Education (Specify only highest grade completed) 16b. Kind of Business/Industry Elementary/Secondary (0-12) College (1-4or 5+) Hygiene. Retail Sales Manager 12 17. Father's Name (First, Middle, Last) 18. Mother's Name (First, Middle, Maiden Surname) of 2 should be filth and Mental Fig. 7 is marked of traumetic even Kaiser A. Angel Rose Semaan 19e. tnforment's Neme/Reletionship (Type, Print) 19b. Malling Address (Street and Number or Rural Route Number, City or Town, Stete, Zip Code) permit. Pages 1 and 2 st Department of Health arv Important: If Item 27 is n any Injury or other traun Dory K. Angel / Brother 3815 Ferrara Drive, Silver Spring, Maryland 20b. Place of Disposition (Neme of cemetery, cremetory or other place) 20e. Method of Disposition 20c. Location - City or Town, State 1 ☑ Burial 2 ☐ Cremation 3 ☐ Removal from State 4 Donation 5 Other (Specify) Gate of Heaven Cemetery 8/29/96 Silver Spring, Maryland 21. Signature of Funaral Service Licenses 22. Name and Address of Facility Hines-Rinaldi Funeral Home 11800 New Hampshire Avenue Silver Spring, Maryland 23a. Part1. Enter the disease, of complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory errest, shock, or heart failure. List only one cause on each line. **Physician** /Medical Immediate Cause (Final disease or conditi-resulting in daath) **Examiner** physician and the burial-transit Sequentially tist conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or Injury that Initiated events resulting in death). Lest Due to (or as a consequence of) Box 68760. Physician/Medical that Initiated events resulting in death) Last of Unknown Etidos for use as Part II. Other algorificant conditions contributing to death but not resulting in the undarlying cause givan in Part I. P.O. 23b. Did tobacco use contributs to the cause of death? signed by the detact 1 Yes 2 No 3 Probably 4 Unknown lo dy splasia Division of Vital Records, by 24b. Were autopsy findings available prior to completion of cause of death? 24a. Was an autopsy performed? Completed peen 1□ Yes 2 No 1 ☐ Yes 2 ☐ No certificate 25. Was casa referred to medical examiner? 28. Place of Deeth (Check only one) Hospital: Other: 4 Nursing Homa 5 Rasidence 8 Othar (Specify) 1 Yes 2 No 1 Inpatient 2 2 ER/Outpatient 3 DOA 28a. Date of Injury (Month, Dey Year) 27. Manner of Death To the Hospital or Attending P. within 24 hours after death.
To the Funeral Director: After the completely filled in by the funeral 28b. Time of 28c. Injury at Work? 28d. Describe how injury occurred Certification: After 1 Natural 5 Pending 1 ☐ Yes 2 ☐ No investigation 2 Accident 6 Could not be determined 3 Suicida 28f. Location (Street end Number or Rural Route Number, City or Town, State) 28e. Place of Injury - At home, farm, street, factory, office building, etc. (Specify) 4 Homicide

State Registrar

31. Date filed (Month, Dey, Year)

Wesley

29b. Signiflurg and title of certifier

29a. Certifler

AUG 2 9 1996

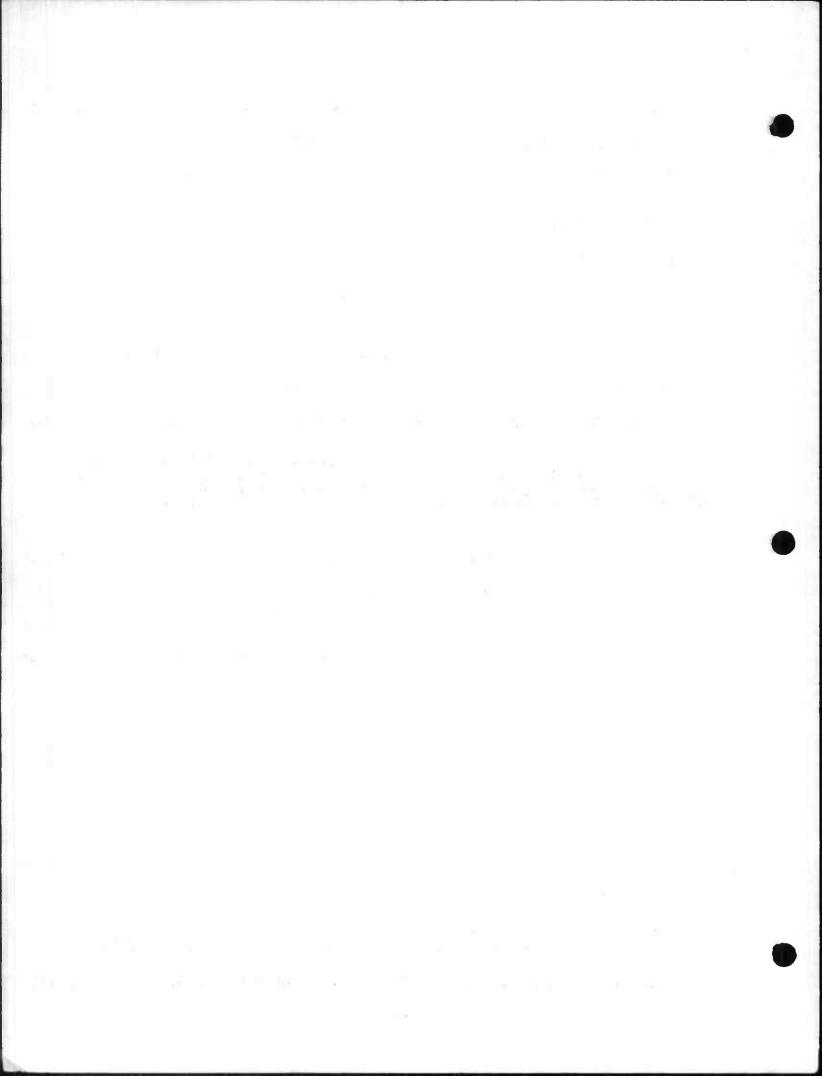
Mason M.D. 10810 Connecticut Avo, Kensington, red, 20895 32. Registrar's Signature which their down

30. Name and address of person who complated cause of death (Item 23a) (Type, Print)

1 Certifying Physician: To the best of my kpt wiedge, death occurred at the time, date and placa, and due to the cause(s) end menner as stated.
2 Medicat Examiner: On the basis of exemphetion and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s)

29c. License number

D 22235



State of Maryland / Department of Health and Mental Hygiene Certificate of Death 1. Decedent's Name (First, Middla, Last) 2. Dete of Deeth 3. Time of Death -Month 9:30 PM 1996 armon Jose 4b. City, Town, or Location of Death 4a. Facility Nema (If not institution, give street and number) 4c. County of Death th Hampton Manor NUISING Home rederic rederick If Under 1 Year | If Under 24 Hrs. | Months Days Hours Min. 6. Sax 7. Aga (In yrs. last birthday) Birthplece (State or Foreign Country) Hours 15 M 20 F 79-24-429 March 28, 1923 Charlestown, W. Va Usual Rasidance of Decedant 10b. County 10c. City, Town or Location 10d. Insida City Limits 1 Yas 2 No Snoxuille 10g. Citizen of What Country? erson Pike 758 12. Was Decedent Evar in U,S. Armed Forces? 1 ☐ Yas ≥ No If Yas, Give Year or Datas: Wes Decedenl of Hispanic Origin? (Specify Yes or No-ff Yas, specify Cuban, Maxican, Puarto Rican, atc.) 14. Rece - Amarican Indian, Black, Whita, atc. 12 Nevar Merriad 2 Married 1 Yas 2 No Specify: 3 ☐ Widowed 4 ☐ Divorced 16a. Decedant's Usual Occupation (Giva kind of work dona during most of working lifa. DO NOT usa ratired) 15. Decedant's Education (Specify only highast grada completed) 16b. Kind of Business/Industry Coilege (1-4or 5+) Eiamantary/Secondary (0-12) Bro Railroad Brynswic 17. Fether's Neme (First, Middla, Last) Buddenhagen 19a. Informant's Name/Ralationship (Type, Print) 8160 Chrirboine -Nephow 20b. Place of Disposition (Nama of cemetery, cremetory or other plece) 20c. Location - City or Town, Stata Data Burial 2 Cremetion 3 Ramoval from Stata 4 ☐ Donation 5 ☐ Other (Specify) Lutheran 22. Name end Address of Facility 21. Signeture of Funaral Sarvice Licansee 100 Petersu Mapis -owner 23a. Part1. Enter the disease, or complications that caused the death. Do not anter the mode of dying, such as cardiac or respiratory errest, shock, or heart failure. List only one cause on each line. Dua to (or as a consequence of): Due to (or as e consequence of): 23b. Did tobacco use contribute to the cause of death? Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 1 Yes 2 00 3 Probably 4 Unknown 24b. Wara autopsy findings available prior to completion of cause of death? 24a. Was an autopsy

Physician /Medical Examiner

attending physician and for use es the burlal-transit

signed by the a

page 2 s

funeral director,

certificate

After this

n 24 hours after death.

Funeral Director: After detaily filled in by the fur

To the Hosp within 24 ho To the Fune completely fi

or Attending Physician:

68

The law requires that the death certificate be executed

Division of Vital Records, P.O. Box 68760,

Important: If it any Injury or o

permit. Pege Department o

Physician

/Medical

Examiner

Funeral

Director

Pages 1 and 2 should be filed within 72 hours efter deeth with the Manyland nent of Heelih and Mental Hyglene.
ant: If Item 27 is marked other than "natural", or Itema 23a or 28e-f show unt; If Item 27 is marked other than "natural", or other than the notified a uny or other than the notified a

Baltimore, Maryland 21215-0020

5. Social Sacurity Number

10a. Stete

Ma 10e. Street and Number

732

11. Maritei Stetus

Director

Funeral

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Completed

Be 10

Examiner Physician/Medical Completed by Be

Certification: To

Sequantially list conditions, if eny, leading to immediata cause. Enter Underlying Causa (Disaasa or injury that initiated avants resulting in death) Last

Immediate Causa (Final disaasa or condition rasulting in death)

20e. Mathod of Disposition

1 Yas 2 No 25. Was case rafarred to medical axaminar? 26. Place of Death (Check only ona)

Othar: 4.23 Nursing Homa 5 ☐ Rasidence 6 ☐ Other (Specify) 1 Yas 2 No 1 Inpatient 2 ER/Outpatient 3 DOA 28a. Date of injury (Month, Day Year) 28c. injury at Work? 27. Mannar of Death 28d. Dascribe how injury occurred 28b. Time of 5 Panding 1 Maturai 2 Accidant 1 Yes 2 No investigation 6 Could not be datarmined 28a. Place of Injury - At homa, farm, streat, factory, office building, atc. (Specify) 3 ☐ Suicide 28f. Location (Street and Number or Rural Route Number, City or Town, State) 4 Homlcida

29a. Cartifler 1 Certifying Physician: To tha best of my knowledga, death occurred at tha tima, data and place, and dua to tha causa(s) and mannar as stated. 2 Medical Examiner: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and manner stated. (Check only one) 29d. Data signed (Month, Day, Year) 29b. Signature and titler 29c. Licensa number

Konns

30. Nama and addrass of person who complated causa of death (Itam 23a) (Type, Print)

inpropro, un,

9-16-76 0-18191

1 Yas 2 No

State Registrar

Medical

31. Date fliad (MoMh, Day, Year) SEP

6.

32. Registrar's Signatura

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State of Maryland / Department of Health and Mental Hygiene 96

28872

					Cer	tificate of	f Death		Reg. No.		
	Physic /Medi			BOSTON				2. Deta of De Month 09	Day /5	Year 96	3. Tima of Death
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	Funeral Director		210 30 9373	7. Aga (In yrs. 87	last birthday) Yrs.	If Undar 1 Year Months Day			rth ay, Year) 1909	9. Birthp Coun Mar	olaca (Stata or Foraig otry) yland
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	h with the	ai Director	10e. Street and Number 709 Maiden Choic	e Lane		10f. Zip Coda 21	228		10g. Citizan of U.S.		ntry?
020	hours after death with the Maryland lural; or items 23a or 28s-f show al Examiner must be notified at	by Funeral	11. Marilal Status 1 Navar Married 3 Widowad 4 Divorced	2. Was Dacedant Evar in U Armed Forcas? 1 Yas 2 No If Yas, Giva Yaar or Datas:		Vas Decedant of Yas, specify Cu	Hispanic Origin? (sban, Maxican, Puar Specify:	Specify Yas or No rto Rican, atc.)	o- 14. Ra Bis	ce - Amaric ack, While, fy: Wh	
21215-0020	within 72 ene. than "nal	Completed	15. Dacadant's Educe (Spacify only highast grada Elemanlary/Secondary (0-12)	otion complated) College (1-4or 5+) 5 +	life. E	OO NOT use retii	upallon a during most of wo red) dministra		16b. Kind of E		dustry acation
Maryland ;	s 1 and 2 should be filed f Health and Mental Hygis tem 27 la marked other other traumatic event, II	To Be C	17. Father's Nama (First, Middle, Last) James Esa	u Boston	1			ma <i>(First, Middl</i> a garet	. Maidan Sumai Ellen		llips
_	2 4 4 4		19a. Informant's Name/Ralationship (Type Mrs. Peggy Van Hui				et and Number or F				Code)
Baltimore	9 = 5		20a. Mathod of Disposition 1 ☐ Burial 2 ☐ Cramation 3 ☐ Ra 4 ☐ Donation 5 ☐ Other (Spacify)	moval from Slata Sal	Place of Disposematary, cram isbury	sition (Nama of natory or other p Cremate	ory	Dala 9-17-96	20c. Location Salisbu		
Balt	permit. Pag Department Important: I any Injury o		21. Signature of Ednarai Sarvice Licenses	Shows of	Th		rass of Facility neral Hom t St. Ca		MD 216	13	
	Physician		23a. Part1. Enlar tha disaase, or complice shock, or haart failura. List only one	alions that ceused the deal cause on each line.							Approximata Interval Between Onsat and Death
	/Medical Examiner		Immediata Causa (Final disaasa or condition resulting in daeth) a.	Multi Due to (c Insula	- Inf	arct	Deme	ntia			Years
30x 68760,	h certificate be executed ending physician and r use as the burial-transit	an/Medical Examiner	Sequantially list conditions, if any, leading to immediate ceuse. Enlar Underlying Causa (Disaesa or Injury that initiated avants resulting in death) Last	Prosta;	r as a consequence of as a consequence of a consequence o	Cana) cabet	les Mi	late	4
P.O. B	that the death ed by the atter detached for u	Physician	Part II. Other significant conditions contr	*	_			23b, Did	tobacco use co		o the cause of death
of Vital Records, F	requires been sign should be	Completed by P	Congestive Transitory	1 Ischen	ric	Atta	eKz	24a. Was	s an aulopsy ormed?	24b. Wa	ara autopsy findings allable prior to impletion of cause death?
tal Re	The ate h		Ly npho 25. Was cesa referred to medicel	ng			00 81 (0	X	Yas 2□No	10	Yas Au
	Phys this rai di	ation: To Be	axaminar?	spilel: 1 Inpaliant 2 Inpaliant 2 (Month, Day Year)	ER/Outpatien 28b. Time of Injury	28c. In	other: Nursing	Homa 5 Rasi 28d. Describe			у)
Division	를 들는 다	Certification:	3 Suicida 8 Could not ba 4 Homicida detarmined	28a. Piace of injury - At he building, atc. (Specifical Control of the control of		eat, factory, offic	9	28f. Location (City or To	(Street and Num wn, Stata)	ber or Rura	al Routa Number,
	To the Hospital within 24 hours of the Funeral completely filled	edical	29a. Cartifier (Check only one) 1 Certifying Physic 2 Medical Examine	tian: To the best of my kno r: On the basis of axamina and mannar stated.	wledge, daeth tion and/or inv	occurred at tha astigation, in my	tima, data and plac ropinion, death occ	e, and due to the urred at the time,	cause(s) and m , date and place,	anner as si , and dua to	taled. the cause(s)
	To the To the comp	M	29b. Signatura and tilla of certifiar	May	M-D	De	nsa number	5/	29d. Data sign	d (Month,	Day, Year) 5 1996
			30. Nama and address of person who com Andrew Lazris, MD	pleted ceus of death (Item 709 Maiden	,	,	Catonsvil	le, MD 2	1228		

32. Registrer's Signetura

DHMH 16 Rev 6/95

State

Registrar

31. Data filed (Month, Day, Year)

SEP 1 7 1996

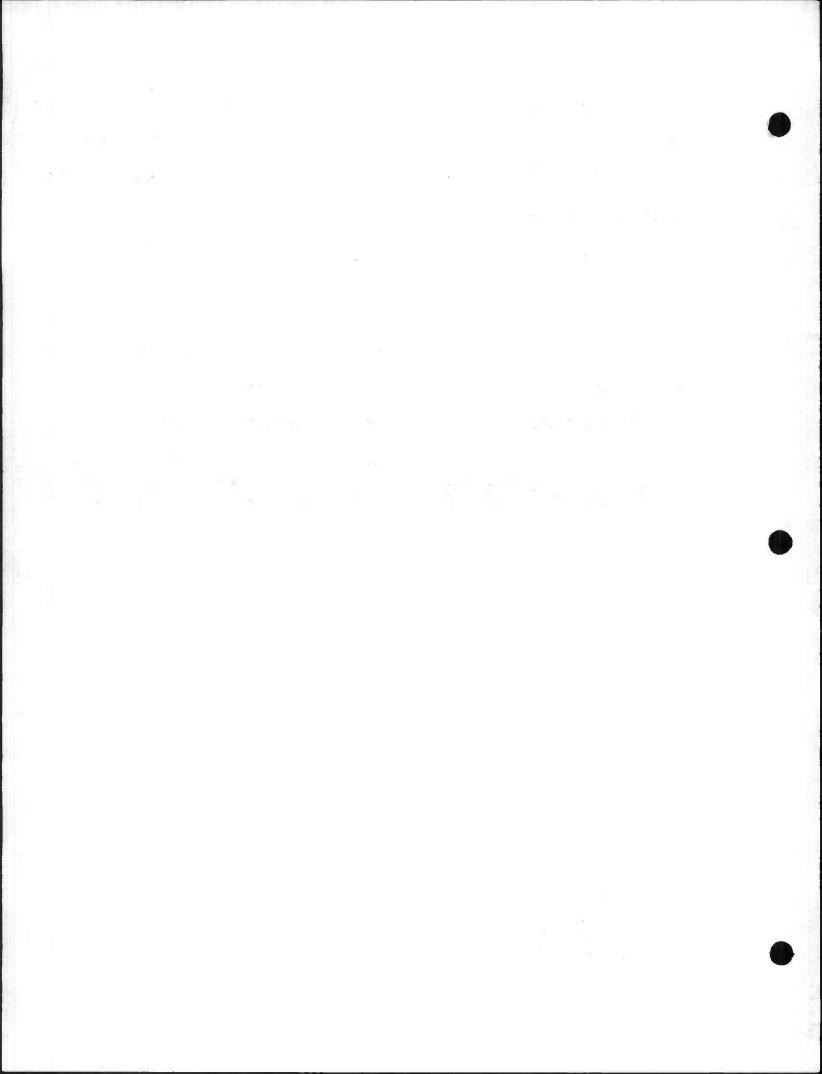
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State of Marylan

nd / Department of Health and Mental Hygien	ne	Q	6	2	R	Ω	7	3	
Certificate of Death		1	U		V	U	- 1	U	

						Cert	tificate of	Death			Reg. No.		- 0	010
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Н	Funeral				(In yrs. last bii	rthday)	If Undar 1 Yaer	if Undar 2		8. Deta of Bi				Stata or Foreign
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_			Usuai Rasidanca ol Decedant							MIKID	12,17	JG WED	1 11	ROINIA
	yland m		10a. State 10b. County	1	10c. City, Tow	n or Loc	ation						10d. Ins	Ida City Limits
	the Menylan 28a-f show	to	VIRGINIA ALEXANDR	IA	ALEXAN	IDRIA	A						10	Yas 2 No
	128 E	Director	10e. Street and Number				10f. Zip Code				10g. Citizar	n of What Cou	untrv?	
	with a se		218 RICHMOND HIGH	V A 1.11			22306				US		,	
	wrs after death with the Meryla sit, or items 23s or 28s-f sho Exercises must be nothed at	Funeral	11. Meritel Stetus	12. Was Decedent Ev	rer in IIS	12 W		Hispania Origi	in? /Snec	the Vac or N		A Race - Amer	rican Indi	ian
_	Herr dea	E .	1 Nevar Married 2 Merried	Armed Forces?		if	as Decedant of Yes, specify Cul	oan, Maxican,	Puarto R	ican, atc.)	14.	Black, White		uri,
20	rs a	by F	3 Widowed 4 Divorced	If Yes, Giva Yaar or Dates:		1	☐ Yas 2Ñ No	Specify:			Sp	ecity: LIH	ITE	
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7	ofiled with the Hygiene.		17. Fathar's Nama (First, Middle, Last	13	1	(0011		10 Mother	la Mama	Eight Middle	, Maidan Su		IN	
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7	should bud Ments	P	CARL BOLDEN							BREWS				
Maryland	d 2 should th and Mer 7 is marke trsumatic		19a. Informant's Name/Reletionship (19b		Addrass (Stree							
-	CENF		PATRICIA WYATT/MO	THER			TRUITT	STREET	SA					
Ore	at of Her If Item or othe		20e. Method of Disposition 1 Disposition 3 C	TRamoval from State			ition (Nama of atory or other pla	ace)	1	Data	20c. Locat	tion - City or 1	Town, St	ata
E	artiment of ortant: If he injury or o	ш	4 Donetion 6 Other (Specif	y)	BLADE	S CE	EMETERY		9	/8/96	BLADI	ES, DE	LAWA	RE
Baltimore,	permit. Pa Departmen Important: any Injury once.		21. Signatural of Funeral Service Ligar	nearly 1/	71	22.	Nama and Addr	ess of Fecility	'	1212 (OID OC	EAN CI	TV E	POAD
8	Dep per per per per per per per per per p		NOON NUCL	NAU	21	751	LLER FUN	IEDAT U	IOME					
	77 -		a. Party. Enter the disease, or gom	plications that caused th	ne daeth. Do	-						FIARTLA		ximeta
	Physician		Cook, or heart failure. List only	one ceuse in aech lina.						, ,		1	Intary	al Between t end Deeth
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	Examiner		disease or condition resulting in death)										SIA	TEARS
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	unsit	Examiner		b			, ,					<u> </u>		•
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289	phy s the	/Medical	rasulting In death) Last	Du	ua to (or as e	consequ	enca of):					1		
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o	to the de by the stached	ysi	Part II. Other significant conditions of	ontributing to death but	not rasuiting i	n tha und	darlying causa g	iven in Pert I.						nuse of death?
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100	aling Ph h. After th funeral		27. Manner of Deeth	28a. Data of Injury (Month, Day Y		Tima ol	28c. Inju	iny at	28	d. Dascribe	how injury o	courred		
Division	Attending or death. ector: After by the fune	Certification:	1 Natural 5 ☐ Panding 2 ☐ Accident invastigation		, our	i qui y]Yas 2□N	lo					
Vis	al or Attendir s after death. Al Director: Al ed in by the fu	ific	3 ☐ Suicida 6 ☐ Could not b 4 ☐ Homlolda detarmined	28a. Place of injury	- At home, fe	rm, stree	et, lectory, office		28			lumber or Ru	ral Route	Number,
Ö	o after)er	4 Homicida	building, atc. ((Spacity)					City or To	wn, Stata)			
	To the Hospital or A within 24 hours after To the Funeral Dire completely filled in b		29a. Certifiar Certifying Ph	nysician: To the best of r	my knowiedge	, daeth d	occurred at the t	ime, dete end	piece, ar	nd due to the	ceuse(s) en	d manner as	stated.	
	P Fu	edicai	(Check only 2 Madjeat Exam	niner: On the basis of an and manner state	xamination an d.	d/or inva	stigation, in my	opinion, death	occurred	at the time	, deta end pla	ace, and dua	to tha ce	iuse(s)
	Nithir Nothir	×	29b. Signetura end title of certifier	1-				se number				igned (Month		ear)
	->-0		1. 16 Kingt	= hun			De	20506	05		2.	est 6	7	6
			30 Name and address of nesses	completed equal of day	th /Itom 00-1	/Tune P	rint)	00506			204			
			30. Nama and addrass of person who	01 + 610/0V	MI-IVE		-	Dr.	John	Chr	13718.			
	-01		31. Data liied (Month, Dey, Year)	32 Banistrar	Signatura	Ma	21511	-						
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DHMH 16 Rev 6/95



State of Maryland / Department of Health and Mental Hygiene

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						Ce	rtificate o	f Death	R	eg. No.		20014
Di	husisi		1. Decedant's Neme (First, Middle,	Last)					2. Dete of Deel	-	Year	3. Time of Deeth
	hysici: /Medic		TERRANCE LEE E	ROADWAT	ER				SEPTEMI			9:12 P.N
	xamin		4a. Facility Nama (If not institution,		umber)			4b. City, Town, or		4c. County		
			SACRED HEART H	OSPITAL				CUMBERLA	ND	ALLE	GANY	
	neral ector		219461974	Sex 1□xM 2□F	7. Age (In yrs. 49	last birthdey) Yrs.	If Undar 1 Yas Months Dey		8. Deta of Birth (Month, Day, February			place (Steta or Foreign ary land
pur			Usuel Residence of Decedent 10a. Stete 10b. County		10c City	y. Town or Lo	ocation		/		1	Od. Inside City Limits
fanyl	T T	5	The Park		100.01.	. 47.55		_			Ι'	1 ☐ Yas 2⊠ No
the A	inot.	90	Maryland Alle 10e. Street and Number	gany			Frostbur	<u> </u>		0g. Citizen of V	Mat Coun	
With a	4	ā	15406 Tanery R	OM				532			S.A.	nu y r
eath		era	11. Merital Stetus		cedent Evar in U,	S 13			nacify Yes or No-			can Indian,
72 hours after death with the Maryland	returns, or remains como como sidente sidente de contract de notificad all	by Funeral Director	1 Navar Marriad 2 Married 3 Widowed 4 Divorced	Armed F 1 Yes If Yes, G Yeer or	orces? 2 No iva		If Yas, specify Cu 1 ☐ Yes 2 2 N	Hispanic Origin? (Suban, Maxican, Puerto Specify:	o Rican, etc.)		k, Whita,	
72 hours	ice	Completed	15. Decedent's	Education		16e. Dace	dent's Usual Occ	upetion e during most of wor	4.7.	16b. Kind of Bu	usiness/Ind	dustry
-		pie	(Specify only highast Elementery/Secondery (0-12)) (1-4or 5+)	(Give life.	NING OF WORK GON DO NOT use reti	e during most of wor red)	rking			
filed within Hygiene.	8	No.	12			U	nemploye	ed		No	ne	
12 should be filed within h and Mental Hygiene.	Vari	Be (17. Fether's Neme (First, Middle, La	st)				18. Mother's Nar	ne (First, Middle, I	Meiden Sumen	10)	
Went rked	dc	To	Freeman M.	Bro	oadwater			Mary	A. Be	rkheime	er	
and a	5		19e. Informent's Name/Reletionship	(Type, Pnint)		19b. Meili	ng Address (Stre	et end Number or Ru	ıral Routa Number	City or Town,	Stete, Zip	Code)
and a	5		James F. Broadw	ater / I	Brother	500	2 60th A	Avenue Hya	ttsville	, Md. 2	20781	-2731
of He	8		20e. Method of Disposition 1 Buriei 2 Peremetion 3			iece of Dispo	sition (Neme of metory or other p	lece)	Dete	20c. Location -	City or To	wn, State
Pag nent	o Áur		4 Donetion 5 Other (Spe		State	-	nd Crema		t.10,96	Cumberl	and,	Masyland
permit. Pages 1 and 2 Department of Health a	any Injury or other traumatic evant, the M		21. Signetura of Funeral Service Lie	Rucci	1		2. Nama and Add	ress of Facility	ourst Fun			
			23a. Part1. Entar the disease, or co shock, or heert tailure. List or	mplications that	caused the deet						.1332	Approximate
Physi	ician	1	snock, or neer tailure. List or	ly one ceuse on	eech line.						i	Intarval Between Onset and Deeth
	dical		Immediete Causa (Final		1-16	Kasa	ienton	Fa lu			1	1 hon be
Exam	niner		disaase or condition resulting in daeth)	е	72 4/2 Dua to /o	11000	1/4/0/	Failur	.6			1 way
		Je l			horice	045	fees tim	pulsa.	· · di	seuse	1	15 veges
that the death certificate be axecuted that the death certificate by the attending physician and	ansi	Examiner	Sequentially list conditions	b		r es a consec		parmen	47 011	, , , ,		12700
9000	Tal.		Sequentielly list conditions, if eny, leeding to immadiete cause. Enter Underlying Cause (Disaase or injury								i	
te be	as the burial-transit	edicai	that initiated events	C. —	Due to (or	as e consec	uance of):					
tifica	88	Med	resulting in deeth) Lest								į	
eath cer	S S			d		-0-				-	<u> </u>	
deat	detached for	Physician/	Pert II. Other significant conditions	contributing to	death but not rasu	ulting in the u	nderfying cause (siven in Pert t	23b. Did to	bacco usa co	ntributs to	the cause of death
t the d	lache	hys				in the d	indonying deader (given ar react.				bably 4 ☐ Unknow
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requi	2 should b	Completed							24e. Wes a perform	n autopsy ned?	CO	ara sutopsy tindings eilable prior to mpletion of cause deeth?
0 5	age a	E							1 🗆 Ya	s 2000	10	Yes 2□ No
	director, paga	0	25. Was case reterred to medical					26 Place of Dec	ath (Check only on			2 100
	direct	To B	examiner?	Hospital:	Inpatient 22	ER/Outpetier	nt 3 DOA	Whon	lome 5 ☐ Reside		er /Specifi	(v)
	eral		27. Mennar of Death	28a. Dete	of Injury	28b. Tima o			28d. Describe ho			//
th.	fun	T S	1 Netural 5 ☐ Pending 2 ☐ Accident investiget		nth, Day Year)	Injury		ork? ☐ Yes 2 ☐ No				
or Attanding after death. Director: After	oy th	fice	3 ☐ Sulcide 6 ☐ Could not	ed 28a. Plac	e of Injury - At ho	me, ferm, str	eet, tectory, offic	0	28f. Location (St		er or Rura	al Route Number,
X 2 4	d h	Certification:	4 Homicida	build	ling, etc. (Specif)	<i>(</i>)			City or Town	n, Stete)		
To the Hospital of within 24 hours at To the Funeral D	completely filled in by the funeral	edicai C	29e. Certifiar (Check only one)	aminer: On tha t	e best of my know basis of exeminet oner stetad.	wiedge, deetl ion end/or in	n occurred et the vestigetion, in my	tima, dete end piace opinion, daath occu	, and due to the corred et tha tima, d	ause(s) and ma ata and piace,	inner as st and due to	lsted. the causa(s)
o the	dwo	Me	29b. Signeture and mile of certifier	2.1011101			29c. Lica	nsa number	2	9d. Dete signe	d (Month,	Dey, Year)
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		-	20 Name and add	7	e u	240		01708		رمر ا	. /	. 276
			30. Neme end address of person wh			238) (Type,	Day 1	A	1	Ca	n	1996
						tura -	ugla,	11/00.	2079	20111	1	7/
Re	Stat egistra	ar_	31. Dete filed (Month, Day, Year) SEP 1 7	1996 Ju	Pegistrar's Signer	x-Randa	Ц					
				//	,							

Waller St. Hills.

State of Maryland / Department of Health and Mental Hygiene 0.0

				- Clate of Mai		Certificate				Reg. No.	30 2	00/3	
	Physic /Medi		Decedent's Name (First, Middle, Last WANDA SOPHIA	BOWERS					2. Dete of Dec Month SEPTEM	oth 1BER 14,	Yeer 1996	7ime of Death 9:45 pm	
	Exami		4a. Fecility Neme (If not institution, give ST. VINCENT dePA		CENTER			4b. City, Town, or L FROSTBUR(of Death		
	Funeral Director		213-22-4299	ex □м ЖЖ 7. Age (In yrs. lest birt	hdey) If Under 1 Months	Year Deys	If Under 24 Hrs. Hours Min.	8. Dete of Birt (Month, De DEC 6,	th y, Year) 1916	9. Birthplece (Country) PENNSYL	State or Foreign VANIA	
	and **		Usuei Residence of Decedent 10e. State 10b. County	1	Oc. City, Town	or Location					10d in	side City Limits	
	Maryli Fied a	tor	MD ALLEG			GANVILLE	;					XYes 2□No	
	ter death with the Marylan items 23s or 28s-f show ther must be notified at	al Director	10e. Street end Number P. O. BOX 262			10f. Zlp (21	Code 524	•		10g. Citizen of USA	Whet Country?		
020	urs af	by Funeral	11. Marifel Stetus 1 Never Merried 2 Married 3 WWidowed 4 Divorced	12. Wes Decedent Eve Armed Forces? 1 Yes 2 No If Yes, Give Yeer or Detes:	er in U,S.	13. Wes Decede If Yes, specif		dispanic Origin? (Spen, Mexican, Puerto Specify:	pecify Yes or No Rican, etc.)		ca - American Inc ck, White, etc.	llen,	
5-0	n 72 ho natur	eted	15. Decedent's Ed (Specify only highest gre	ucation de completed)	16a.	Decedent's Usuei	Occup	etion during most of work	cina	16b. Kind of B	usiness/industry		
121	d within giena. r than "	Completed	Elementery/Secondery (0-12)	College (1-4or 5+)		life. DO NOT use COOK	retire	during most of world)	COUNTY JAIL				
Maryland 21215-0020	be filed Ital Hygi of other event, I	To Be Co	17. Father's Neme (First, Middle, Last) HARRY CLAYTON WA		18. Mother's N					Meiden Suman PARKS			
, Mary	d 2 sho th and 7 is me traum		19a, Informent's Neme/Reletionship (1 BARBARA M. STOUF					end Number or Ru					
Baltimore,	permit. Pagas 1 and Department of Healt Important: If item 2: any injury or other once.		20e. Method of Disposition 1 ☑ Buriel 2 ☐ Cremetion 3 ☐ 4 ☐ Donetion 5 ☐ Other (Specify	Removel from Stefe	cemeter	Disposition (Nemo v, cremetory or off WN MEM.		ty or Town, State MD 21502					
Balt	Departi Departi Importi any inj		21. Signefure Funerel Service Abus	alex	_		Н.	ESS OF FECILITY ZEIGLER A 15545-		HOME			
			23a. Pert1. Enter the disease, or companions shock, or heart feilure. List only	olioetions thet caused the one cause on each line.	e deeth. Do n	of enter the mode	of dyle	ng, such es cardiec	or respiretory er	rrest,	Inter	oximete val Between et and Deeth	
P	Physician /Medical Examiner		Immediate Cause (Finei disease or condition resulting in deeth)	· METAST	ATIC	CARCIN	om	OF CO	LON			E YEAR	
		Jer		Du	e to (or es a c	onsequence of):					l I		
oʻ	tificate be executed g physician and as the burial-transit	Examiner	Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or injury	b. Du	e to (or es e c	onsequence of):							
x 68760,	certificate be ding physici sa as tha bu	Medical	that initiated events resulting In death) Last	d.	e to (or es e co	onsequence of):							
Box	death cer e attendir ed for usa	iclar	Pert II. Other significant conditions co	intelligition to don't but in	not something to	the content day and		on in Dort I	Oah Did	la bassa susa sas		anne of death 9	
, P.O.	requires that the death cer een signed by the attendin hould be dateched for usa	by Physician/M					use gn	renti Petti.	1 🗆 1	4	3 Probably	4 Unknown	
Division of Vital Records,	aw requires seen s	Completed t	CHRONIC OBST	COUTINE LUS	NC DISE	ASF				en eutopsy rmed?	24b. Were au evellable completi of death	prior to on of cause	
<u>~</u>	는 음점	Con							101	res 2⊠ No	1 🗆 Yas	2 No	
Vita	Physician: The this cartificate ral director, pag	Be	25. Wes case referred to medical examiner?	Hospitei:			Ott	28. Place of Dee					
of	5 00	٦.	1 ☐ Yes 2 ☑ No 27. Manner of Deeth	1 ☐ Inpatient 28e. Dete of Injury	2 ER/Out		`	412) Nursing H	ome 5 Resid	dence 8 Oth			
ision	To the Hospital or Attending Ph. Within 24 hours effect death. To the Funeral Director: Affer thi completely filled in by the funeral	Certification:	1 Netural 5 Pending 2 Accident investigation 3 Suicide 6 Could not be	(Month, Day Y	ear) In	М		k? Yes 2 □ No			ber or Rural Roul	ta Number	
Ο̈́	urs efter ral Direction by		4 Homicide determined	building, etc. (Specify)	77=2 72 72			City or Tov	vn, Stete)		is realities,	
	To the Hospital c within 24 hours el To the Funeral D complataly filled i	edical	29e. Certifier (Check only one) 1 Certifying Phy 2 Medical Exam	raician: To the best of m inar: On the basis of ex end menner steted	aminetion end	deeth occurred et /or investigation, l	t the tir	me, dete end plece, plnion, deeth occur	end due to the red of the time,	cause(s) end m date end place,	enner as steted. and due to the c	euse(s)	
	To the To the Comp	M	29b. Signeture and fittle of certifier			29c.	Licens	e number		29d. Dete signe	ed (Month, Day, 1	(ear)	
	100		> Health	M		D	26	907		SEPTEMB	ER 16,1	996	
	1/1		30. Name and address of person who of HARJIT S. SIDHU,				CI	MBERLAND	, MD 21	1502			

32. Registrer's Signeture

DHMH 16 Rev 6/95

State

Registrar

31. Date filed (Month, Day, Year)

SEP 1 6 1996

4 . 1

State of Maryland / Department of Health and Mental Hygiene

Certificate of Death

96

28876

_			Certificate of Death Reg. No.											
	Physic /Medi		Decedent's Name (First, Middla, Last) GEORGE ELWOOD BAKER	BER 10,199	3. Tims of Death 04:36 A									
7	Exami		4a. Facility Name (If not institution, giva street and number) SACRED HEART HOSPITAL	ocation of Death	of Death 4c. County of Death ALLEGANY									
	Funeral Director		5. Social Security Number 6. Sax 7. Age (In yrs. 216-22-8766 1)20 M 2 G F 68	last birthday) Yrs.	st birthday) If Under 1 Yaar If		CUMBERLAND If Under 24 Hrs. Hours Min. ### Min. ### Jan 1		NY Birthpisca (State or Foreign Country) MD					
	bend **		Usual Residence of Decedent 10a. State 10b. County 10c. Cit	City, Town or Location		****			10d. Inside City Limits					
	Marylen H show	to	MD Allegany			1 ☐ Yes 2 No								
	or 28	J'rec	10e. Street end Number			Country?								
	within 72 hours after death with the Marylend liene. Than "natural", or Herne 23a or 28e-f show the Medical Examples must be not deal	rai	20338 McMullen Hwy SW		USA									
020		by Funeral Director	11. Marital Status 1 □ Nevar Merried 2⊠ Married 3 □ Widowed 4 □ Divorced 12. Was Decedant Evar in U Armed Forces? 1 ☒ Yas 2 □ No If Yes, Give Year or Datas: Kore	If Yas, specify Cuban, Maxican, Puarto Rican			pecify Yas or No- Rican, atc.)	No- 14. Race - American Indian, Black, White, etc. Specify: White						
Baitimore, Maryland 21215-0020	72 ho	Completed	15. Decedent's Education (Specify only highest grade completed)	kina	16b. Kind of Business/Industry									
121	.5	nple	Eiementary/Secondary (0-12) College (1-4or 5+)	king										
	be filed stal Hyg d other event,		12	Office Manager			S.J. Groves Construct							
ď		Be	17. Fsther's Name (First, Middle, Last) Lawrence Clay Baker			The second second		rst, Middla, Maiden Surnama)						
	d 2 should b th and Menta 7 is marked traumatic e	To	19a. Informent's Name/Relationship (Type, Print)	19h Mailir	na Address (Stree		(Ferguso:		e Zin Code)					
	D = Z		Carol A. Bakerwife				y SW; Rawlings, MD 21557							
	- 7 5 5		20e. Method of Disposition 20b. F		osition (Name of matory or other pla		Date	20c. Location - City						
	Pege nent: M ury or		Temporal 2 Dicternation 3 Diremoval from State		en Cemet	1	09/13	09/13 Hagerstown, MD						
lait	permit. Peges Department of I Important: If ite any injury or of		21. Signature of Funarel Service Licensee	/ 22	2. Name and Addr									
ш	80558		Scarpelli Funeral Home Cumberland, MD 21502											
	Physician /Medical		23s. Part Finer the disease, or complications that caused the deat shock or heart failure. List only one cause on each line.		ter the mode of dy	ing, such as cardiac		rest,	Approximate Interval Between Onset and Death					
	Examiner	5	Immediate Cause (Final disease or condition rasulting in death) A Cuttle Myocaudial Tyfarction Due to (or as a Lonsequence of):											
0,	icate be executed physician and s the bunal-transit	Examiner	Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Csuse (Disease or injury that initiated events											
vision of Vitai Records, P.O. Bo	rentifi nding use a	n/Medical	Csuse (Disease or injury that initiated events resulting in death) Last Due to (o											
	death atte	icia	Part II. Other eignificant conditions contributing to death but not res	23h Did to	23b. Did tobacco use contribute to the cause of dea									
	es that the death igned by the atter be detached for it	by Physicia			1 Yee 2 No 3 Probably									
	aw requin	Completed		performed? available completic		b. Wera autopsy findings available prior to completion of cause of desth?								
	The ate h	Con					1 🗆 Y	es 2 DNo	1 ☐ Yes 2 ☐ No					
	ysician: The is certificate director, par	8	25. Was case refarred to medical examinar?	20.1 Made of Bount (Ortoon Only Orto)										
	O S	2	P 1 Yss 22 No Hospitai: 1 Inpatient 2 ER/Outpatient 3 DOA Other: 4 Nursing Home 5 Residence 6 Other (Sp.											
	After fune	ation:	27. Manufer of Déath 1 Naturel 5 Pending (Month, Day Year) Lackdent investigation	28b. Time of Injury										
	or Att ster d Direct d in by	Certification:	3 ☐ Suicida 4 ☐ Homicide 6 ☐ Could not be determined 28e. Piace of Injury - At h. building, etc. (Specify)	28f. Location (Street and Number or Rural Route Number, City or Town, State)										
	4 2 2 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4	edical	29a. Certifier (Check only one) Certifying Physicisn: To the best of my knowledge, death occurred at the time, dete and place, and due to the cause(s) and msnner as stated. Medical Examiner: On the basis of exemination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and msnner stated.											
	To the within 5	M	296. Signature and title of certifier 296. Vidence number 296. Data signed (Month, Day, Year) 297. Data signed (Month, Day, Year) 298. Signature and title of certifier 298. Data signed (Month, Day, Year)											
	Mel		30. Name and address of description completed cause of Geath (item 234) (Type, Print) We have a completed cause of Geath (item 234) (Type, Print) We have a completed cause of Geath (item 234) (Type, Print)											
	Sta Registi		31. Date filed (Month, Day, Year) 32. Registrar's Signa	iture										

DHMH 16 Rev 6/95

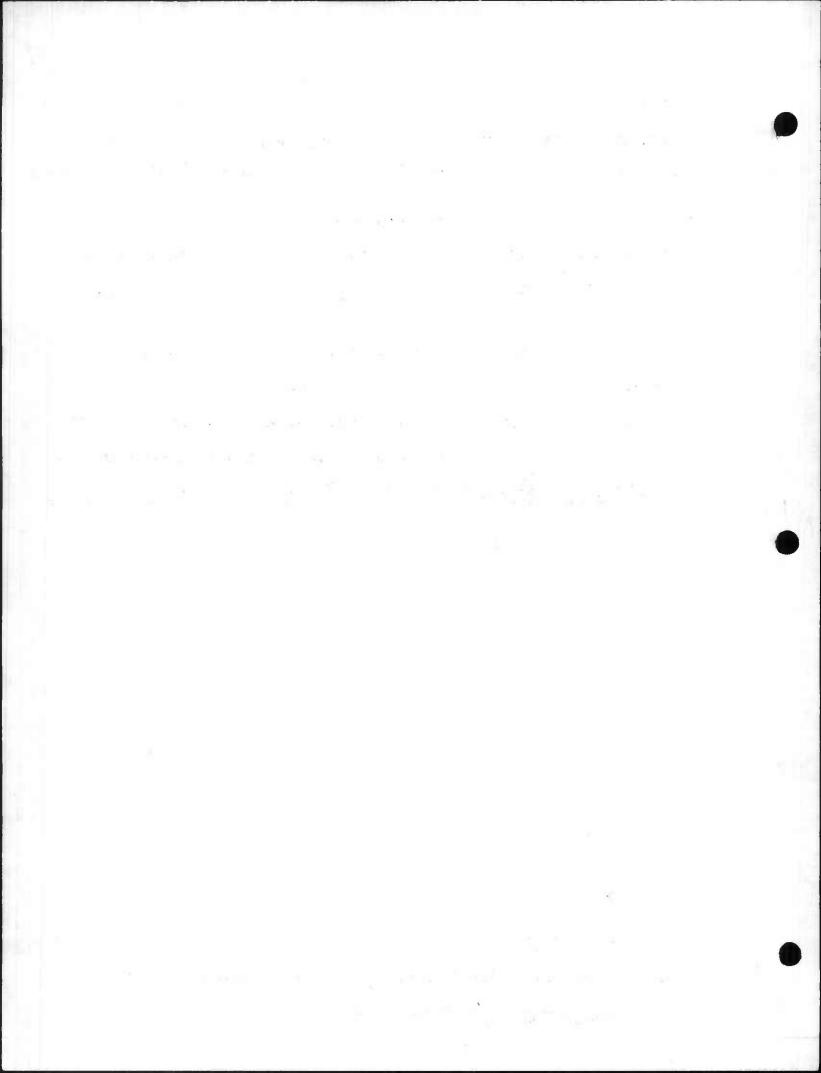
15. 18

State of Maryland / Department of Health and Mental Hygiene

Certificate of Death

96 28877

					Cert	ilicate o	Dealli		Reg. No.			
Physician /Medical		ome (First, Middle, H. Bonner	Last)					2. Date of De Month August	Dev	96	3. Time of Death 4:15 P.	
Examiner Funeral Director	CARRIA(5. Social Security 247-07-	GE HILL N Number 6				If Under 1 Yea Months Day		Montgomery Birth Day Year) 25,1917 South Carolina				
*	Usual Residence of Decedent 10a. State 10b. County 10c. City, Town or Location									d. Inside City Lim		
or and	100 013, 101110 200										1 X Yes 2 □	
ect ect	10e. Street and Number 10f. Zip Code								10g. Citizen of Whet Country?			
wat be notified at	5906 13th Street, N.W.				20011				United States			
era	11. Marital Status 12. Was Decedent Ever in U.S.											
Completed by Funeral Director	1 Naver Ma	arried ⊉(X Married I 4 □ Div <i>o</i> rced	Armed Forces?	1X□ Yes 2□ No If Yes, Give 1□ Yes		Yes 2X N		Black, White, etc. Specify: Black				
te ba	15. Decedent's Education (Specify only highest grade completed) [Give kind of work done during most of working life. DO NOT use retired)							. 4 %	16b. Kind of Business/Industry			
Pie Pie	(Specify only highest grade completed) (Give kind of work done during life. DO NOT use retired) Elementary/Secondary (0-12) College (1-4or 5+)					ne during most of w red)	ing most of working					
E O	12 Mail Handler					r		Amtrak				
Be	17. Father's Nam	e (First, Middle, La	st)				18. Mother's No	ame (First, Middle,	First, Middle, Maiden Surname)			
To	John S.	Bonner					Mamie					
5	19a. Informant's	Name/Relationship	(Type, Print)	15	9b. Maiting	Address (Stre	et and Number or I	Rural Route Numb	er, City or Town	, State, Zip	Code)	
or tra	Clement	ina Bonn	er Wife		5906	13th St	treet, N.	W., Wash	ington,	D.C.	20011	
imporant. I refit 21 is transfer overt, the Medical once. To Be Completed	20a. Method of D			20h Placa	of Disposi	tion (Name of tory or other p		Date	20c. Location		The same of the sa	
7 04	1 🖾 Burial	2 ☐ Cremation 3 5 ☐ Other (Soe	Removal from State	Gate	of H	eaven (Cemetery	8/26/96	Silver	Sprin	ng. MD	
는 스		Sarvica Lic					Iress of Facility	0, 20, 50	DILVEI	OPILI	16, 110	
any Ir	11	7//	- 841	1	Mc	Guire I	Funeral S	ervice,	Inc.	•		
/	McGuire Funeral Service, Inc. 7400 Georgia Ave. N.W., Washington, D.C. 2001											
	23a. Part Letter the disease, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiretory arrest, Approximate Interval Between											
cian Iical	Mimodiate Aug	o (Elpak								1	Onset and Death	
iner	mediate us disease or andi resulting In heath	tion	a. Stro	ke						2	2 weeks	
-				Due to (or as	a consequ	ence of):						
ial-transit Examiner			b									
Hran	Sequentially list conditions, if any leading to immediate											
oung	Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or Injury that Initiated events Due to (or as a consequence of):											
atached for usa as the bur Physician/Medical	that initiated events resulting in death) Last Due to (or as e consequence of):											
usa as the bunal-transit in/Medical Examir												
of for us												
/sic	Part II. Other sign	nificant conditions	contributing to death bu	ut not resulting	in the und	eriying cause ç	given In Part I.	23b. Did	tobacco use co	entribute to	the cause of dea	
y Physicia	Atrial	Fibrilla	tion, Seizu	re				10	Yes 2 No	3 Prob	ably 400 Unkn	
bed by												
paga 2 should be								24a. Was	an autopsy		re autopsy finding	
npie										of d	npletion of cause eath?	
Com								10	Yes 2 No	10	Yes 2□ No	
Be Co	25. Was case refe	erred to medical					26. Place of De	eath (Check only o				
= 0	examiner? 1 ☐ Yes 2[No .	Hospital:	nt 2 ER/C	Outnatient	3 DOA				ner (Snerih))	
rd Pro	27. Manner of De		28a. Date of Injur (Month, Day		Time of	28c. Inj		Nursing Home 5 Residence 6 Other (Specify) 28d. Describe how injury occurred				
funer	1 □Natural 2 □ Accident	5 Pending Investigat		Year)	Injury		ork? □Yes 2□No					
ed in by the funer. Certification:	3 ☐ Sulcide	6 ☐ Could not	be ge Place of Init	ırv - At home	farm stree		281. Location (Street and Number or Rurel Route Nur.			Route Number		
completely filled in by the fur Medical Certificatio	4 ☐ Homicide	determine	building, etc	(Specify)	iaiii, stibe	t, lactory, onlo	9	City or To	vn, State)	oor or ridior	riodie ridinoer,	
2	CO. Codillo	4570 441		v						_		
plately fill edical	29a. Certifier (Check only one)	2 Medical Ex	Phyaician: To the best of amtner: On the basis of	examination a	ge, death o ind/or inve	ccurred at the stigation, in my	time, date and ptac opinion, death occ	e, and due to the curred at the time,	cause(s) and modate and place,	anner as sta and due to	ited. the cause(s)	
Mec			and menner sta	ited.								
8	29b. Signature an	() Certifier	an lalma.	0			nse number		29d. Date signe			
	J. Wallelm D 42518 AUGUST 22,19								22,19			
	30. Name and address of person who completed cause of death (ttem 23a) (Type, Print)											
	Gul Chablani, M.D. 11119 Rockville Pike #316, Rockville, MD 20852											
State	31. Date filed (Mo	onth, Day, Year)		ar's Signature								
egistrar		AUG26	1006	he Devide	on-73	ndelle						
		APRA 0	1330		-1							



Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene 9 6 Certificate of Death Amended #19a, 8/26/96, JW Mont. Ctv t. Decedent's Neme (First, Middle, Last) 2. Dete of Death 3. Time of Deeth Month **Physician** ANTHOWY 18 4:00 PM AUGUST /Medical 4e. Fecility Name (If not institution, give street and number) 4b. City, Town, or Location of Deeth 4c. County of Deeth Examiner Montgomery Silver Spring 13701 Carlisle Court If Under 1 Year If Under 24 Hrs. Months Deys Hours Min. 6. Dete of Birth (Month, Day, Year) Jan. 7, 1925 5. Sociel Security Number 7. Age (In yrs. last birthday) 9. Birthplace (State or Foreign **Funeral** t☑M 2□F Pennsylvania 192-18-5217 Yrs 71 **Director** Usuel Residence of Decedent Pages 1 and 2 should be filled within 72 hours after death with the Maryland nent of Heath and Mental Hygiene.
Int: If item 27 is marked other than "natural", or items 23s or 28s-f ahow int: If item 27 is marked other than "natural", or other traumatic event, it a Medical Examiner must be notified at 10a. Stete t Oc. City, Town or Location 10b. County t0d. Inaide City Limits 1 Type 2X No Maryland Silver Spring Montgomery Direct 10e. Street and Number 10f. Zip Code 10g. Citizen of What Country? 20904 13701 Carlisle Court USA Funeral 12. Wes Decedent Ever in U,S. Armed Forces? t 3. Was Decedent of Hispanic Origin? (Specify Yes or No-If Yes, apecify Cuben, Mexican, Puerto Rican, etc.) t 4. Race - American Indien, Bieck, White, etc. 11 Marital Status 1 ☐ Yes 2 No If Yes, Give t | Never Merried | 21X Merried Baltimore, Maryland 21215-0020 1 ☐ Yes 2 🔀 No Specify lf Yes, Give Yeer or Detes: Specify: à 3 ☐ Widowed 4 ☐ Divorced White Completed 16a. Decedent's Usual Occupation (Give kind of work done during most of working life. DO NOT use retired) t5. Decedent's Education (Specify only highest grade completed) 16b. Kind of Business/Industry College (t-4or 5+) Elementery/Secondery (0-12) Labor Union Administrative Assistant 12 17. Fether's Neme (First, Middle, Last) t8. Mother's Neme (First, Middle, Maiden Sumame) Be Peter A. Bellissimo Giaconda Ricci 2 t9a. informant's Nama/Reletionship (Type, Print) t 9b. Meiling Addrass (Street and Number or Rural Route Number, City or Town, State, Zip Code) 13701 Carlisle Court, Silver Spring, Maryland 20904 Lillian Frene Bellissimo/Wife 20b. Piece of Disposition (Name of cemetery, crematory or other place) 20e. Method of Disposition 20c. Location - City or Town, State 1 ☑ Burial 2 ☐ Cremetion 3 ☐ Removel from State permit. Page Department of Important: If any injury or once. Gate of Heaven Cemetery 8/22/96 Silver Spring, Maryland 4 ☐ Donation 5 ☐ Other (Specify) 21. Signatura of Poheral Service Licenses 22. Name end Address of Fecility Hines-Rinaldi Funeral Home 11800 New Hampshire Avenue 20904 Silver Spring, Maryland 23a. Partt. Enter the disease, or complications that caused the deeth. Do not enter the mode of dying, auch es cardiec or respiretory errest, shock, or heer feilure. List only one ceuse on eech line. Approximete Interval Between Onset end Death **Physician** /Medical Immediete Causa (Finel disease or condition resulting in deeth) Minutes Respiratory Failure Examiner Due to (or as a consequence of): Examiner 1 month GI Hemorrhage requires that the death certificate be executed physician and the burial-transit Sequentially list conditions, if eny, leading to immediate cause. Enter Underlying Cause (Disaase or injury that in the conditions of the Due to (or es a consequence of): 2 months Division of Vital Records, P.O. Box 68760, Hepatic (Portal) Hypertension Physician/Medicai thet initieted events resulting in deeth) Lest Due to (or es e consequence of): 98 2 months Primary Hepatoma 950 ó signed by the a Pert II. Other significant conditions contributing to death but not resulting in the underlying cause given in Pert I. 23b. Did tobacco use contribute to the cause of death? 1 Yes 2 No 3 Probably 4 Unknown Ascites; Fluid and Electrolite Imbalance à 24b. Were autopsy lindings aveilable prior to completion of cause of death? Completed 24e. Wes en eutopay performed? certificate has page 2 2K No 1 ☐ Yes t ☐ Yes 2 ☐ No or Attending Physician: director, 25. Was casa referred to medical exeminer? Be 26. Place of Deeth (Check only one) Hospitel: Other: 4 □ Nursing Home 5 Nesidence 6 □ Other (Specify) 2 t ☐ Yes 25 No t Inpatient 2 ER/Outpetient 3 DOA After this 28a. Date of Injury (Month, Day Year) funeral 27. Mennar of Death 28b. Time of 28c. Injury at Work? 28d. Describe how injury occurred Certification: 5 Pending invastigation t Moturei after death. t ☐ Yes 2 ☐ No 2 Accident 6 Could not be determined 3 Suicide 28e. Piece of Injury - At home, ferm, street, lactory, office building, etc. (Specify) 28l. Location (Street and Number or Rural Route Number, City or Town, State) filled in by 4 Homicide A 24 hours De Funeral D Hospital 1 Certifying Physician: To the best of my knowledge, deeth occurred et the time, date end piece, and due to the cause(s) end manner es steted.

2 Medical Examiner: On the basis of examinetion and/or investigation, in my opinion, deeth occurred et the time, date and piace, and due to the cause(s) 29a. Certifier edicai To the Hosp within 24 ho To the Fune completely f (Check only one) 29b. Signature and title of certifier 29c. License number 29d. Dete signed (Month, Day, Year) August 19, 1996 D02338 30. Nama and eddress of person who completed causa of death (Item 23a) (Type, Print)

Richard P. Delaney, M.D. 9801 Georgia Avenue, Silver Spring, Maryland

32 Registrar's Signeture

whi Davidson Randers

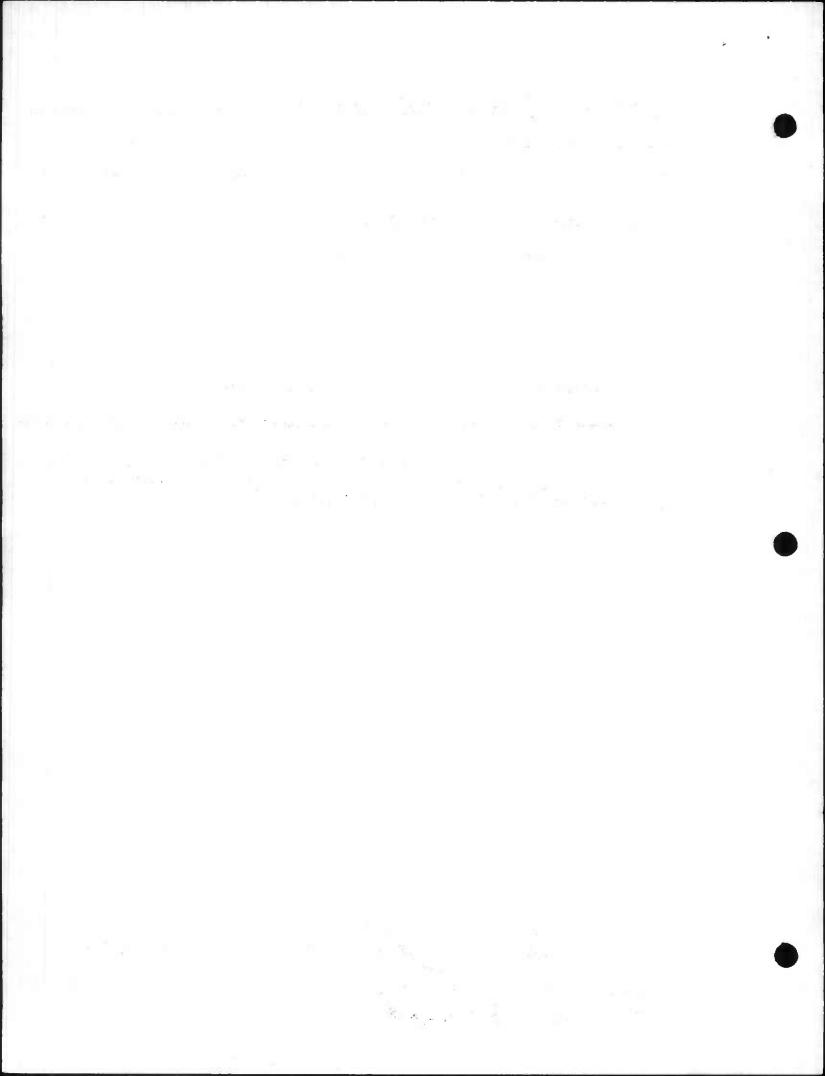
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DHMH 16 Rev 6/95

Registrar

31. Dete filed (Month, Day, Year)

AUG 2 1 1996



State of Maryland / Department of Health and Mental Hygiene 96 28879

Physician	1. Decedant's Nama (First, M.	liddle Leet												
riiyəlviali	,					2		.0 1		2. Data of De	eath Day	_ Vaar		Time of Death
/Medical	CHASILA			N.		130F	CHW	AY		AV6	3 p,	८१५६	, 11	:40 pm
Examiner	a con tata hil and a district	ution, giva s	street end nu	m <i>ber)</i>				4b. City, To	wn, or Lo	ocation of Deat	h 4c. Co	unty of Dea	ith	
	Holy Cross Ho	spita	a1					Silver			Mo	ntgon	nery	
Funeral Director	5. Social Security Number 292-74-7624		M 2XXXF	7. Age (In	yrs. lest birt	Yrs. If Un Mont	der 1 Year hs Days	If Under Hours	24 Hrs. Min,	8. Data of Bir (Month, Da Jan. 1	th ly, Year) 9, 195	9. B 68 Gha	rthpiaca country)	State or Forei
F	Usual Rasidance of Dacedant 10a. Stata 10b. Cou			100	c. City. Town	n or Location							10d in	side City Limit
a or 28a-f show the notified at Director	1													TYes 2 N
or 28s-fr	Maryland Mon	itgome	ery		Pot	omac	7ln Code				10- 011-			
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r Items 23a diner must Funeral	11. Marital Status		Armed Fo	orcas?	in U,S.	if Yes, s	pecify Cub	an, Maxicar	n, Puarto	ecify Yes or No Rican, atc.))- 14.	Race - Am Black, Wh		dian,
ural, or the al Examina of by Fu			1 ☐ Yas If Yas, Gir Yaar or D	VO		1 □ Yas	XXNo	Specify:			Sp	ecify:		
		dent's Educ		alas.	100	Decedant's U	eual Occur	antlan			10h Klad	of Businas:	lack	
ygione. Nr tha Medical It, the Medical Completed	(Spacify only hig	ghast grade	complated)			(Giva kind of lifa. DO NO	work done	during mos	t of work	ing				ration
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		dla, Last)			DI	lling F	repres	1		a (First, Middle		-		
and off	Joshua Nunoo													
d Meri marks marks	19a. informant's Name/Raiati		no Print)		106	Matting Add	nna (Parant			Bampo			7:- 0 - 1	. 1
to a to a				1						al Routa Numb				
Houlth Bar ty	Joseph Botchw	ay -	Husbai		331	Disposition (Parki	ord M	lanor	Terra		lver		
nt: If its	1 ☑ Buriai 2 ☐ Cramatic	on 3 🗆 Re	e <i>m</i> ovai from		cemetar	y, crematory	or other pla	ce)	1					
Department of important: If any injury or once.	4 □ Donation 5 ②Other		,	(Gate c	of Heav			y 9	/14/96	Silve	r_Spr	ing,	Maryl
Depart Import any in	21. Signature of Funeral Servi	ice Lidense	0//					ss of Facilit	ty	al Home				
05 8 0	Wholest.	Lin	Three		_					Ave			dna	MD 20
	23a Part1. Enter the disease shock, or heart failure. If	complic	cetions thet o	aused tha	daath. Do n	not anter tha n	node of dvir	no such as	IIII	AVEL	DITINE	T Phr	Tilg.	
ysician	BROOK, Or Hours failure.	cial only on	a causa on a				roud or dyn	181 00011 00	cardiac (or raspiratory a	irest,		Appl	roximate
				ach ing.			roda or dyn		Cardiac	or raspiratory a	irest,		tritar	val Between et and Deeth
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COLUMN TO SERVICE STREET, STRE	Immediate Cause (Final disease or condition resulting in death)			15/1	n P	nun	0 H 18	1		or raspiratory a			tritar	val Between
aminer	disease or condition resulting in death)		Bu	ATV/	to (or es e d	consequence	어머 1&	/ (tritar	val Between
caminer	disease or condition resulting in death)		Bu	Dua Dua	r P to (or es e d	consequence	のロ 1A of): P ひ S	/ (tritar	val Between
eaminer Aminer	disease or condition resulting in death)	.	Bu	Dua Dua	to (or es e o	consequence consequence	のロ 1A of): P ひ S	/ (tritar	val Between
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State of Maryland / Department of Health and Mental Hygiene

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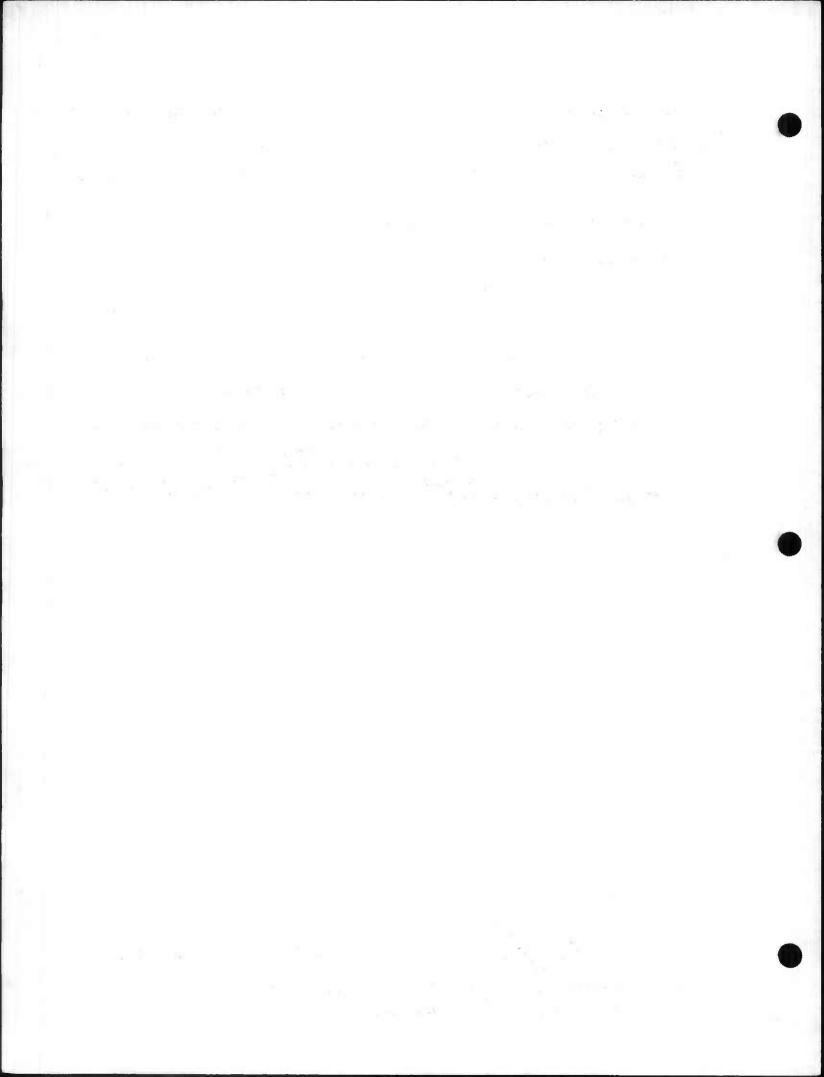
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	₩ th	60	2718 Washington	Avenue			20	815			Unit	ed St	ates	
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Maryland														
	of Health Itam 27 i		Rene J. Toquant 20a. Method of Disposition	/ Irlend	20h Pinor	9 2 U b	Azure (court,	Mana	assas, \	20c. Location		2110	
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	/Medical		Immediate Cause (Final											
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	T) 0 D	Physician	Part II. Other significant conditions	contributing to death	h but not resultin	g in the ur	nderlying cause	given in Per	l.	23b. Did	tobacco use c	ontribute !	to the cause of	f death?
P.0	that the day ned by the a datached f	th					, •			1□	Yes 2 X No	3 □ Pro	obably 4 🗆 U	Jnknown
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Vital	Physician: The this certificate ral director, page	Be	25. Wes case rafarred to medical examinar?					26. Pie	e of Deat	th (Check only o	one)			
of	Physic this co	2	1 No 2 No	Hospitel: 1 ☐ Inpa	atient 2 ER	/Outpatien	t 3 DOA	Other: 4 1	lursing Ho	oma 5X Resid	denca 6 🗆 O	thar (Speci	ify)	
			27. Menner of Death	28a. Dete of In	njury 28 Dey Year)	b. Tima of Injury	28c. I	njury et Work?		28d. Describe	how Injury occu	hueq		
Division	Attending ir death. actor: After by the fune	Certification:	1 XNetural 5 ☐ Pending 2 ☐ Accident investigation	1.7.	- o, . oa.,	injury		Yes 2] No					
Vis	for Attendil after death. Director: A 3 in by the fu	Iffe	3 Suicide 6 Could not determine	d 256. Piece of	Injury - At home	, ferm, stre	eet, fectory, offi	ce		28f. Location (Street and Nun	nber or Rur	ral Route Numb	oer,
Ö	afte din	ert	4 Homicide	building,	etc. (Specify)					City or To	wn, State)			
	To the Hospital or within 24 hours after To the Funeral Director completely filled in		29e. Certifier 1X Certifying P	hysician: To the be	st of my knowled	dge, deeth	occurred et the	e time, dete e	nd plece.	end due to the	cause(s) and n	nanner as	stated.	
	Fur etely	edical	(Check only 2 Medical Exa	miner On the besis	of exemination	end/or inv	estigetion, in m	ny opinion, de	eth occur	red et the time,	dete end plece	, and due	to the cause(s)	
	ithin of the	Me	29b. Signatura and title of cedifier	///			29c. Lic	anse number			29d. Data sign	ed (Month	Dey, Year)	
	F ≯ F 8		X											
7	. 0		-]]	D35103			August	26,	1996	
	12		30. Neme end address of person who	completed cause of	of deeth (Item 23	le) (Type,	Print)							
			Stephen Vaccarez	za, M.D.	6240 M	ontro	se Road	d, Roc	kivl]	le, Mary	land	20852		
	Sta	ite	31. Dete filed (Month, Day, Year)	32. Reg	trar's Signature									
	Registr	ar	AUG2 8 1	וששט	chia Davide	100-160	deric							



State of Maryland / Department of Health and Mental Hygiene

29d. Dete signed (Month, Day, Yaar) SEPTEMBER 25, 1996

						,	C	ertifica	te of	Death			Reg. No.		30	40	1002
Physician /Medical		1. Decedant's Nama (First, Middla, ROBERT	Lest				F	BARR		SR.		2. Data of Do Month SEPT	Day	, 1	3 96		a of Death
Examiner		la. Facility Nama (If not institution, 7701 HARKINS			num <i>ber)</i>					4b. City, To Lanh		ocation of Dea			of Death	GEOF	RGES
uneral rector	1	228-54-2651	6. Sa	x 3 √M 2□ F		a (In yrs 53	. last birthda Yrs.	y) If Unda Months	Days	If Undar Hours	24 Hrs. Min.	8. Data of Bi (Month, D March	irth Pay, Year) 22,19	43	9. Birthp Cour Wes	placa (Stantry)	ata or Foraign irginia
Fred at		Usual Rasidance of Dacedant 10a. Stata 10b. County Usinginia Fauqui	er				ity, Town or Cesvil								1		le City Limits
other mant be notified other families of a notified other families of the following of the following of the families of the fa	-	10e. Street end Numbar 7734 Rogues Roa	d					10f. Zi	p Coda 22	123			10g. Citiz		What Cour		
by by		I 1. Marital Status 1 ☐ Navar Marriad 2 ☐ Marrie 3 ☐ Widowed 4 █ Divorced			Forcas? s 2√2 Giva		J,S. 1:	I. Was Dece If Yas, spe 1 ☐ Yas				pecify Yas or No Ricen, atc.)		Blad	ee - Amaric ck, Whita, v: Whi	atc.	n,
ent, tre Meulcal		15. Decedant's (Specify only highast Elamantary/Secondery (0-12)	Edu	a complata	d) ı (1-4or !	5+)	(Gi lifa	edent's Usu va kind of we DO NOT	ork dona Ise retire	during mos d)	t of work	king			usinass/in	dustry	
merked other than imatic event, tre M To Be Comp		12 7. Fathar's Nama (First, Middle, Li E1by	ast)			Barr		struc	cion	18. Motha	ar's Nam	na (First, Middle		Suman	ator vans		
27 is mari r traumati	19a	19a. Informant's Name/Ralationshi Robert Lee Barr			n					and Numbe	er or Ru	ral Routa Numb		Town,	Stata, Zip		
important: If Item 27 is any Injury or other trau once.		1 □ Burlal 2 Cramation 3 4 □ Donation 5 □ Other (Spe	3 🗆 R	tamovai fro			Place of Dis comatary, c	position (Na amatory or	ma of other pla	ce)		Data 9/29/96	20c. Loc	cation -	City or To	wn, State	
sician edicai miner		23a. Part Entar tha disaasa, o.c. shock, or haart failure. List of immediate Causa (Final disaasa or condition rasulting in daath)							da of dyli	ng, such as	cerdiac	1 Home W Ave, or raspiratory a	arrast,			Approxi	
ng physician and a ses the byrial ransit		Sequentially list conditions, if any, leading to immediate causa. Entar Undarlying Cause (Disease or Injury hat Initiated avants asulting in death) Last	c c). ————). ————				equance of):					0				
igned by the attendir be datached for usa by Physician/N		art II. Other significant condition	a con		death b	ut not ras	sulting In tha	undarlylng	cause giv	van in Pert I.	•		I tobacco				se of death?
hes been s ge 2 should mpleted											in.	24a. Was	s an autopomed?		av	allabla pri mplation daath?	of causa
0 J	-	5. Was casa rafarrad to medical								26 Diago	of Dogs	th (Check only] No	1)	Yas	2□ No
00		axaminar? 1⊠ Yas 2□ No	Н	lospital:] Inpatia	nt 2	ER/Outpati	ent 3 D	OA Oth			oma 5 ☐ Ras		Doth	ar (Specif	v) SC.	ENE
oy the funeral	2	7. Mannar of Deeth 1 Netural 5 Panding 2 Accidant invastigat 3 Sulcide 6 Could no determine	t be	28a. Dat (Mo 9(2 a 28a. Pla	a of inju onth, Day 4/9 C	y Year)	28b. Tima Injury / 6 v	of 1	28c. Injur Woo		No	28d. Dascribe	how injury	occuri	tencs	lifect	elevety
2 Q	2	9a. Certifiar 1 Certifying	Phys	lcian: To the	ding, ato	of my kno	veter wladge, dec	She occurred	at tha tir	ne, dete en	d place,	28f. Location (City or To	causa(s)	and me	and enner as st	tated.	-
pletely fill edical		(Check only 2 Madical Ex	amir	ar: On the	basis of inner sta	axamina	tion end/or	nvastigetion	, in my o	pinion, daat	th occur	red at the time,	, deta and	place,	end due to	tha caus	se(s)

State Registrar

THEODORE MIKIN

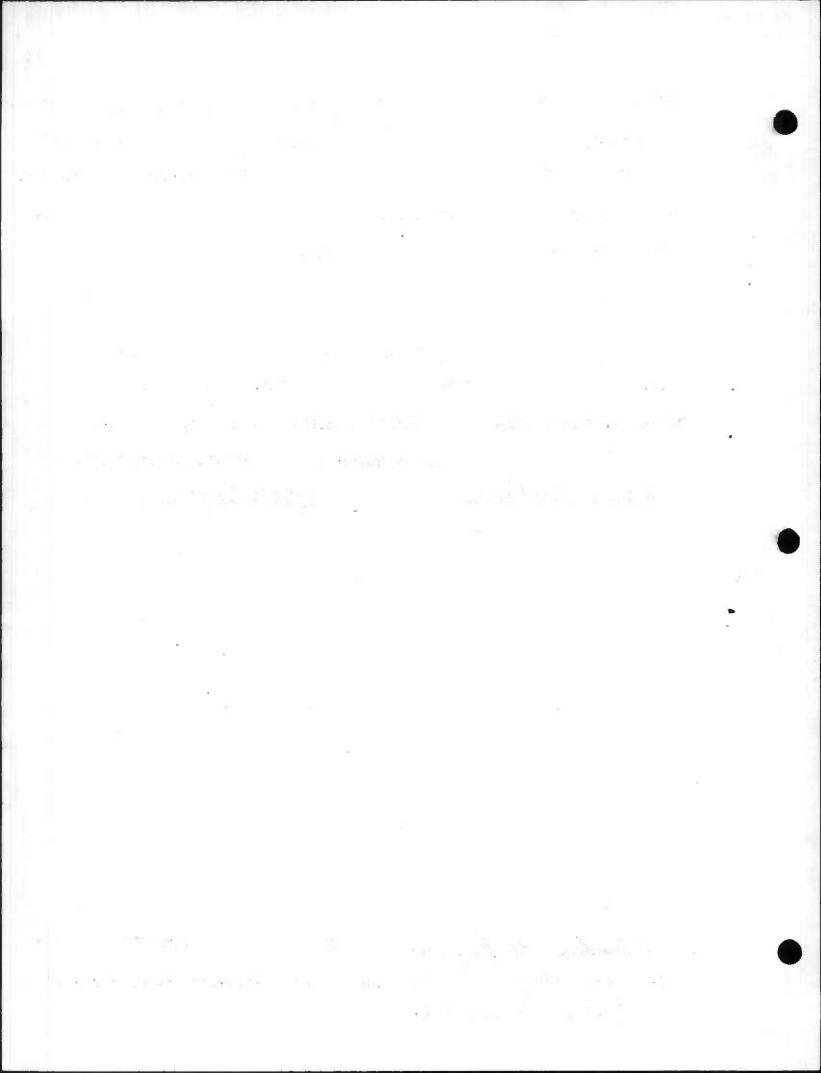
29b. Signatura and titla of certifiar

111 Penn Street, Baltimore, Maryland 21201

30. Name and addrass of person who completed causa of dadn (itam 23e) (Type, Print)

29c. Licansa number

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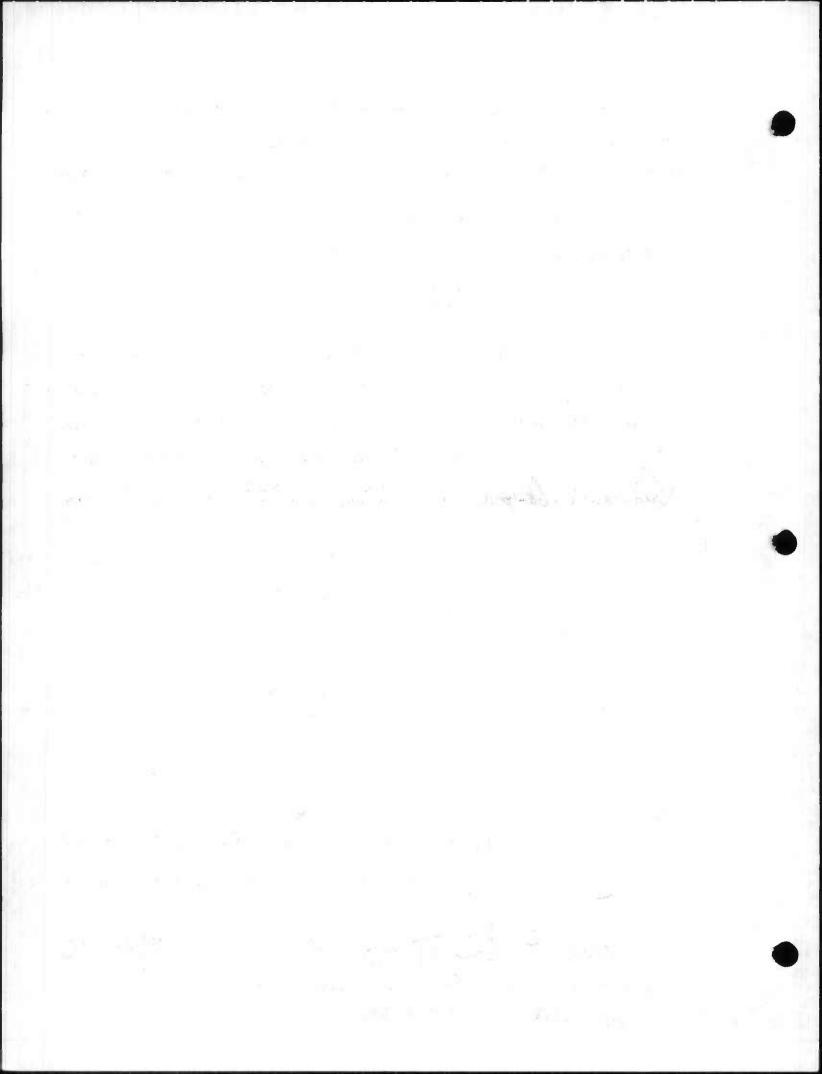
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State of Maryland / Department of Health and Mental Hygiene 96 2883

				Glato of III	ar yraria 7			f Death	, ,	ag. No.	U	20000
	1 12		1. Decedent's Nama (First, Middle, La	st)					2. Date of Deat	h	Va	3. Time of Death
	Physic /Medi		Grayson	Hunte	er	BOWERS	S. SF	R.	Septemb	er 8. 1	Year 996	4:59 A.M.
b	Exami		4a. Facility Name (If not institution, give			20112111		4b. City, Town, or Le		4c. County		4.55 11.11
Т			Homewood Retire	ment Cente	er			Frederi	ck	Fre	ederi	ick
П	Funeral		Social Sacurity Number 6. S		e (In yrs. last t		Indar 1 Yea	If Under 24 Hrs.	8. Daie of Birth (Month, Day,			iaca (Stata or Foreign
2	Director		214-10-1706	X M 2□ F	98	Yrs.	Idis Days	S FIGUIS WIII.	Nov 18,	1897		ryland
	pu .		Usual Residance of Decadent 10a, State 10b, County		10a City To	wn or Location						
	sho	5	Maryland Freder	rick		derick					1	0d. Inside City Limits 1X Yas 2 □ No
	the N	Director	10e, Street and Number	TOR	110							
	with o	급	101 Council Str	ant		10	f. Zip Code		10	0g. Citizen of W		try?
	eath	Funeral	11. Marital Status	12. Was Decedent	Ever in II S	12 Was F		1701	ooifu Van ar Ala		S.A.	an Indian.
	ter d	5	1 Navar Marriad 20 Married	Armed Forces?		If Yas,	specify Cu	Hispanic Origin? (Sp ban, Maxican, Puarto	Rican, etc.)		k, Whita,	
020	or al	by	3 ☐ Widowed 4 ☐ Divorced	If Yes, Give Year or Datas:	1919	1 🗆 Y	es ŽON	o Specify:		Specify:	Wh	ite
21215-0020	should be filed within 72 hours after death with the Maryland nd Mental Hygiene. I marked other than "naturat", or items 23a or 28a-f show urnatic event, the Medical Examiner must be notified at	8	15. Decedent's E		16	a. Decedent's	Usuai Occi	upation		16b. Kind of Bu	siness/Inc	dustry
215	hin 7	Completed	(Spacify only highest gra Eiamentary/Secondary (0-12)	Coilege (1-4or 5	(4)	(Give kind o	of work done OT use retir	upation e during most of work red)	ing			1
	od wil	TO.	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	3		Lumber	Trade	er		Lumbe	er Co	ompany
pu	al Hy ofth	Be (17. Fathar's Name (First, Middle, Last,					18. Mothar's Name	e (First, Middle, N			
Maryland	Mental Mental arked c	To	Grayson	E		BOWER	S	Chrissie	e B	D		FIRESTONE
Jar	and and is me		19a. Informant's Name/Raiationship (et and Number or Run				
2,	and eeith n 27		Grayson H. Bower	s/Son	7	702 Dai	nce Ha	all Road,				
Baltimore,	permit. Pages 1 and 2 should be filed within 72 hours after death with the Marylan Depertment of Heelth and Mental Hygiene. Important: if Itam 27 is marked other than "natural", or items 23a or 28a-4 show any injury or other traumatic event, the Medical Expring must be notified at Once.		20a. Mathod of Disposition 1 Mathod Burial 2 ☐ Cremation 3 ☐	Removal from State	20b. Piaca cemer	of Disposition ery, crematory	(Name of or other pi	lace)		20c. Location - (,	
E	men ant:		4 □ Donation 5 □ Other (Specif		ME OT			ry Sep 10,			,	Maryland
Sall	permit. Deperturiments any inju		21. Signature of Funeral Servica Licer	1909		22. Nam	e and Add	ress of Facility & Basford	D A Fun	oral H	amo.	
ш	20E = 9		Kulara (C.	caspro	M00021	106	East (Church Str	eet. Fre	derick.	. MD	21701
П			23a. Part1. Enter tha disease, or com shock, or haart failure. List only	piication that caused one cause on each li	the death. Do	not enter the	mode of dy	ying, such as cardiac	or respiratory arre	est,		Approximata Interval Between
5	Physician			ď								Onsat and Death
ď.	/Medical Examiner		Immediata Causa (Final disease or condition		D-	cha d	tark	110-				week
ı	LAGIIIII	_	resulting in death)		Due to (or as a	consaquence	of):	Tion				
	pei isi	edicai Examiner		b. FC	acto	100	f	C+F+ 1	Em,	J. w		1 month
6.	tificate be executed g physician and as the bunal-transit	хаг	Sequentially list conditions, if any, leading to immediate cause. Enter Undarlying Causa (Diseasa or injury that initiated events		Due to (or as a	consequence	of):				2	
68760,	slciar buri	ai	Cause. Enter Undarlying Causa (Diseasa or injury that initiated events	c						CAC	<u>/</u>	
68	ficate phy s the	Pe	resulting in death) Last		Due to (or as a	consequance	of):		/	A COLOR	sodice.	
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.O. Box	d for	Cla	Part II Other elgoiffeant conditions	antibution to don't be	ot most manufalina	In the constant of			alia.	Des Do	Disc	Abo assessed devalo
0	law requires that the death cer es been signed by the attendin r 2 should be deteched for use	Physician/	Part II. Other eignificant conditions of	orithbuting to death bi	it not rasulting	in the underly	ing cause g	1000	IP ROOM	a Maria	3 Prot	o the cause of death? pably 4 Unknown are autopsy findings allable prior to mail to death?
ري. م	ned I	by P						LU STORY	igt,	2000	3 110	abiy 4 Dilkilowii
Records,	aure on sig							MEDICAN TOL	24a, Was an	autopsy	24b. We	ere autopsy findings
00	s bee	ojet						MEL	репоп	100?	cor	mplation of cause death?
	The la	Completed							1□ Ye			Yes 2□ No
ta		BeC	25. Was case referred to medical					26. Piaca of Deat				7763 2010
>		To B	examiner? NZ Yes 2□ No	Hospital:	nt 2 DEB/C	Outpatient 3	DOA O	ther	me 5 Reside		r (Snecih	,)
0	a Physics er this control		27. Manner of Death	28a. Date of injur	y 28b.	Time of	28c. Inju	ury at	28d. Describe ho			
0	ath. r: Aft	atio	1 □ Natural 5 □ Pending investigation	(Month Day	191	Injury P M		ork? □ Yas 2 No	tell	atl	~ 0	an
Division of Vital	al or Attending Phy s after death. I Director: After this id in by the funeral of	Certification:	3 ☐ Suicide 6 ☐ Could not be determined	286. Place of Inju	At home,	farm, straat, fa	ctory, office	4	28f. Location (Str. City or Town,	reet and Numbe	r or Rura	l Route Number,
٥	s afte	Ser	4 Homolog	building, etc	. (Specify)	Hom	e		Or Cours	1 4 4	red.	ericht. Me
	hour hour mera ly fills	al	29a. Certifier Certifying Ph	yelcian: To the best of	f my knowledg	e, death occur	red at the t	time, date and place,	and due to the ca	use(s) and man	ner es st	ated.
	To the Hospital within 24 hours a To the Funeral Completely filled	edicai	one) 2 Medical Exam	and manner sta	examination a ted.	nd/or investiga	ition, in my	opinion, daath occurr	ad at the time, da	ite and place, a	nd due to	tha cause(s)
	To the Hospital or a within 24 hours after To the Funeral Director Completely filled in the complete of the co	Σ	29b. Signature and the of certifier	6/1				nsa number	29	d. Daie signed	(Month, I	Day, Year)
			(NOMA)	T. Us	4 60	Mi	D164	428		9	91	96
			30, Name and address of person who	Allocal transfer output and								
			Casper E. Cline, 1	II, M.D.,	300 We	est Nin	th St	reet, Fred	lerick, M	ld. 2170)1	
	Sta Registr		31. Data filed (Month, Day, Year)		r's Signature	Rus	i.					
	Registr	ai	SEP 0 9 19	DU T			le.					

DHMH 16 Rev 6/95

SEP 0 9 1996



State of Maryland / Department of Health and Mental Hygiene

Certificate of Death 1. Decedant's Name (First, Middla, Last) 2. Date of Death 3. Time of Death Month Dey **Physician** Sept. 6, 1996 Leighton Cecil Blickenstaff 10:30 A.M. /Medical 4e. Fecility Nama (If not institution, give street and number) 4b. City, Town, or Location of Death 4c. County of Death Examiner Frederick Health Care Center Frederick Frederick If Under 1 Yaar If Under 24 Hrs.

Months Deys Hours Min. 5. Social Security Number 8. Data of Birth (Month, Day, Year) Jan 15, 9. Birthplace (State or Foreign 1911 Md. 7. Age (In yrs. last birthday) **Funeral** 100M 20 F 85 Yrs Director 212-14-7542 Usual Rasidance of Dacedent the Meryland 10a Stata 10b. County 10c. City, Town or Location 10d. Inside City Limits 7 is marked other than "natural", or items 23s or 28s-f show traumstic event, the Medical Examiner must be notified at Director Frederick 1 Yes 2 No Middletown 10e. Sfreef end Number 10f. Zlp Coda 10g. Citizen of What Country? 8313 Myersville Rd. 21769 U.S.A. Funeral 12. Was Decedenf Ever in U,S. Armed Forcas? 14. Race - American Indien, Black, Whita, etc. Was Decedanf of Hispenic Origin? (Specify Yes or No-If Yes, specify Cuban, Mexican, Puarto Rican, atc.) permit. Peges 1 and 2 should be filed within 72 hours effer c Department of Health and Mental Hygiene. Important: If Item 27 is marked other than "natural", or then any injury or other traumatic event 1 □ Yes 2X No If Yas, Giva Yeer or Defas: 1 ☐ Naver Merried 2 ☐ Married Baltimore, Maryland 21215-0020 1 ☐ Yas 2 ☐ No Specify: þ Specify: White 3 ☐ Widowed 4 ☐ Divorced Completed 16a. Decedant's Usual Occupetion (Giva kind of work dona during most of working lifta. DO NOT usa retired) 15. Decedant's Education (Specify only highast grada completed) 16b. Kind of Businass/Industry Elementery/Secondary (0-12) Collega (1-4or 5+) carpenter construction 17. Fathar's Name (First, Middla, Last) 18. Mother's Nema (First, Middla, Maidan Surnama) George Leroy Blickenstaff Lola Edith Kelbaugh 19e. informent's Name/Ralationship (Type, Print) 19b. Malling Addrass (Street and Number or Rural Routa Number, City or Town, Stata, Zip Code) Viola G. Blickenstaff(Wife) 8313 Myersville Rd., Middletown, Md.21769 20b. Place of Disposition (Nama of comatary, cramatory or other placa) 20a. Mathod of Disposifion Data 20c. Location - City or Town, Stata 1X Buriel 2 ☐ Cramation 3 ☐ Ramoval from Stata Lutheran Cemetery 9/9 Middletown, Md. 5 Othar (Specify) 22. Name end Address of Fecility
Donald B. Thompson Funeral Home 21. Signeture of Funeral Service Ciona Pad Philar tha disease, or complications that caused the death. Do not anter the mode of dying, such as cardiec or respiretory errest, shock, or heart failure. List only one cause on each line. 21769 Approximete Intarval Between Onset and Death **Physician** Fargeria Heart Failure /Medical Immediata Cause (Final disease or condition rasulting in daath) Examiner Due to (or es e consequance ot) Examiner physician and the burief-transit The lew requires that the death certificate be executed Sequentially list conditions, if any, laading to immadiata causa. Entar Underlying Cause (Diseasa or Injury that initiated evants rasulting in daath) Last Due to (or es a consequance of): P.O. Box 68760. Physician/Medical Dua fo (or es a consequance of): attending p Part II. Other significant conditions confributing to death but not resulting in the underlying cause given in Part I. 23b. Did tobacco use contribute to the cause of death? 2 1 Yee 2 No 3 Probably 4 Unknown signed b Division of Vital Records, by 24a. Was an autopsy performed? 24b. Ware autopsy findings available prior to completion of cause of death? Completed hes 1 Yas 2 No 1 ☐ Yes 2 ☐ No certificate To the Hospital or Attending Physician: within 24 hours effer death.

To the Funeral Director: Affer this cartification of the funeral director, is 25. Wes casa reterred fo medical examinar?

1 Yas 2 No Be 26. Placa of Death (Check only one) Othar: 4 Nursing Homa 5 Rasidance 8 Othar (Specify) Medical Certification: To 1 ☐ Inpatianf 2 ☐ ER/Oufpetient 3 ☐ DOA 27. Manner of Death 28a. Deta of injury (Month, Day Year) 28b. Time of 28c. injury at Work? 28d. Dascribe how Injury occurred 1 Netural 5 Panding Investigation 1 ☐ Yas 2 ☐ No 2 Accidant 3 Suicide 6 Could not be 28a. Placa of Injury - Af homa, farm, streat, factory, office building, atc. (Specify) 281. Location (Street and Number or Rural Routa Number, City or Town, Stata) 4 Homicide 1 Certifying Physician: To the best of my knowledga, death occurred at the time, data end piece, end due to the cause(s) and mannar as stated.
2 Medical Examiner: On the basis of examination and/or investigation, in my opinion, death occurred of the time, data and piece, and due to the cause(s) and manner stated. 29a. Certifiar 29b. Signefure end fitta of certifiar 29c. License number 29d. Defe signed (Month, Day, Year) ON TE VIU 30. Nama and addrass of person who complated causa of deeth (Itam 23a) (Type, Print) Michael BEKRE MD 32. Agistrara Signature 31. Data filed (Month, Day, Yaar) SEP 1 0 State

Registrar

State of Maryland / Department of Health and Mental Hygiene Certificate of Death 1. Decedent's Neme (First, Middle, Last) 2. Dete of Deeth 3. Time of Death **Physician** Dey Willard Morton Beall Jr. September 5, 1996 12:40 PM /Medical 4e. Fecility Neme (If not institution, give street end number) 4b. City, Town, or Location of Deeth 4c. County of Deeth **Examiner** Frederick Memorial Hospital Frederick Frederick 8. Sex 1 M 2 F If Under 24 Hrs. Hours Min. 8. Dete of Birth (Month, Day, Year) May 12, 1913 5. Sociel Security Number 7. Age (In yrs. last birthdey) If Under 1 Yeer Birthplece (State or Foreign Country) **Funeral** 214-10-1937 Yrs. 83 Director Maryland Usuel Residence of Decedent permit. Peges 1 end 2 should be filed within 72 hours after death with the Meryland Department of Health and Mentel Hyglene. Important: If Item 27 is marked other than "natural", or thems 23s or 28s-f show any injury or other traumatic event. The second of the second 10a. Stete 10b. County 10c. City, Town or Location 10d. Inside City Limits 1 Yes 2 □ No Maryland Frederick Frederick 10e. Street end Number Homewood Retirement Center 10f. Zlp Code 10g. Citizen of What Country? 31 West Patrick Street 21701 U.S.A. Funeral 12. Wes Decedent Ever in U,S. Armed Forces? 1 ☐ Yes 2 ☑ No If Yes, Give Yeer or Detes: 11. Maritel Stetus Wes Decedent of Hispanic Origin? (Specify Yes or No-if Yes, specify Cuban, Mexican, Puerto Rican, etc.) Rece - American Indian, Bieck, White, etc. 1 Never Merried 2 Married Baltimore, Maryland 21215-0020 1 ☐ Yes 2 No þ Specify: 3 ₩ Widowed 4 Divorced White Completed 16a. Decedent's Usuei Occupation (Give kind of work done during most of working life. DO NOT use retired) 15. Decedent's Education (Specify only highest grade completed) 16b. Kind of Business/Industry Elementery/Secondery (0-12) College (1-4or 5+) Draftsman U.S. Government 17. Fether's Neme (First, Middle, Last) 18. Mother's Neme (First, Middle, Meiden Sumeme) Willard Morton Beall Myrtle Geisinger 19e. Informent's Neme/Reletionship (Type, Print) 19b. Meiling Address (Street end Number or Rural Route Number, City or Town, Stete, Zip Code) Robert L. Beall 8722 Cathedral Way, Gaithersburg, MD 20879 20b. Piece of Disposition (Neme of cemetery, cremetory or other piece) 20e. Method of Disposition 20c. Location - City or Town, Stete W Burlel 2 ☐ Cremetion 3 ☐ Removel from Stete Mount, Hope Cemetery 9/9 Woodsboro, Maryland 4 ☐ Donetion 5 ☐ Other (Specify) 21. Signeture of Fune at S ROBERT E. DAILEY & SON FUNERAL HOMES, P.A. 1201 NORTH MARKET ST., FREDERICK, MD 21701 Do not enter the mode of dying, such as cardiac or respiratory errest, **Physician** /Medical immediate Cause (Final disease or condition resulting in death) Acute Renal Failure Examiner abdominal artic anewysing Examiner The law requires that the death certificate be executed attending physician and for usa es the burial-transit Sequentielly list conditions, if eny, leeding to immediate cause. Enter Underlying Ceuse (Diseese or injury that initiated events resulting in death) Last Division of Vital Records, P.O. Box 68760, atherosclerosia Physician/Medicai Due to (or as e consequence of) signed by the a Pert II. Other significant conditions contributing to death but not resulting in the underlying cause given in Pert I. 23b. Did tobacco usa contribute to the cause of death? pulmonary disease 1 Yas 2 No 3 Probably 4 Unknown Chimic obstructive by Congestre heart failure 24e. Wes an autopsy performed? 24b. Were autopsy findings available prior to completion of cause of death? Completed has cerebrorasculas chianse 1 Yes 2 No certificate 25. Wes case referred to medical exeminer?
1 ☐ Yes 2 ☑ No funeral director, 26. Place of Deeth (Check only one) Hospitel: 1 Minpatient 2 ☐ ER/Outpetlent 3 ☐ DOA Other: 4 Nursing Home 5 Residence 8 Other (Specify) After this 27. Mennes of Deeth Certification: 28a. Dete of Injury (Month, Dey Year) 28b. Time of 28d. Describe how injury occurred 28c. Injury et Work? 5 Pending investigation 1 Neturel i or Attending after death. I Director: Aft 1 Yes 2 No 2 Accident 3 Suicide 6 Could not be determined 28e. Plece of Injury - At home, ferm, street, fectory, office building, etc. (Specify) 28f. Location (Street end Number or Rural Route Number, City or Town, Stete) 4 Homicide Hospital 24 hours 24 hours 29a, Certifier (Check only one) 1 Certifying Physician: To the best of my knowledge, death occurred et the time, dete end piece, and due to the cause(s) end menner as atated. Medical To the Hosp within 24 hor To the Fune completely fi 2 Medical Examiner: On the basis of examinetion end/or investigation, in my opinion, deeth occurred at the time, date and piece, and due to the cause(s) end menner stated. 29b. Signature and title of certifier 29c. License number 29d. Dete signed (Month, Day, Year) and M.D 035695 30 Name and eddress of person who completed cause of deeth (item 23a) (Type, Print) 915 Toll House Ne 5-203 Frederick no N. ERIC CARNELL, M.D. 32. Registrar's Signeture.

Physics Ravials 31. Dete flied (Month, Dey, Year)

State Registrar

BUT SERVICE SE

State of Maryland / Department of Health and Mental Hygiene

Certificate of Death

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						Cer	uncai	e oi	Deam			Reg. No.		
п	Physici	ion	Decedent's Name (First, Middle, La	st)							2. Date of De Month	oath Day	Year	3. Time of Death
	Physici /Medi		JESSIE MAE BIG	GS								ber 19		8:40 p.m
3	Examir		4e. Facility Name (If not institution, giv	e street end number,)				4b. City, To	wn, or Lo	cation of Deat	h 4c. County	of Death	
7			Moran Manor Nu	rsing Hom	e				West	tern	port	Alle.	gany	
	Funeral		5. Social Security Number 6. S	ex 7. A	ge (In yrs. last	birthdey)	If Unde		r If Under:	24 Hrs.	8. Date of Bir (Month, De		9. Birthplac	e (Stete or Foreign
	Director	Н	212-74-2413	□M 20XF	103	Yrs.	Months	Days	Hours	Min.	March	19 1893	Country)
	_		Usuei Residence of Decedent		105						Har ch	17 1075	riar y	Zuilu
	/land		10a. Sfate 10b. County		10c. City, To	own or Loc	ation			-			10d.	Inside City Limits
	Man	to	Maryland Allega	nv	Wast	ternp	ort							XX Yes 2 No
	the 288	Director	10e. Streef and Number	in y	WCD	ccrip	10f. Zip	Code				10g. Citizen of \	What Country	2
	with a or	ō	225 Walnut St.						()		1			
	Juithin 72 hours after death with the Manyand Jone. I than "natural", or itema 23a or 28a-f ahow The Modical Experimer must be notified at	Funeral		40 144 D	E	1		215		1 0 10		United		
	er de	Š	11. Merital Status	12. Was Decedent Armed Forces	7	13. V	Yes, spe	dent of cify Cul	Hispenic Original ban, Mexican	gin? (Spe n, Puerto	ecify Yes or No Rican, etc.)	- 14, Hac	a - American ck, White, etc	
20	a s	ΥF	1 Never Married 2 Married	1 ☐ Yes 2 🔼 If Yes, Give	No	1	□Yes	2 💢 No	Specify:			Specifi	<i>r</i> :	
00	iral.	d by	3	Year or Dates:				**					Whit	e
'n	72	Completed	15. Decedent's Ed (Specify only highest gra	ducation de completed)	10	6a. Deced (Give I	ent's Usu	al Occu	ipation e during most ed)	t of worki	ing	16b. Kind of B	usiness/Indus	stry
7	within ene.	ldu	Elementary/Secondery (0-12)	Coilege (1-4or	5+)	life. D	O NOT u	se retire	ed)					
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Maryland 21215-0020	ntal Hyg ad other	Be	17. Fether's Neme (First, Middle, Last)						18. Mothe	r's Name	(First, Middle	, Meiden Surnen	10)	
la	should be nd Mental marked c	10	Henry A. Miller						Mai	ry Ne	evada			
an	S E E		19e. Informant's Name/Reletionship (Type, Print)	1	9b. Mailin	g Address	s (Stree	et end Numbe	or Or Rure	I Route Numb	er, City or Town,	Stete, Zip Co	ode)
			Mary L. Biggs			225	Wal	nut	St W	aeta	rnport	Md. 21	562	
re,	f Heelt f Heelt ftem 2 other		20e. Method of Disposition		20b. Place	of Dispos	sition (Na.	me of		Core	Dete	20c. Location -		, State
20	ege nnto		1 ☑ Buriel 2 ☐ Cremation 3 ☐ 4 ☐ Donation 5 ☐ Other (Specific			tery, crem				9-22-	-06	Wester	nport.	Md
altimore,	permit. Peges 1 en Department of Heel Important: If item 2 any injury or other once.		21. Signature of Funeral Servica Licen		Ph	ilos			y ress of Fecilit		90	WCDCCI	inport c	, 110.
Ba	Depa Impo		21. Signature of Fulleral Servica Licer	1		22.								
	444		Wayne (Dorl			III	Chu	rch St	. We	sternp	ort, Md.		
			23a. Pert1. Enter the disease, or com- shock, or heart feilure. List only	plications that cause one cause on each I	d the death. D	o not ente	r the mod	de of dy	ing, such as	cardiec o	or respiratory e	rrest,	Ar	pproximate terval Between
	Physician				,									nset and Death
	/Medical		Immediate Cause (Final disease or condition		Acut	Mara	ren	dia	1 2	levit	622			horan -
	Examiner		resulting in death)	8	Due to (or as	e consequ	uence of)		-					
		Je L			Acut Due to (or as Oo You	-00	Mal	Sur	Dela	44.0				20 years
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o î	exe an ar rial-ti		Sequentially list conditions, if any, leading to immediate cause. Enter Underlying											
68760,	A Sicie	n/Medical	that initiated events	C	Due to (or as	9 0000001	ionno of/:						+	
68	ficat physical is th	B	resulting in death) Last		Due 10 (01 23	a consequ	rence ory.						1	
ŏ	cent ding	3		d										
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P.0.	the death y the atte	Physicia	Pert II. Other algnificant conditions of	ontributing to death b	out not resulting	g in the un	derlying o	cause g	iven in Part I.		23b. Did	tobacco use co	ntributa to th	e cause of death
	bet t										10	Yes 2 No	3 Probab	bly Malunknow
S	v requires thet the death been signed by the atte should be detached for	by												
20	oluor Juon	ted									24a. Was	an autopsy ormed?	availa	autopsy findings ible prior to
of Vital Records,	2 8 6	Completed											of dea	eletion of cause ath?
Œ	The hate h	ПО									10	Yes 2250	1 🗆 Y	es 2 No
ta		Bec	25. Was case referred to medical						26. Place	of Death	(Check only	one)		
>		TOE	exeminer?	Hospital:	ent 2 ER/	Outpatient	3 🗆 D	DA O	thor			dence 8 Oth	er (Specify)	
0	는 부를		27. Manner of Death	28a. Dete of Inju	Jry 28t	o. Time of		28c. Inju				how Injury occur		
5	tending leath. Ior: After the funer	the	Natural 5 Pending 2 Accident Investigation	(Month, De	y Year)	Injury	м		ork?]Yes 2.∐.l	No				
S	dea ctor	flea	3 ☐ Suicide 6 ☐ Could not be	28e. Plece of In	iury - At home	farm, stre	ef. factor	v. office			28f. Location /	Street and Numb	er or Rural R	loute Number.
Division	or A	Certification:	4 Homicide determined	building, et	c. (Specify)			y , 000			City or To			
	pital oral filled		29a. Certifier 1 Certifying Ph	velelen. To the horse	of muck moutons	lan dat		ma 44 - 1	dan a lada e .	al —la ···	and due to the	40.00401		od.
	To the Hospital or Attending I within 24 hours after death. To the Funeral Director: After completely filled in by the fune.	edical		ysician: To the best niner: On the basis o	f examination	ge, death and/or inv	occurred estigetion	at the f i, in my	opinion, deal	a place, a th occurr	and due to the ed at the time,	date and piece,	inner as state and due to th	e cause(s)
	thin the	Mec		end manner st	Derm		00	o lines	ion number			20d Data star	d (Month D.	v Voorl
	5 × 5 8		29b. Signature and title of certifier						ise number			29d. Date signe		
				~ /				2	-124	4		9/23	156	
		/	30. Name and address of person who	completed cause of o	deeth (Item 23	a) (Type, F	Print)					9/23		
_		6	Jesus H.	TAN MK	Rt'	36 F.	Heor	bur	Plas	29	Frostb	ur mn.	21532	
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State of Maryland / Department of Health and Mental Hygiene 96

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Page ent o nt: If			Cramation 3 5 Other (Spacial	Ramoval from State	Pl		atory or other pla Memorial Pa		15	-Sep-96	Fro	stburg		
permit. Pages 1 a Department of Her Important: If item any injury or othe	6)	21. Signature of Fur			1	22.	Name end Addra	ass of Facili						
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		ä	1 Never Merr	ind 2 Man	Armed F	orces?		15. V	Yes, spec	ify Cul	Hispenic O ben, Mexica	in, Puerto	Rican, et	c.)	Ble	ck, White,	etc.
20	be filed within 72 hours after tal Hygiene. d other than "naturel", or ite	by	3 ☐ Widowed		H Yes G	aive -	Ю	1	☐ Yes 2	No.	Specify	<i>'</i> :			Speci	y: WH	rre
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an	o be de la la la la la la la la la la la la la	Be				_									laiden Sume	me)	
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Maryland	2 sh and is m		19e. Informent's N												City or Town		Code)
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ore	T He He		20e. Method of Dis		3 ☐ Removel from	Chata	20b. Plece o	of Dispos	ition (Nem	ne of ther pla	ece)		Dete	2	Oc. Location	- City or To	own, Stete
Ē	Pag nent int: i		4 Donetion			Siele	REST 1	LAWN	CEME	TEF	RY SEF	T 11	1996	5 L	AVALE	MARYI	AND
Baltimore,	permit. Pages 1 and 2 Department of Health a Important: If Item 27 is any Injury or other tra pages.		21. Signatural of Fu	neral Service.	Licensein		,			_	ess of Feci						
0	Depa Impo any i			1 Va	7 111	X		ME	RRITT	-AI	AMS_E	UNER	AL HO	DME .	NDMARY		
	_		23a. Pert1. Enter t	he disease or	complications that	caused	the deeth Do	not ente	the mode	AIL	ing such a	EET	CUMBI	EKLA	NDMARY	LAND	Approximete
	Dhusisian		shock, or hee	rt failure. List	only one ceuse on	eech lin	е.				ang, oddin o	0 001 0120	or roopiror	ory one	31,		Intervel Between Onset and Deeth
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1	Examiner		disease or condition resulting in deeth)	in	e. D1	40U	NIN	3									Minutes
		ē					Due to (or as a	consequ	ence of):								
	nsit nsit	Examiner			b											i	
•	al-tra	xai	Sequentially list co if eny, leeding to in cause. Enter Unde Ceuse (Disease or	nditions, imediete			Due to (or es e	consequ	ence of):								
68760,	certificate be executed ding physician and use as the burial-transit		cause. Enter Unde Ceuse (Diseese or	erlying injury	c												
387	phys the	o b	thet initieted events resulting in death) I	Lest			Due to (or es e	consequ	enca of):								
ox 6	certific inding p use as	n/Medical			d.												
Bo		lan															
	The law requires that the death ate has been signed by the atter page 2 should be detached for I	Physicia	Pert II. Other signif	icant conditio	ns contributing to d	death bu	t not resulting i	in the und	derlying ca	use g	iven in Pert	l.	23b.	Did tob	acco use co	entributs to	the cause of death?
P.0	d by	Ph												1 🗆 Ye	2 2 No	3 Prol	bably 4 Unknown
	es th	by	-														
D	been si should	Completed											240.	Wes en	eutopsy		ere autopsy findings eileble prior to
00	aw ru Is be 2 sh	pie												pononi	001	co	mpletion of cause death?
Œ	The law ate has page 2	E												1 DVa	5 2□No	10	Yes 2 No
ta		Bec	25. Wes case refer	red to medical							OC Dies	a of Death	105	100		10	20140
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O	Phys rald		27. Menner of Deetl		28e. Dete			Time of		_					w Injury occu		y) BOLLIVE
o	After June	tior	1 Naturel	5 Pending		9-8	Year)	Injury	М	Sc. Inju Wo	ork?]Yes 21⁄⊟	/			4 01		50
Division of Vital Records,	Attending or death. ector: Atter by the lune	Ca	2 Accident 3 ☐ Suicide	6 Could r	ot be		[10]				7.00 2						I Route Number,
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State of Maryland / Department of Health and Mental Hygiene 96 28890

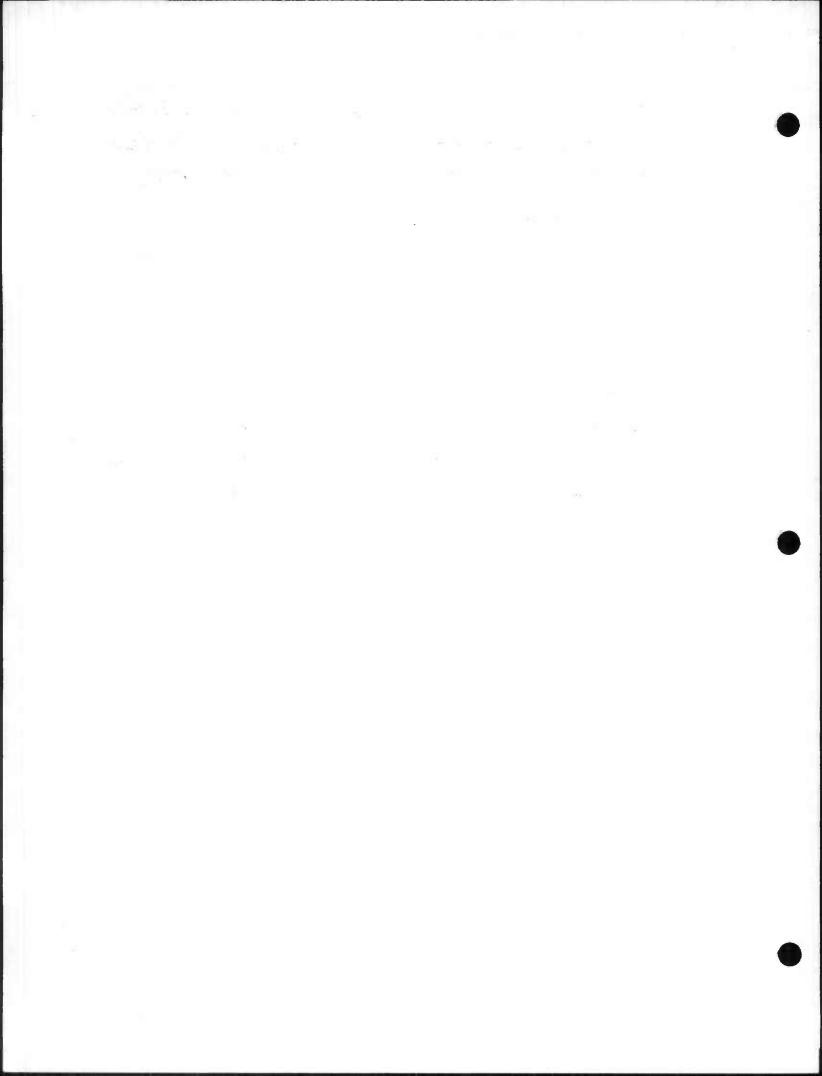
_						Cer	tificate of	Death	7		Reg. No.		
	Physici /Medi		Decedant's Nama (First, Middla, Last HARRY ANDERS		ARK					Deta of De Month	Day	Year	3. Tima of Death
	Examir		4a. Facility Name (If not Institution, give					4b. City, To	own, or Local				0430
			SACRED HEART H	OSPITAL				CUMB	ERLAND)	ALLE	GANY	
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	pu .	1	Usuel Rasidence of Decedent 10a. Stete 10b. County		10- 07- T								
	aho a	_			10c. City, Tow		cation					10d	I. Inside City Limits
	Ne M	Director	MARYLAND ALLEGAN	Υ	BARTO	N				7			1 XYes 2 No
	E 6	吉	10e. Streat end Number				10f. Zip Code				10g. Citizen of	What Country	17
	23 ath	La	19028 LEGISLATI			1	2152				UNITED		
	er de	Funeral	11. Marital Status	12. Was Decede Armed Force	s?	13. V	Ves Decedent of Yes, specify Cu	Hispanic Or ban, Maxica	rigin? (Specif in, Puerto Ric	y Yas or No an, atc.)		ce - American ck, Whita, etc	
Maryland 21215-0020	72 hours efter death with the Maryland natural, or Nems 23a or 28s-1 show fical Examiner must be notified at	by F	1 ☐ Never Merried 2 ☑ Married 3 ☐ Widowed 4 ☐ Divorced	1 [X[Yas 2] If Yes, Give Yeer or Date	∃No e:	1	☐ Yes ¾☐ N	Specify.	:		Specif	y:	יבויד
Ö	"natural",		15. Decedent's Ed			Deced	ent's Usual Occ	upation			16b, Kind of B	WHIT	
215	S - 3	Completed	(Specify only highast gra	da completed)		(Give I	kind of work don OO NOT usa retir	a during mos	st of working		TOD. TORIG OF E	Juli la Jari la Jari	ALL Y
212	filed within Hygiene. ther than " ont, the Mas	E	Elementary/Secondary (0-12) UNKNOWN	Collega (1-4d		PT-OY	EE ALLE			TTCS	ROCKETS	S-DEFER	USE
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lar		To B	HARRY ALVAN CLAR	RK				AT	LICE J	ANE K	YLE		
any	SPEE		19e. Informant's Name/Reietlonship (7		198	. Mellin	g Address (Stree					, Stete, Zip C	ode)
	C = 8 =		LOIS CLARK			19	028 LEG	ISLAT	IVE RD	. B.	ARTON, M	MD. 215	521
ore	一工艺艺		20e. Method of Disposition		comete	Dispos	sition (Name of netory or other pi	leng)		Dete	20c. Location	- City or Towr	n, State
Baltimore,	Y 25 P 9		1 N Burial 2 □ Cremetion 3 □ 4 □ Donetion 5 □ Other (Specify		10	-	MEMORI		RK 9-1	1-96	CUMBERI	AND, N	1D.
alti	permit. Per Department Important: any injury		21. Signature of Funeral Service Lican	508	,	22.	Nama and Add	ress of Facili	ity				
m	Depa Impo any i		1 Machi	Kral		7	BOAL FU				OD# 14D		
			23a. Pert1. Entar the diagasa, or comp	pilications that caus	sed the death. Do	not ente	or the mode of dy	ing, such as	cardiec or re	TERNP espiratory a	ORT, MD	A	pproximata
S.	Physician		shock, or heert feilu/e. List only	one cause on eecr	i iirie.		,						nterval Between Inset and Death
á	/Medical		Immedieta Cause (Finel disaesa or condition		unturo)	abdomi	lad	0 2	h.	dunger	(5.00)	2 la Lawa
	Examiner		resulting In death)	θ	Due to (or es a	consequ	010	100	0,01	110	diani	5110	20 110
_	D ==	ner			atheron	1.		ascula	1 di	ON		1	yull)
	certificate be executed rding physician and use es the burial-transit	Examiner	Sequentielly list conditions,	D. ————————————————————————————————————	Due to (or es e	0.1	1	0.0000	011	2000			3
0,	slan e		Sequentielly list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or Injury	0									
68760,	sate t	VMedical	that initieted evants resulting in deeth) Last	0.	Due to (or as a	consequ	ience of):						
9 xo	ding p	/Me		d									
Bo	C = -												
0	0 E E	Physicia	Part II. Other significant conditions co	ontributing to death	but not resulting i	n the un	derlying cause	iven in Part	f.	23b. Dfd	tobacco use co	ntribute to th	ne cause of death?
О.	that the sed by detection		Steroid	use	tor	λ	tempore)	octer	itru	15	Yss 2□ No	3 Probat	bly 4 Unknown
Sp	w requires that been signed I should be det	d by								24a Was	an autopsy	24h Ware	sutopsy findings
Ö	peer peer should	ete									ormed?	availa	abla prior to eletion of cause
Re	(a) 55 CA	Completed										of dea	
<u>e</u>	ystclan: The la is certificate ha director, page		Ar 141							1 🗆	Yaa 2 No	1 U Y	res 200 No
5	Physician: r this certific rral director,	Be C	25. Was case referred to medical exeminer?	Hospitel:			10	ther.	a of Deeth (C				
ō	Phys r this aral di	1: To	1 Yes 2D No 27. Mennar of Death	28a. Dete of fr		itpatient Time of	3LI DOA	4LIN			dence 6 Oth how injury occur		
Division of Vital Records,	ding th.	tlor	1 Neturel 5 Pending 2 Accident Investigation	(Month, L		njury	28c. Inj W	ork? ∃Yes 2.□					
<u>S</u>	Attendit r death. octor: A by the fu	fica	3 Suicide 6 Could not be	28a. Piece of	njury - At home, fe	rm, atre	et, factory, office	9	28f		Street and Numi	ber or Rural F	loute Number,
ă	after Direct of In D	Certification:	4 Homicide	building,	etc. (Specify)					City or To	wn, State)		
	To the Hospital or Attending Phy within 24 hours after death. To the Funeral Director: After thi completely filled in by the funeral		29e. Certifier Certifying Phy	sician: To the bes	at of my knowledge	, deeth	occurred et the	time, dete an	nd place, and	due to the	cause(s) and m	annar as atatr	ed.
	he Hi in 24 he Fu	edical	(Check only 2 Medical Exam	Inar: On the basis end menner	of examinetion an	d/or inve	estigetion, in my	opinion, dee	eth occurred	at the time,	dete and place,	and due to th	a cause(s)
	To the Com	Σ	29b. Signeture and title of certifier	00.00)			nsa number			29d. Dete signe	d (Month, Da	y, Year)
	YILL		My D.	Japen	m lure) _	03	34367	2		SEPTEME	REP 7	. 1996
	1		30. Neme and address of person who c	completed cause of	deeth (item 23a)	(Type, F	Print)		**		OET TEME	ILK	. 1330
_	6		ROY D. CHIS					BERLAN	ND, MD	. 215	02		
	Sta	te	31. Dete filed (Month, Day, Year)		strar's Signature	, ,							

State of Maryland / Department of Health and Mental Hygiene

Certificate of Death

Res No.

							Cer	illicate of	Dealli		Reg. No.		
	Physic	ian	Decedent's Nam	na (First, Middla, La	st)					2. Date of De Month	Day	Year 3.	Time of Death
	/Medi		GENEVA					JONES	CHURC	H Septem	ber 10,1	996	8:30 AM
	Exami		4a. Fecility Name ('If not institution, giv	e street end numi	ber)			4b. City, Town,	, or Location of Deat	h 4c. County	of Death	
			Salisbu	ry Center	/Genesis	s Elder	care		Salisb	ury, MD	Wicon	nico	
	Funeral		5. Social Security N			. Age (In yrs.	last birthday)	If Under 1 Yee Months Devs	r If Under 24	Hrs. 8. Deta of Bi	th Year) 914	9. Birthplace	(Steta or Foreign
	Director		220-03-	8138	□ M 2□XF	82	Yrs.	MOTHETS Days	nours r	Aug 3	1,1914	Country)	NC
	D		Usual Rasidance o	of Decedant									
	ylan how		10a. Stata	10b. County		10c. City	y, Town or Loc	afion					naide City Limits
	N T	Director	MD	Wicon	mico	F	ruitla	and				1	Yes 2 No
	H 22	T P	10e. Street and Nu	mber				10f. Zlp Code	-		10g. Citizan of	What Country?	
	3a o	0	102 Wa	shington	n St.			2182	26		U	.S.A.	
	Jeath 2	Funeral	11. Marital Status		12. Wes Deced	lenf Ever in U.	S. 13. W	es Decedent of	Hispanic Origin	? (Specify Yas or N	o- 14. Rac	e - American In	dian.
	Her F	Ē		ried 2 Merried	Armed Ford	as?	If	Yes, specify Cui	ban, Maxican, P	? (Specify Yas or No ruerto Rican, etc.)	Blac	ok, Whita, atc.	
20	rurs efter death with the Manyar at, or items 23a or 28a-f show Examiner must be notified at	by	3 🗆 Widowed		If Yes, Give Year or Dat		1	☐ Yas 🎉 No	Specify:		Specify	Blac	k
21215-0020				15. Decedant's Ed			16a, Deceda	ant'a Usual Occu	unation		16h Kind of B	ualnaas/Induatn	1
15	s 1 and 2 should be filled within 72 hc Health and Mental Hygiene. 1em 27 is marked other than "natur other traumatic event, the Medical	Completed		cify only highast gra	ida complated)		(Giva k	Ind of work done O NOT usa retir	a during most of	working	100.14/10010		
12	should be filed within nd Mental Hygiene. marked other than imatic event, the Me	E	Elamantary/Secc		Collaga (1-4	4or 5+)		Labo	•		0-		
	Hygid H			(First, Middle, Last,	1			Labo.		Nama (First, Middle		rvice	
an	ad la b	Be	2712.1727.2									10.7	
3	2 should be filed and Mental Hygis is marked other aumatic event, I	L P	Joe Jo				T			lvia Smi			
Maryland	2 sh and is m		19a. Informant's N	ame/Ralationship (<i>Type, Print)</i> daı	ighter	19b. Malling			or Rural Routa Numb			θ)
	1 and 2 Health em 27 i		Flossi	e_B. Joi	nes Joh	nson	P. O.	Box 4	442, F	ruitland	, MD 2	1826	
ore			20a. Mathod of Dis	position Cremetion 3		20b. P	lace of Dispos	ition (Nama of atory or other pl		Data	20c. Location -	City or Town, S	Stata
Ē	Pages nent of I int: If its			5 Othar (Spacif		Sp	ringh:	ill Mer	mory	9/14/96	Sali	sbury	
altimore,	고투주층		21. Signature of Ea	meral Syrvice Licer	1500			Nama end Addi					
m	Depa Impor any Ir		1	2/1	7					son Fune			
			23 Rem Enter t	the disease or com	nlications that car	reed the death	Do not anta	the mode of do	est Rd	., Salis	bury,		O 1 roximata
			shock, or has	art failura. List only	ona causa on aa	ch lina.	i. Do not ama	i tha mode of dy	ring, adoir as oar	rdiac or raspiratory a	irrast,	Inta	rvai Batween
	Physician /Medical		Immediata Causa	/Finel	.0 0		0	1.		0 10			
	Examiner		disaasa or condition	on .	a Ma	MAN	ced	We	vecno	- CH	Var		
		<u></u>	radaming in addition			Dua to (o	r as a consequ	ance of):		ARCINE			
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	certificate be executed nding physician and use as the bunial-transit	Examiner	Sequantially list co if any, laading to in cause. Entar Unde	onditions,		Dua fo (o	r as a consaqu	ance of):					
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	ing p	ĕ.			_								
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	law requires that the death les been signed by the atter siz should be detached for u	Physicia	Part It. Other signif	ficant conditions of	ontributing to dea	th but not rasu	ulting In the un-	darlying causa g	ivan in Part I.	23b. Dld	tobacco use co	ntribute to the	cause of death?
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	v requires that been signed t should be det	by	0/100	wo Tho	_	_							
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Re	0 - 0	Completed								40	Yas 2 No		_
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Vital	Physician: this certific	OB	axaminar?	,	Hospital:		7-	_ 0		Death (Check only			
of	£ 5 8	-	1 ☐ Yas 2 ☐ 27. Mannar of Daat		1 L Ing		ER/Outpatient	3LI DOA	Nursir	ng Homa 5 ☐ Ras			
E C	0 00	lon	Natural	5 Panding	(Month,	Day Year)	28b. Tima of Injury		ork?	260. Dascribe	how Injury occur	red	
Si	Attending r death. actor: After by the fune	cat	2 ☐ Accidant 3 ☐ Suicida	Invastigation 6 Could not be					Yas 2□No				
Division	I or Attending i after death. Director: After d in by the funer	Certification:	4 Homicida	dataminad	∠oa. Place o	f Injury - At ho , atc. <i>(Spacif</i>)	ma, farm, stra ')	at, factory, office	9	28f. Location City or To	(Straat and Numb wn, Stata)	per or Rural Rou	ite Number,
	To the Hospital or Attendir within 24 hours after death. To the Funeral Director: All completely filled in by the fu												
	tosp 4 hot fune ely fi	edical	29a. Cartifiar (Check only	1 Certifying Ph 2 Medical Exam	yalcian: To the be	est of my know	wledga, daath	occurred at tha t	tima, data and p	lace, and dua to the occurred at the time.	causa(s) and ma	annar as stated	Causa(s)
	the Final		one)		and manna	r stetad.							
	To To	Σ	29b. Signatura and	I titla of certifiar					nsa number		29d. Data signe		
				h	my	0			398	13	91	10/8	6
			30. Nama and addr	ass of person who	complated causa	of death (Itam	23a) (Type, P	righ	M				
			d	WATY.	NS	1100	f L	lesso	Sh in	An Br	no		
	Sta	ite	31. Data filed (Mon	ith, Day, Year)	32. Rag	Istrar's Signa	ите и		0	sy po			
	Registr		ÇE	P 11 1998	Juliand	Tauther	nardall	2	Spa	9 m	0 7	180	4
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State of Maryland / Department of Health and Mental Hygiene 28892

						Cert	ificate of	Death		Reg. No.		0	20032
	Dharaisi		Decedent's Name (First, Middle	, Last)					2. Date of D Month	eath Day		eer	3. Time of Death
	Physici /Medi		Lillia	1	C.		Col	lins	Aug	. 43	19	96	9:25 00
	Examir		4a. Facility Neme (If not Institution,	give street and number				4b. City, Town, or		th 4c. (County of		
			WASHINGTON						a Park			tgom	
l	Funeral Director		578-20-9998		ge (in yrs. last 85		If Under 1 Yeer Months Days	if Under 24 Hr Hours Mir		inth 19, 191	Ll D	Birthpled Country	Of Col.
	pue *		Usual Residence of Decedent 10a. State 10b. County		10c. City, T	own or Loca	ation		. <u> </u>			10d	I. Inside City Limits
	Aeryl aho	0	10.0 EV.	gomery			na Park					1	1 Yes 2 No
	the 1	Director	10e. Street and Number	9			10f. Zip Code			10a Citiz	en of Wha	at Country	0
	23a or	ral Di	7620 Map	le Ave,			2091	.2			S.A		
0	build be filed within 72 hours efter death with the Meryland Mental Hygiene. Sand other than "natural", or Hems 23a or 28e-f ahow asked other than "natural be recribed as a deceased.	Funeral	11. Marital Status 1 Never Married 2 Marries	12. Was Decedent Armed Forces ed 1 Tyes 2 15 If Yes, Give	?	It Y	as Decedent of Notes, specify Cub ☐ Yes 2000	lispenic Origin? (an, Mexican, Pue Specify:	Specify Yes or Norto Rican, etc.)		4. Rece - Black, Specify:	American White, etc	
Š	aral.	d by	3 Widowed 4 □ Divorced	Year or Dates:							орвену.	Bla	ck
0200-91212	ithin 72 h e. en "neth Medica	Completed	15. Decedent' (Specify only highes Elementary/Secondary (0-12)	t grede completed) College (1-4or		(Give kli life. DC		during most of wo d)	orking	16b. Ktn	nd ot Busir	ness/Indus	atry
	w be will be w	Co		2 Yrs		Bea	uticia				air :	Salo	n
Maryland	uid be filed fental Hyg rked other tic event,	To Be	17. Father's Name (First, Middle, I William	Colvin				18. Mother's Ne	eme (First, Middl ie Tho	e, Maiden S ornto			
	d 2 sh th end 7 ie m traum		19e. tntorment's Name/Relationsh Mr Leroy E.	10	on)			and Number or F .son Ct					
e,	60 - 60		20a. Method ot Disposition	_	came	a of Disposit	tion (Name of story or other pla	ce)	Date	20c. Loc	cation - Cit	ty or Towr	1, State
Ē	Peges nent of I		1 Bunal 2 ☐ Cremetion 4 ☐ Donation 5 ☐ Other (Sp			-	ington		8/29	Ade	elph:	ia,	Md
saitimore,	permit. Pege Department o Important: If I any injury or once.		21. Signature of Funerel Servica L	Icansee	- 2		Name and Addre						
מ	88 2 2 8		A LAGE	K. Au	and.	e 1 /2	nowden	Funerale, Md	al Home	P. P	A. 2	0850	
			23a. Part1. Enter the disease, or o shock, or heart fallure. List of	complications that cause	d the death. [Do not enter	the mode of dyl	ng, such as cardi	ac or respiratory	arrest,		i A	pproximate nterval Between
4	Physician			,								Ö	Inset end Death
ń.	/Medical Examiner		Immediate Ceuse (Finel disease or condition	MASSI	VE .	STROI	KE						
	LAGIIIIICI	-	resulting in death)		Due to (or es								
	led nsit	Examiner		b. HYPE	RIEN	SION							
	MBcut end el-trar	хап	Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or injury		Due to (or es	e conseque	ence ot):						
3	eath certificate be executed attending physician end for use es the bunel-transit	Sai	Cause, Enter Underlying Cause (Disease or injury thet initiated events	O. HYPET	RCHOLE	5761	COLEM.	11				-	
P8/P0	ficate physicate so the	edicai	resulting in death) Lest	'	Due to (or es	e conseque	enca of):					1	
X	renti nding use	2		d									
20	death e atten	Physician/	Part II. Other significant condition	s contributing to death i	out not resultin	o in the und	lertvina cause ai	ven in Pari i	23h Die	I tohacco i	uss contri	ibute to ti	he cause of death?
5	the sch	hys	60	to contributing to could be	out not resound	g iii tilo ollo	errywig oddoo gr	on an ann.					bly 4 □ Unknown
ď.	signed be det	by F	OBESTT						-				
cords	v requires that been signed to should be dete								24e. We	s an autops	sy 2	24b. Were	autopsy tindings
ပ်	S S S	Completed							po.				pietion of cause
r	0 - 2	E O							1□	Yes 2	(No	101	Yes 2□ No
VITAI	ysician: The s certificate director, pag	Be (25. Wes case referred to medical examiner?					26. Place of De	eath (Check only	one)			
2	2 00	2	1 ☐ Yes 2 No	Hospital: Inpat	ent 2 ER	/Outpatient	3□ DOA Oti	ner: 4 Nursing	Home 5 □ Res	idence 8	Other	(Specify)	
	tending Ph leath. tor: After th the funeral	on:	27. Menner of Death S Netural 5 Pending	28a. Date of inj (Month, De	ay Year) 28	b. Time of Injury	28c. Inju Wo	ry at rk?	28d. Describe	how injury	occurred		
S	Attending or death. ector: After by the fune	catl	2 Accident investig	at be				Yes 2 □ No					
UNISION		Certification:	4 ☐ Homicide determin	28e. Place of In building, e	jury - At home tc. <i>(Specify)</i>	, tarm, stree	t, tactory, office		28f. Location City or To	(Street and own, State)	<i>Number</i>	or Rurel F	Route Number,
_	pital berai		29a. Certifier	Dharistan Tarka hara	-4 1 1	4							
	To the Hospital or within 24 hours efter To the Funeral Dir completely filled in	edical		Physician: To the best xaminar: On the basis of end manner st	of examinetion								
	within To th	M	29b. Signature and title of certitier	£ Cc			29c. Licens	se number		29d. Dete	signed (/	Month, Da	y, Year)
			Namuell-	Deles 1	Y.D.		119	935		81	23/	196	
			30. Name and address of person w	no completed cause of			rint)				- [/	
2			7610 CARROL	L AVG	TA	KOMA	2 PARK	MD.	20912	-			
	Sta	ite	31. Date tiled (Month, Day, Year) AUG 2 6 1996	1. 932. Fogist	rar's Signature	2.00	/						
	Registr	ar	HUU & 0 1996	U. S. W.	-1-1								

DHMH 16 Rsv 6/95

State of Maryland / Department of Health and Mental Hygiene 28893 Amended #10d, 8/28/96, MRT, Montg. Cty. Certificate of Death 1. Decedent's Name (First, Middle, Last) 2. Date of Death **Physician** URLING Kennedy AUGUST 0020 26 /Medical 4e. Facility Name (If not institution, give street and number) 4b. City, Town, or Location of Death 4c. County of Death Examiner Suburban Hospital Bethesda if Under 24 Hrs. Hours Min. Montgomery 5. Sociei Security Number If Under 1 Yeer 7. Age (In yrs. last birthday) 8. Dete of Birth (Month, Day, Year) Birthplace (State or Foreign Country) **Funeral** 1□ M & F Days 579.32.5230 94 Yrs. Director Feb. 18, 1902 Pennsylvania Usual Residence of Decedent 10a. State 10b. County 10c. City, Town or Location 10d. Inaide City Limits than "natural", or lients 23s or 28s-1 show the Medical Examiner must be notified at Washington, D.C. XX Yes -PTIND Director None None 10e. Street end Number 10f. Zip Code 10g. Citizen of What Country? 3230 Quesada Street, N.W. 20015 U.S.A. 12. Wes Decedent Ever in U,S. Armed Forces? Was Decedent of Hispanic Origin? (Specify Yes or No-If Yes, specify Cuban, Mexicen, Puerto Rican, etc.) 14. Race - Americen Indien, Black, White, etc. 1 ☐ Yes 2 🕅 No If Yes, Give Year or Detes: 1 ☐ Never Married 2 ☐ Married Baltimore, Maryland 21215-0020 1 ☐ Yes 2 X No Specify: þ Specify: White 3 X Widowed 4 □ Divorced Completed 15. Decedent's Educetion (Specify only highest grade completed) 16a. Decedent's Usual Occupation (Give kind of work done during most of working life. DO NOT use retired) 16b. Kind of Business/Industry Elementary/Secondery (0-12) College (1-4or 5+) permit. Pages 1 and 2 should be filled with Department of Health and Mental Hygies important: if them 27 is marked other than any injury or other traumette. Real Estate Broker Arthur L. Curling 17. Fether's Name (First, Middle, Last) 18. Mother's Name (First, Middle, Maiden Sumame) Neal Francis Kennedy Margaret Bannon 19a. Informent's Neme/Relationship (Type, Print) 19b. Meiling Address (Street end Number or Rural Route Number, City or Town, State, Zip Code) Frank Dirks 5325 Mall Dr. #3-C Lansing, MI 48417 20a. Method of Disposition 20b. Place of Disposition (Name of cemetery, crematory or other place) 20c. Locetion - City or Town, State 1X Burial 2 ☐ Cremetion 3 ☐ Removal from State Gate of Heaven Cemetery 8/29/96 Silver Spring, Md. 4 ☐ Donation 5 ☐ Other (Specify) 21. Signature of uneral Service Licenses 22. Name end Address of Facility Joseph Gawler's Sons 5130 Wisconsin Avenue N.W. Washington D.C. 20016 her the disease, or complications that ceused the death. Do not enter the mode of dying, such as cerdiac or respiratory arrest, heart feilure. List only one cause on each line. Approximate interval Between Onset end Deeth **Physician** /Medical immediate Cause (Final disease or condition resulting in deeth) Examiner Examiner cerebrouseules certificate be executed Sequentially list conditions, if any, leading to immediate ceuse. Enter Underlying Cause (Disease or injury thet initiated events resulting in deeth) Lest attending physician end for use as the burial-tran Due to (or as a consequence of): Box 68760, Physician/Medical Due to (or as a consequence of): P.O. | Part II. Other significent conditions contributing to death but not resulting in the underlying cause given in Part I. 23b. Did tobacco use contribute to the cause of death? dependent diabetes mellitus 1 ☐ Yes 2 ☐ No 3 ☐ Probably 4 ☐ Unknown Records, Completed 24b. Were autopsy findings available prior to completion of cause of death? 24a. Wes an autopsy performed? page 2 s certificete 1 Yes 2 No 1 ☐ Yes 2 ☐ No of Vital or Attending Physician: Be 25. Was cese referred to medicel examiner? 26. Place of Death (Check only one) Hospitei: 1 ☐ Inpatient 2 ☐ ER/Outpatient 3 ☐ DOA 1 Yes 2 No Other: 4 Nursing Home 5 Residence 6 Other (Specify) P this To the Hospital or Attending Phy within 24 hours after death.

To the Funeral Director: After this completely filled in by the funeral is 28a. Dete of injury (Month, Day Year) 27. Manner of Death Certification: 28b. Time of 28d. Describe how injury occurred 28c. Injury at Work? Division 5 Pending investigation 1-Netural 1 ☐ Yes 2 ☐ No 2 Accident 6 Could not be determined 3 ☐ Sulcide 28e. Place of Injury - At home, farm, street, factory, office building, etc. (Specify) 28f. Location (Street and Number or Rural Route Number, City or Town, State) 4 Homicide Certifying Physician: To the best of my knowledge, death occurred at the fime, date and place, and due to the cause(s) and manner as atlated.

| Medical Examiner: On the basis of examination and/or investigation, in my opinion, death occurred at the fime, date and place, and due to the cause(s) and manner steted. Medical 29a. Certifier (Check only one) 29b. Signature end fitte of certifier 29c. License number 29d. Date signed (Month, Day, Year) August 26, 1996 30 Name and address of person who completed ceuse of death (Item 23a) (Type, Print)

Oavid A. 13/951 MD 9410 Old Ge 9410 old Georgetown Rd. Bethesda, Md. 20814

State Registrar 31. Date filed (Month, Day, Year) AUG 2 8 1996



FOR STATE REGISTRAR

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.

	1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATN 3. TIME OF DEATN													
	Fredrick		NT CONAI			1	2	MONTH D	YEAR	3. TIME OF DEATH				
	4. SOCIAL SECURITY NUMBER	DRY AN				/	0	10-0	71 (110	10			
	The second second	1111	6. AGE (In yrs. les	YRS.	MONTHS DA		MIN.	(Month, Day, Year)		8. BIRTH Country	PLACE (State or Foreign			
	559-12-2337	-	⊠ M 2 □ F 80				S	ept. 20,1	L915	915 North Dake				
_	9a. FACILITY NAME (If not institution,	ive street and number)				WN DR LOCATI		Н	9c. COU	. COUNTY OF DEATN				
DIRECTOR	SHADY GROVE A	DVENTIST	HOSPI	TAL	Ro	ckvill	e		Mo	Montgomery				
5	RESIDENCE OF DECEDEN 10a. STATE 10b. CO													
<u> </u>				77	, TOWN OR L					10d. INSIDE CITY LIMITS?				
		ntgomery		Gá	ither						1 X YES 2 NO			
₹	401 Russell A					10f. ZIP COO			10g. CIT	IZEN OF W	HAT COUNTRY?			
ÿ	401 Russell A	zenue				20	877		States					
FUNERAL	11. MARITAL STATUS	MED				ORIGIN? (Specify Yes	or No-	14. RACE	- American Indian, White, etc.					
ВУ	1 Never Married 2 Married	FORCES? 1 [YES 2 X NO		uerto Rican, etc.)		Specif				
	3 🔀 Widowed 4 Divorced WW II													
回	15. DECEDENT'S (Specify only highest	EDUCATION trade completed)			USUAL OCCUI	PATION g most of world	na	16b. KIND OF BUS	SINESS/IN	DUSTRY				
9	Elementary/Secondary (0-12)	College (1-4 or 5+)	life.	Do NOT us	e retired.)									
₽		5+	T	eache	er			Public	Sch	001				
COMPLETED	17. FATNER'S NAME (First, Middle, Las					18. MOT	HER'S NAME	(First, Middle, Maiden	Surname)					
BE	Frederick D. C	onaway				Ki	tty Br	yant						
	19e. INFORMANT'S NAME (Type/Print)		198	. MAILING	AODRESS (St	eet and Number	r or Rural Rout	te Number, City or Tow	n, State, Zip	p Code)				
2	Sharon C. Ruth	perg	1	115 (Stre	et, SE	, Wash	ington,	D.C.	200	03			
	204. METHOD OF DISPOSITION		20b. PLACE	ANDDATEC	F DISPOSITIO	Wame of 26	100	60ATE 20c. LO	CATION -	City or Tox	wn, State			
	1 Donation 5 Other (Specify)	Removal from State	Monte C	matory or of	Crema	torium	1990 1. Inc	Beth	nesda	. Ma	ryland			
	21. SIGNATURE OF FUNERAL SERVICE	E LICENSEE	1											
	Karne	M00198 FUNERAL SERVICE LICENSEE 22. NAME AND ADORESS OF FACILITY ROBERT A. Pumphrey Funeral Home/Roc 300, West Montgomery Avenue												
	100				KO	CKVIII	e, mar	vland 2	U850-	-2805	The.			
	23. PART I. Enter the disease, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, of heart failure. List only one cause on each line. Approximate interval Between													
	IMMEDIATE CAUSE (Final													
	disease or condition resulting in death) Uspration fullimental Days													
		QUE TO (C	OR AS A CONSE	UENCE OF	7 /)	10								
χ	Samuantially list conditions	- " HA BOXI	c Ruo	CIPLA	alof	cotte					1045			
CERTIFICATION	Sequentially list conditions, if any, leading to immediate													
<u>ያ</u>	CAUSE (Disagra or Johns California)													
쁘	that initiated events	DUE TO (C	OR AS A CONSEC	WENCE OF	7):									
H	resulting in death) LAST	resulting in death) LAST												
- 11	PART II. Other significent cond	DART II Other shouldness conditions conditions and only the same of the same o												
_	OR PERFORMEDT AM										Marine Avenue and Avenue and Avenue			
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DICAL	Chronic Obst	tions contributing to d	ulpin	Long !	n the under	ying cause (given in Par							
뿔	Chronic 16st	witne p	ulpin	rong	dise	ese	given in Par	PERFOR			AVAILABLE PRIOR TO COMPLETION OF CAUSE			
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DIVISION OF VITAL RECORDS, P.O. BOX 68760

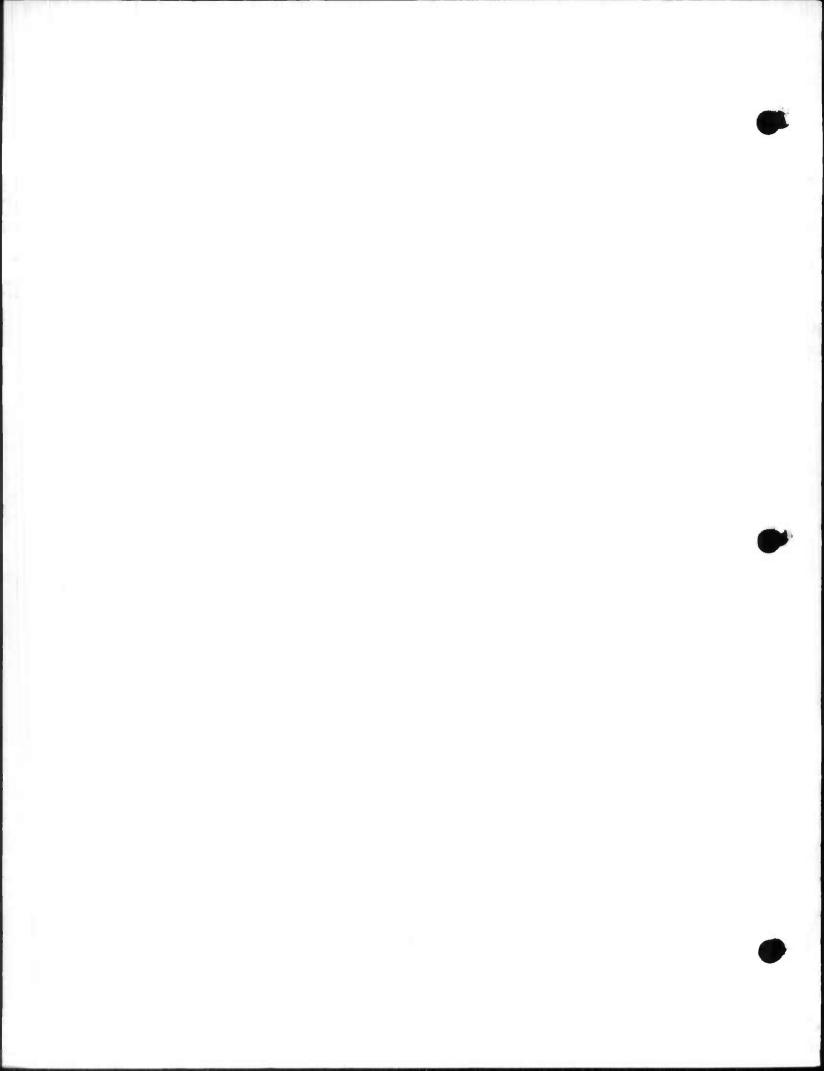
TO THE HOSPITAL OR ATENDING PHYSICIAN: The law requires that the death certificate be executed with the float from the float of the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely float the float float of the float within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burish, commence or remove.

IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

BALTIMORE, MARYLAND 21215-0020

DHMH-16 Rev 1/89

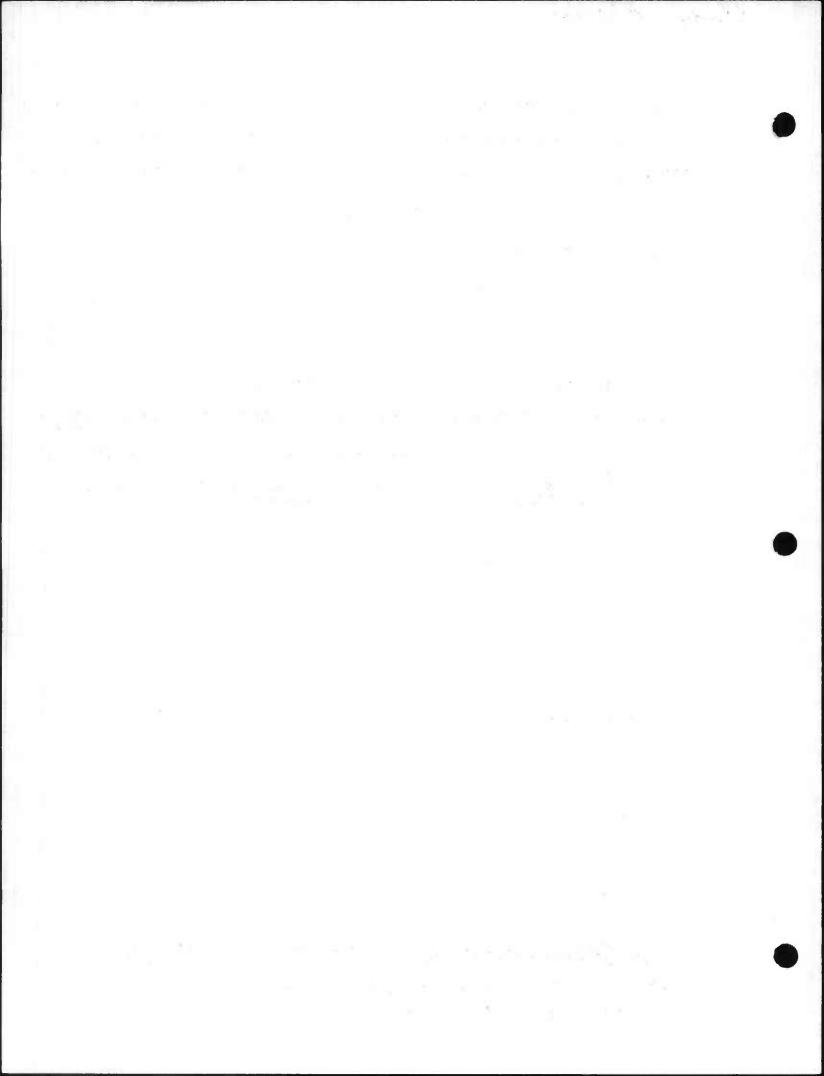


Blady Corpus,
Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible.

On the Standard / Department of Health and Mental Hygiene 96

			State of	Maryland	-	artment rtificate				ental Hy	giene Reg. No.	96	288	395
Physicia /Medic		1. Decedent's Neme (First, Middle, Last) 2. Dete of Deeth AUGUST 25 1976												05 AI
Examine		4e. Facility Name (If not Institution, g MEDIANTIC M			тт					eation of Death		ty of Deet		
Funeral Director				Age (In yrs. Is		If Under 1 Months i					th 9°, 191		hplece (Stete	e or Foreign rsey
h the Maryland r 28a-f show	tor	Usuel Residence of Decedent 10a. Stete 10b. County		10c. City,	Town or Lo	ocation NGTON	, D.	C.						City Limits
× ° ×	al Director	10e. Sfreet end Number 5816 7th ST N.W.				10f. Zip C 20	ode 0 1 1				10g. Citizen of What Country? U.S.A.			
0020 hours efter death unal; or thems 23	by Funeral						spenic Ori n, Mexicar Specify:	n, Puerto F	cify Yes or No Rican, etc.)	ace - Ame lack, White	Vinerican findian, Vinifa, etc. WHITE			
Maryland 21215-0020 A 2 should be filed within 72 hours ef th and Mental Hyglene. 7 le marked other then "netural", or treumetic event, the Medical Exam	Completed	15. Decedent's (Specify only highest (Eiementery/Secondery (0-12)	(Give life. I	dent's Usuei (kind of work DO NOT use	Occupa done di retired)	ition <i>uring</i> mos	at of working	og .	16b. Kind of Business/Industry					
Iryland 2 should be filed v ind Mental Hygie marked other it matic avent, it	To Be Co	17. Fether's Neme (First, Middle, Last) 18. Mother's Neme 18. Mother's Neme 18. Mother's Neme 18. Mother's Neme								OWN HOME (First, Middle, Melden Sumeme) WEICH				
		19e, informent's Neme/Reletionship NENITA KREUZBU						JOS:	er or Rura EPH	Route Numb	er, City or Tow CROV	n, Stete, 2 VNSV	ip Code) IIIE 2103	MD.
Baltimore,		20e. Method of Disposition **E*Buriai 2 Cremetion 3 4 Donetion 5 Other (Special Content of the	ony)	20b. Pie ce ROCK	oce of Dispo metery, cren CRE	estion (Name netory or othe EK CE	of er place M.	e) A	UG	Dete 29,19	20c. Location 96 WAS			
Ball permit Depart Import any in gnose.		21. Signature of Fundral Service Lic	33h								NC 254 20012		RROLL	ST
Physician /Medical Examiner). 	23a. Pert1. Enter the disease, or co shock, or heart fellure. List on Immediate Cause (Final disease or condition resulting in deeth)	e. Car									 	Approxim Intervet B Onset an	Between ad Death
6876(ficete be physicia is the but	/Medical Examiner	Sequentially list conditions, if eny, leeding to immediate cause. Enter Underlying Cause (Disease or injury that inflieted evente resulting in deeth) Lesf	b		as a consequence		- Jan	1 di	use	a se			year	2
death death of for	Physician/M	Part II. Other significant conditions	contributing to deat	h but nof result	ting In the u	nderlying cau	se give	n in Pert I	l.	23b. Dld	tobacco una c	ontribute	to the caus	e of death?
S the se the	Completed by Phys	- Control Control							1 Yes 2 No 3			Probably 4 Unknown		
Records, ne lew requires the hes been signed 2 should be constitution.											an autopsy ormed?		Were autops avellable price completion of of death?	or to
= F # a	Be Co	25. Wes case referred to medical						28 Place	of Death	(Check only of		1	I □ Yes 2	□ No
P Sta	2	examiner? 1 Ves 2 No	Hospitei: 1 ☐ inp		R/Outpatien		Othe	17 4 Nu	rsing Hon	ng Home 5 ☐ Residence 8 ☐Other (Specify)				
Division of To the Hospital or Attending P within 24 hours effer death. To the Funeral Director: After toompletely filled in by the funeral	Certification:							No	28d. Describe how Injury occurred 28f. Location (Street and Number or Rural Route Nu					
Div Hospital or A 24 hours effer Funeral Directely filled in by	al Certi	29e. Certifier 1 Cartifying F	building Physician: To the be	, etc. (Specify) est of my know	ledge, deeth	occurred et	the time	e, dete en	d piece, e	City or To	wn, Stete)	nenner as	steted.	
To the He within 24 To the Fu	Medical	one) 2 Medical Ex	end menner	s of examinetic	on end/or Inv	estigetion, in	my op	Inion, dee	th occurre	d et the time,	date end plece	, and due	to the cause	
3	2	29b. Signeture end fitte of certifier	noc	Ry	00		55	number 7			29d. Dete sign 8/27			
		30. Nem address of person wh RAYMOND BENZ		of deeth (item :			#21	በረ ኮ	OCK	7777	MD	2085	2	
State Registra		31. Dete filed (Month, Day, Year)	32 Reg	istrer's Signetu	Ire en				551.6		1.0	_000		

Registrar

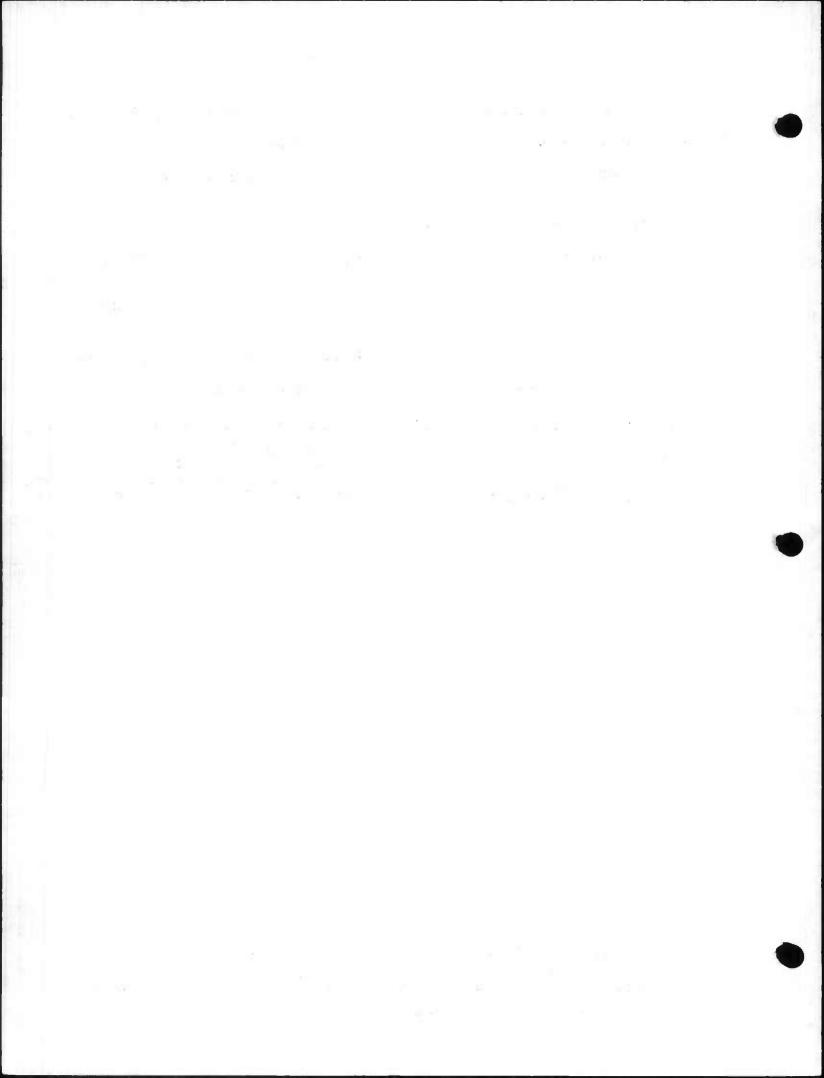


State of Maryland / Department of Health and Mental Hygiene 96 28896

						Cert	ificate	of	Death			Reg. No	, "		(m (000
		13	1. Decedant's Nama (First, Middla, Li	ast)							2. Data of D	eath		1.1.1	3. Tim	a of Death
	Physic		Maurice	J. Crawfor	urford						Month		Day Yaar		C. 50 AM	
7	/Medi		4a. Facility Nama (If not institution, gir		u				4h City To	wm orlo	August		27, 1996 6:			O AM
Į	Exami	ner									cation of Dea	(f) 4C	County	of Death		
			6010 Roosevelt S	treet					Bethe					gome	ry	
	Funeral				n yrs. last bi	irthday)	If Under 1	Yaar	If Undar Hours	24 Hrs. Min.	8. Data of B	irth		9. Birthp	place (Sta	ata or Foreign
	Director	١.	336-30-3678	1XM 2□F 88	3	Yrs.	I VIOLITIA I	Jayo	110013	Will I.	Aug. 1				ylan	
	ъ		Usual Rasidance of Decedant									.,			7 = 0.00	
	h the Marylenc r 28a-f show		10a. Stata 10b. County	10	Oc. City, Tow	vn or Loca	ation							1	0d. Insid	le City Limits
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	8 B	2		ery	ре	tnes	1	-								41
	€ 8	Directo	10e. Street and Number				10f. Zip C	oda				10g. Cit	tizen of V	Vhat Cour	ntry?	
	s 1 and 2 should be filed within 72 hours effer death with the Manyland f Heelth and Mental hygiene. I then 27 is marked other than "natural", or frems 23a or 23a-f show frem 27 is marked other than "natural", or frems 23a or 23a-f show other traumatic event, the Medical Evantion must be notified at		6010 Roosevelt St	reet			20	817	7			Unit	ed S	tate	S	
	8 E E	Funeral	11. Marital Status	12. Was Decedant Eva	rin U,S.	13. W	as Dacedar	nt of F	lispanic Or	gin? (Spe	city Yas or N	0-		e - Amaric		n,
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la	Afent Ked Ked	To	James H. C	rawford					Han	riet	E. Lo	vell				
5	od bu		19a, Informant's Name/Relationship	(Type, Print)	191	b. Mailing	Addrass (S	Street	and Numb	er or Rure	A Routa Numi	ber, City	or Town,	State, Zip	Code)	
Maryland	d Para		Robert Crawford	/ Son		_					Dr., 0					0922
a)	1 ar		20a. Mathod of Disposition		20h Place C	of Dienosi	tion (Name	of			Data	1		City or To		
ō	F F		1 ☑ Burial 2 ☐ Cramation 3 [cemata	ry, crame	tory or other	ar pla	OO) Aug.	30,	1996	200. L	ocation -	City of Te	WII, SUN	и
Baltimore,	Pen nem		4 ☐ Donation 5 ☐ Other (Speci		Cedar	Hil.	1 Cem	ete	ery	1		Suit	land	, Ma	ryla	nd
	pernit. Peges 1 and 2 should be filed within Department of Heelth and Mental Hygiene. Important: If item 27 is marked other than any injury or other traumatic event, the Mesonce.		21. Signature of Funaral Sarvice Lice	nsee		22.1	Nama and	Addra	ss of Facili	y Rob						1 Home
	Depar Impor any ir		Min Q	9		Be	thesd	a-(Chevy	Chas	e, Inc	7	557	Wisc	onsi	n Ave.
			Mehele J.	THE RESERVE TO SERVE THE PARTY OF THE PARTY	00348						20814		1			
			23a. Part1. Entar tha disaasa, or con shock, or heart fallura. List only	ona cause on each lina.	a daath. Do	not antar	tha moda	of dyli	ng, such as	cardiac	or respiratory	arrest,		1	Approx	Between
	Physician													i	Onset a	and Death
	/Medical		Immediata Causa (Final disaasa or condition	Diffus	a Tar	an C	011 T	t 7 mm m	homa					i i	1	0.11
ш	Examiner		resulting in death)					ym	IIOma						l ye	aı
		ē		D0	a to (or as a	consequ	ence or):							1		
	be is	Examiner		b										i		
	seth certificate be executed attending physician and for use as the buriel-transit	xar	Sequantially list conditions, if any, laading to immadieta cause. Enter Undarlying	Du	e to (or es a	conseque	ence of):							į		
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0	the check	ys	Part II. Other eignificant conditions of	contributing to death but n	ot rasulting i	in tha und	anying cau	sa gn	an in Parti							uee of death?
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Vital	Physician: The this certificate ral director, page		25. Was casa rafarrad to medical axaminar?						26. Piace	of Death	(Check only	one)				
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1 of			27. Manner of Death	28a. Data of Injury		Tima of	280	inju	ry at		28d. Dascribe	how Inju	ry occurr	red		
0	槽 ~ ~ ~ 5	10	1 XNetural 5 ☐ Pending 2 ☐ Accident investigation		28a. Data of Injury (Month, Day Year) 28b. Tima of 28c. injury at Work? M 1 □ Yas 2 □ No					No						
S	death. ctor: A y the f	Ca	3 ☐ Sulcida 6 ☐ Could not b	One Die er of leive	- At home for	arm atrac	t factors o	Hino		-	28f Location	ion (Street and Number or Rural Route Number,				
Division	7 2 2 2	Certification:	4 ☐ Homicida datarmined	28a. Place of Injury building, etc. (S		arm, stree	st, lactory, t	лисе			City or To			er or riura	ii riodio i	vurriper,
	To the Hospital or within 24 hours aft To the Funeral Dir completely filled in															
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	To the within 2 To the comple	Σ	29b. Signature and title of certifiar				29c. L	icans.	sa number			29d. Da	ita signe	d (Month,	Day, Yes	ar)
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10	2		30. Nama and addrass of person who												C .	
1	/		Jeremy V. Cooke,	M.D. 10400	Conne	ctic	ut Av	enu	ie, #6	06,	Kensin	gton	, MD	2089	95	
	Sta	te	31. Data filed (Month, Day, Year)	a 32. Registrar's	Signatura											
	Registr	ar	AUG 2 9 1996	, chia davide	ar-Nout	A DE										

DHMH 16 Rev 6/95

AUG 2 9 1996



State of Maryland / Department of Health and Mental Hygiene Certificate of Death 1. Decedent's Neme (First, Middle, Last) 2. Dete of Deeth 3. Time of Deeth **Physician** COHEN AUG-ABRAHAM 0030 AM /Medical 4e. Fecility Neme (If not institution, give street end number) 4b. City, Town, or Location of Deeth **Examiner** Suburban Hospital Montgomery Bethesda If Under 24 Hrs. 8. Dete of Birth (Month, Dey, Year) 5. Sociel Security Number if Under 1 Year 7. Age (In yrs. lest birthday) 6. Sex Birthplece (State or Foreign Country) **Funeral** 1 XM 2□ F Months Deys 72 Yrs. Director 126-14-2118 Nov.04, 1923 NY Usuel Residence of Decedent the Maryland 10a. Stete 10b. County 10c. City, Town or Location 10d. Inside City Limits 28a-f show r than "natural", or items 23s or 28s-f show the Medical Examiner must be notined at 1√2 Yes 2 □ No MD Montgomery Directo Silver Spring 10e. Street end Number 10f. Zip Code 10g. Citizen of Whet Country? 15100 Interlachen Dr. #415 20906 Funeral U.S.A. 12. Was Decedent Ever In U,S. Armed Forces?

1 Yes 2 No If Yes, Give Was Decedent of Hispenic Origin? (Specify Yes or No-If Yes, specify Cuben, Mexican, Puerto Rican, etc.) 14. Raca - American Indien, Bleck, White, etc. Pages 1 and 2 should be filed within 72 hours after tent of Health end Mental Hygiene.
nt: If Item 27 ie merked other then "natural", or ite 1 ☐ Never Married 2 ☑ Married Baltimore, Maryland 21215-0020 1 ☐ Yes 2 ☐ No Specify: þ Specify: White 3 Wildowed 4 Divorced 16e. Decedent's Usuei Occupetion (Give kind of work done during most of working life. DO NOT use retired) 15. Decadent's Education 16b. Kind of Business/Industry (Specify only highest grede completed) Elementery/Secondery (0-12) College (1-4or 5+) 12 Sales Retail traumetic event, 17. Fether's Neme (First, Middle, Lest) 18. Mother's Neme (First, Middle, Maiden Sumeme) Be Abood Cohen 0 Sarah Shalom 19e. Informent's Neme/Reletionship (Type, Print) 19b. Mailing Address (Street end Number or Rural Route Number, City or Town, Stete, Zip Code) Marilyn Cohen/ Wife 15100 Interlachen Dr. #415, Silver Spring, MD 20906 other 1 20e. Method of Disposition 20b. Piece of Disposition (Neme of cametery, cremetory or other piece) 20c. Location - City or Town, Stete 0 1 Buriel 2 Cremetion Removel from State 4 Donetion 5 Other (Specify) permit. Page Depertment of Important: If any Injury or Mt. Lebanon Cemetery 08/26 Adelphi, MD 21. Signeture of Funerel Service Monnage 22. Neme end Address of Fecility Edward Sagel Funeral Direction 1091 Rockville Pike, Rockville, MD 20852 from the control or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory errest, shock, or heart failure. List only one cause on each line. Approximate Intervel Between Onset and Death Physician /Medical Immediate Cause (Final PNEUMONIA diseese or condition resulting in deeth) ACUTE **Examiner** Due to (or es e consequence of) Examiner SEPSIS 4-5 WKS the buriel-transit Sequentielly list conditions, if eny, leading to immediate cause. Enter Underlying Cause (Disease or Injury that Initieted events resulting in deeth) Lest and Box 68760. MULTIPLE TRAUMA WKS certificate be Physician/Medical 88 P.O. Pert II. Other significent conditions contributing to deeth but not resulting in the underlying cause given in Pert I. 23b. Did tobacco use contributs to the cause of death? signed by I 1 ☐ Yes 2 ☐ No 3 ☐ Probably 4 ☐ Unknown Records, by 24b. Were autopsy findings eveilable prior to completion of cause of death? 24a. Wes an eutopsy performed? Completed After this certificate has 1 Yes 2 No 1 ☐ Yes 2 ☐ No Division of Vital To the Hospital or Attending Physicien: within 24 hours after death.

To the Funerel Director: After this certification properties of the funeral director, it is the funeral director, it is the funeral director, it is the funeral director. Be 25. Wes case referred to medical 26. Piece of Deeth (Check only one) Hospitel: 1 Anpatlent 2 ER/Outpatient 3 DOA Other: 4 Nursing Home 5 Residence 6 Other (Specify) 2 Yes 2 No 27. Menner of Deeth 28e. Date of Injury (Month, Dey Year) 28b. Time of 28c. Injury et Work? 28d. Describe how injury occurred Certification: 5 Pending Investigation 1 Neturel 1 Yes 2₽No 2 Accident VULY 6 96 16 00 VECHILE ACCIDENT MOTOR 6 Could not be determined 3 Suicide 28f. Location (Street end Number or Rural Route Number, /City or Town, Stefe) 28e. Plece of Injury - At home, farm, street, factory, office building, etc. (Specify) 4 Homicide NORBECK ROATNORBECK BLVI STREET 1 Certifying Physician: To the best of my knowledge, deeth occurred at the time, date and place, and due to the cause(s) and menner as stated.
2 Madical Examiner: On the basis of examination and/or investigation, in my opinion, deeth occurred at the time, date and place, and due to the cause(s) and menner stated. 29e. Certifier Medicai 29b. Signeture end title placertiller 29c. License number ceculo 30. Name end eddress of person who completed caused deeth (Item 23e) (Type, Print) 10215 FERMUNOS MAYLE TRANCIS 31. Dete filed (Month, Dey, Yeer) 32. Segistrer's Signeture State AUG 2 8 1996 Registrar

DHMH 16 Rsv 6/95

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Physicia /Medica **Examine**

Funeral Director

						Cer	tificat	e of	Death	7		Reg. No),		
	1. Decedent's Neme	(First, Middle,	Last)								2. Date of De				3. Time of Deeth
i I	ERNEST		CALVI			COL	BERT	<u>'</u> (Month SEPT),_	1996	7:18 PM
	4a. Facility Name (If n			,	T.U					rown, or L TIMC	ocation of Deat RE			ty of Death	e City
	5. Social Sacurity Nur 220-10-56 Usuai Residence of D	54	S. Sax 1 M 2 ☐ F	7. Age	78	t birthday). Yrs.	If Under Months	1 Year Days	If Unde Hours	Min.	8. Date of Bir (Month, Date Aug. 27	th ly, Year) ,191	8	9. Birthp Cour Mary	piece (State or Foreign ntry) land
	10a. State	Ob. County			10c. City, T									1	10d. Inside City Limits
3	Maryland	Frede	rick			Wood	lsbor	0							1 ☐ Yes 2 1 No
2	10e. Street and Numb	er					10f. Zip	Code				10g. Cit	tizan of	What Cou	ntry?
3	1140	3 Сорр	ermine R					2179						ed St	
3	11. Marital Status 1 □ Never Married		12. Was Dec	edent E	er in U,S.	13. V	Vas Decad Yes, spec	lent of I ify Cub	lispanic O an, Maxica	rigin? (Sp an, Puarto	pecify Yas or No Rican, atc.)	>		ace - Amaric ack, White,	
be completed by ruller at Director	3 Widowad 4		If Yes, G	ve	0	1	☐ Yes	No No	Specify	<i>r</i> :			Speci	lfy: W	hite
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	Elementery/Second	lery (0-12)	College (College (1-4or 5+)					-/			F	act	orv	
,	17. Father's Name (Fi	rst, Middle, La	ist)			000			18. Moth	ner's Nam	e (First, Middle		-		
			vin	C	olber	rt			Beu	lah Q	uick				
19a. Informant's Name/Relationship (Type, Print) 19b. Mailing Address (Street end Number or Rural Route Number, City										er, City o	or Town	n, Stete, Zip	Code)		
	Paul Day	hoff,J	r./ Gran	dsor	n	10	116 P	ine	e Tree Rd./ Woods				, M	ld. 2	1798
	20a. Method of Dispos 1 Burial 2 4 Donation 5	Cremation 3	Removal from	State	cem	atary, crem	Disposition (Name of y, crematory or other pla				Date 20c. Location - City 9-14-96 Woodsboro				
	21. Signature of Fune	- '			KOCK	y Hi									
	21. Signature of Furte	TAI SHIVICH EN	A A	1			Name an			SL	auffer				
4	Jay	mong	Tele	RED	N						kersvil		Md.	217	
	23a. Pert1. Enter the shock, or heart	caused each lin	the death. (Do not ente	er tha mod	a of dyl	ng, such as	s cardiac	or raspiratory a	rrest,			Approximate Intervel Between Onset and Death		
ı	Immediate Cause (Findisaasa or condition resulting in death)	TII		NJUR											
			Due to (or es a consequenca of):												
	Sequentially list cond	itions,	b		Due to (or es	e conseq	uence of):							1	
	Sequentially list cond if any, leading to imm cause. Enter Underly Cause (Disease or Injury that initiated avents		c				10000 00								
	resulting in deeth) Las	st	C		Due to (or as	a consequ	Selica Oi);								
- 1			■ d												

Physician /Medical Examiner

use as the buriel-transit

To the Hospital or Attending Physician: The law requires that the death certificate be executed within 24 hours affect death.

To the Funeral Director: After this certificate hes been signed by the ettending physician and completely filled in by the funeral director, page 2 should be detached for use as the buniel-transit

Be Completed by

Medicai Certification: To

Division of Vital Records, P.O. Box 68760,

permit. Pages 1 and 2 should be filed within 72 hours after death with the Maryland Department of Health and Mental Hyglene. Important: If item 27 is marked other than "natural", or items 23a or 28a-1 show any injury or other traumatic event, the Medical Examiner must be incitited at once.

Baltimore, Maryland 21215-0020

Physician/Medical Examiner

28e. Dete of Injury (Month, Day Year) 9-10-96

1 Yes XXNo 3 Probably 4 Unknown

24e. Wes en autopsy performed?

2 No

24b. Were autopsy findings available prior to completion of causa of deeth?

XIX Yes 26. Place of Deeth (Check only one)

XX Yes 2 No

Other: 4 ☐ Nursing Home 5 ☐ Residenca 6 ☐ Other (Specify)

28d. Describe how Injury occurred

MOTOR VEHICLE ACCIDENT

281. Location (Street and Number or Rural Route Number, BTCH) of JOHN, State COPPERMINE ROFREDERICK , MARYLAND RO ROAD

29b. Signature end title of cartifian

25. Was case referred to medical exeminer?

27. Manner of Death

1 Naturai

XIXAccident

3 Suicide

29a. Certifier

4 Homicide

Certifying Phyaicien: To the best of my knowledge, death occurred at the time, date and pieca, and due to the cause(s) and menner es steted.

Medical Examiner: On the bests of examination and/or investigation, in my opinion, death occurred at the time, date and placa, and due to the cause(s) and manner stated. 29c. Licanse number

Hospitel:

O.C.M.E

28c. Injury et Work?

1 Yes XXNo

29d. Data signad (Month, Day, Yaar) SEPT. 12, 1996

30. Name and address of person who completed cause of death (Item 23a) (Type, Print)

STEPHEN S. RADENTZ

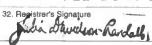
111 Penn Street, Baltimore, Maryland 21201

State Registrar

31. Date filed (Month, Day, Year) 8 1996

5 Pending Investigation

6 Could not be determined



1 ☐ Inpatient 2 ☐XER/Outpatient 3 ☐ DOA

28e. Place of Injury - At home, farm, street, factory, office building, etc. (Specify)

28b. Time of

STREET

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

TO THE MOSPITAL OR ATTRONDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	MPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.	
TH CH	55 54 F 196	IMPO	

	FOR 1 - STATE REGISTRAR		STATE OF I		/ DEPAR					MENTA	L HYGIEN	E		
	1. DECEDENT'S NAME (First,	, Middle, Last)	61.00							MONT	E OF DEATH	NY.	YEAR	3. TIME OF DEATH
	Myr 4. SOCIAL SECURITY NUMBER		Cliffor			COOK				Sep	t. 5,	1996	5	3:15 AM M
	310-09-3341		5. SEX	6. AGE (In yrs. I	est birthday) YRS.	IF UNDER MONTHS	DAYS	HOURS	24 HRS, MIN.	7. DATE (Mon May	of Birth (h, Day Year) 1	918	a. BIRTH	PLACE (State or Foreign
_	9a. FACILITY NAME (If not in	stitution, give s	street and number)					OR LOCATI		EATN		V. 11.14	NTY OF D	
DIRECTOR	Northampt	on Mar	<u>nor Nursi</u>	ng Home	5	L L	rede	erick	ζ			Fre	ederi	.ck
REC	10s. STATE	10b. COUNT	Υ			Y, TOWN	OR LOCAT	ION					T	10d. INSIDE CITY
	Maryland	Fred	erick		Fr	eder:	ick						-	LIMITS7
FUNERAL	100. STREET AND NUMBER 7010 Az	bor D	rive				101	217	_			10g. CIT	U.S.	A.
J.	11. MARITAL STATUS 1 Never Married 2	Married	12. WAS DECEDEN FORCES? 1	TEVER IN U.S. A	NO		WAS DEC	ENDENT C	F NISPAI	NIC ORIGI	N? (Specify Yes Rican, etc.)	or No-	14. RACE Black	— American Indian, , White, etc.
D BY	3 Widowed 4 Divo	rced	oct.12,19	42-Nov.19	5, 1945	5	1 🗆 YES	2 X) NO		у.			Specifi	
ETED	(Specify only	EDENT'S EOU y highest grade	completed)		Give kind of te. Do NOT u	work done	CCUPATIO	ON at of working	ng		b. KINO OF BUS			
COMPLE	Elementary/Secondary (0		College (1-4 or 5) M	echanio	al Er	gine				'ederal		ernme	ent
w	17. FATNER'S NAME (First, M Lee	iddle, Last)		COOK				16. MOT	Mar.		Middle, Melden		FERI	ES
TO B	Mr. Lawrence		Cook, Sor	n I	Route	2, E	S (Street a SOX 4]	nd Number	or Aural I	Route Num	nd Rd.,	o, State, Zic Charl	es To	25414 wn, W. Va.
	28e METHOD OF DISPOSITI 1-03 Burlel 2 Cremetio 4 Donation 5 Other		oval from State		E ANO DATE				nt				City or Ton	, Indiana
	21. SIGNATURE OF FUNERAL		CENSEE \	ooa.	LCIWII			D AODRE			770 112	iterie	o cci	, indiana
	Richa	36.	That	MO	0255						rd P.A.			
	23. PART I. Enter the diseases, or complications that caused the desth. Do not enter the mode of dying, such as cerdisc or respiratory strest, shock, or heart feilure. List only one cause on each line.										Approximate interval Batween Onset and Death			
CERTIFICATION	Sequentially list condition of the sequential of the sequence cause. Enter UNDERLY! CAUSE (Disease or injust that initiated events resulting in death) LAS	diete NG ry	DU E /TO	(OR AS A CONSI	EOUENCE O	ት):	: de	wind	lew					
PHYSICIAN: MEDICAL C	PART II. Other significe	nt condition	s contributing to	deeth but not	resulting	In the un	deriying	cause ()lven in	Part i.	24a. WAS AN PERFORI	MED?		WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE DF DEATH? 1 YES 2 NO
ž Z														
25. WAS CASE REFERRED TO MEDICAL EXAMINER? HOSPITAL: QTHER:														
1 YES 2 100 1 Inpetient 2 ER/Outpetient 3 DOA 4 Nursing Home 5 Residence 6 Oth								6 🗆 Othe	er (Specify)					
	1 Netural 5	28b. TIM	E OF URY M		RK?	1000	28d. OE	SCRIBE HOW IN	JURY OCC	CUREO				
BY	2 Accident	ome, term, s			/ES 2 [NO	201.100	ATION (Street a						
ETEC		Could not be determined	building,	atc. (Specify)						City	or Town, State)	no monitori	or nurer n	oute Number,
COMPLETED			CIAN THE Dee best of											end menner as stated.
E C	29b. SIGNATURE AND TITLE			4 74				29c. LICE						(Month, Day, Year)
œ			ruha	7.	and	ms.			.819					5, 1996
2	30. NAME AND ADDRESS OF	PERSON WH	O COMPLETED CAUS											
	Dr. Arthur				nomas	John	nson	Driv	ле, I	Fred	erick,	Mary	1and	21702
	31. DATE FILED (Month, Day,)		32. REGISTRA	A'S SIGNATURE	0 .									
	SEP 0	6 NA.	Jalla o	Muchon 1	wolf									

-10 MD 187

		1 - FOR STATE REGISTRAR	STATE OF MARYLA	ND / DEPAR CERTIF	TMENT OF H	IEALTH AND DEATH		GIENE	
		1. DECEDENT'S NAME (First, Middle, Lest)	11/				2. DATE OF DI	DAY	3. TIME OF DEATH
		AMUEL 4. SOCIAL SECURITY NUMBER	5. SEX 8. AGE (III	yrs. lest birthday)		-1ER		MBER17,15	
pinous		AIA . MAIR	1 2M 2 🗆 F	76 YRS.	MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.		(- 1920	BIRTHPLACE (State or Foreign Country)
1, 2, 3 sho	TOR	PENINSULA REGIONA		ENTER		ISBURY	EATH	9c. COUNTY	COMICO
Pages	DIRECTOR	10a. STATE 10b. COUNTY	Domerset		NEST				10d. INSIDE CITY LIMITS? 1 YES 2 NO
in. ransit permit.	FUNERAL		+NE			218	71	10g. CITIZE	of what country?
Indus are used). Fage of final bot retained by the hospital of arending physician. For removal, the funeral director, page 5 should be detached for use as the burial-transit medical examiner must be notified at once.	B√	11. MARITAL STATUS 1 Never Merried 2 Merried 3 Wildowed 4 Divorced	12. WAS DECEDENT EVER IN FORCES? 1 X YES IF YES, GIVE WAR OR DAT	2 NO	If yes, sp	endent of HISPA ecity Cuben, Mexic 2 XNO Speci	an, Puerto Rican,	etc.)	RACE — American Indian, Black, White, etc. Specify: Black
d for use as	LETED	15. DECEDENT'S EDUCA (Specify only highest grade of Elementary/Secondary (0-12)	College (1-4 or 5+)	Ille. Do NOT us	rork done during mo	ON st of working	100000000000000000000000000000000000000	Vuck D	
ay be retained by the hospital of page 5 should be detached for be notified at once.	COMPLET	17. FATHER'S NAME (First, Middle, Last) ALDERT Collie	-0	LINU	Orec	18. MOTHER'S NA	ME (First, Middle,	Melden Surname)	
5 should t	TO BE	190. INFORMANT'S NAME (Type/Print) SAMUEL J. Collin				Δ.		y or Town, State, Zip Co	de)
bage page		200. METHOD OF DISPOSITION		30970		7	-	Vestover	MO 21871
director, p		1 Buriel 2 Cremation 3 Ramov 4 Denetion 5 Other (Specify) 21. SIGNATURE OF FUNERAL SERVICE LICE	ral from State	Pry, cramatory or of	U.M.C.	EMETERY TO ADDRESS OF F	9/20/44	Weston	
in by the funeral director, removal. edical examiner must		Arthorn b.	Word		Antho	Hampa	eed tu		Anne MD
or continued to execute where an ending physician and completely fill hygiene prior to burial, cremation or other traumatic event, the	CERTIFICATION	23. PART I. Enter the disease, or co shock, or heart feliure. Li IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if sny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST	DUE TO (OR AS A A	ON COMPANDENCE OF COM	farlure ic con hi con		Reford	long CHA	Interval Between
igned by leafth and	MEDICAL O	PART II. Other significant conditions CABCOX Obsolu	2, Diab	t not resulting in	en deper	about		MAS AN AUTOPSY PERFORMED? YES 2 NO	24b. WERE AUTOPSY FINDINGS AWAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
as beer Jept. of 23 sh		DID TOBACCO USE CONTRI	BUTE TO CAUSE OF	DEATH YE	S NO	UNCERTAI	N 🗆		7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7
cate ha	SICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	NOSPITAL:	6. PLACE OF DEAT	H (Check only one) OTHER:				
the S	HYS	1 YES 2 NO	28e. DATE OF INJURY	tient 3 DOA	4 - Nursing Hom	5 Residence			
t. After this or death with is marked,	7	1 Netural 5 Pending	(Month, Day, Year)	INJU	JRY WO	RK?	Zed. DESCRIBE	HOW INJURY OCCUR	EU
28 at 28	TED B	2 Accident Investigation 3 Suicide 8 Could not be determined	28e. PLACE OF INJURY - building, etc. (Specify	At home, ferm, s	treet, factory, office		281. LOCATION City or Town	(Street end Number or in, State)	Rural Route Number,
NERAL DIRECTOR NIN 72 hours	COMPLE		AN: To the best of my knowled On the basis of examination						tuse(e) and menner ee stated.
Por THE	O BE C	29b. SIGNATURE AND TITLE OF CHITHIER	· (zaw	d		29c. LICENSE NUI	ABER 18	29d. DATE 30	GNED (Month, Day, Year)
	F	BAL AGALHAL, M.). 614 C E	ASSEIN S	Print) SHOVE DI	SALIS	aly, M	10/2/01	
		SEP1.8 1996 Julia	A BEGISTINGS COM	TURE			1		

Since where \$ 200 the form of agent server in TV AND THE RESERVE TO BE SHOULD BE SHOU

State of Maryland / Department of Health and Mental Hygiene

					,	Cei	rtificate o	f Death	R	eg. No.		2000			
			1. Decedent's Name (First, Middla, La	st)					2. Data of Dea	th	Vene	3. Time of Death			
	Physici /Medi		MARY ANN DAY	ALLI					Month Sept. 8	. 1996	Year	2:10 AM.			
	Examir		4a. Facility Name (If not institution, give					4b. City, Town, or L		4c. County	of Death	Z. 1.U. ABI.			
1			MEMORIAL HOSPITAI	_				CUMBERL	AND	ALLE	GANY				
	Funeral Director		5. Social Security Number 6. S 217-76-5592	IDM SDE	e (In yrs. last i 36	birthday) Yrs.	If Under 1 Year Months Day		8. Date of Birth (Month, Day Dec. 26,	, Year)	9. Birthpi Count MARYI	aca (State or Foreign (ry)			
	pu .		Usuai Residence of Decedent 10a. State 10b. County		10c. City, To	we or lo	vestion				44	ad harida O'hari izaba			
	aryle sho	5	MD ALLEGA	NTV	LAVA		Cation				10	od. Inside City Limits 1 4 Yes 2 No			
	he N	Director	10e. Street and Number	711	TRYAN	4LC	144 71 0 1					11			
	s i end 2 should be filed within 72 hours efter death with the Maryland I Health and Mental Hygiene. If Health and Mental Hygiene. Item 27 is marked other than "naturel", or items 23a or 28a-f show other traumatic event,	ral Dir	707 BRADDOCK AVEN	IUE			10f. Zip Code 2150		1	Og. Citizen of N		ry?			
	ep	Funeral	11. Maritai Status	12. Was Decedent E Armed Forcas?	1	13. \	Was Decedent of 1 Yas, specify Cu	f Hispanic Origin? (Spuban, Maxican, Puart	pecify Yes or No- o Rican, etc.)		e - Amarica k, Whita, a				
21215-0020	ours efte	by	1 ☐ Never Married 2 ☐ Married 3 ☑ Widowed 4 ☐ Divorced	1 Ves 2 N If Yes, Give Year or Dates:	lo		1□Yes 2¬N			Specify	r:	HITE			
5	72 h	Completed	15. Decedent's Ed (Specify only highest gra	ducation ade completed)	16	Sa. Deced	dent's Usuai Occ	upation ne during most of work	kina	16b. Kind of B	sinass/Ind	ustry			
2	ithin ithin	npi	Elementary/Secondary (0-12)	Coilege (1-4or 5	+)	life. L	DO NOT use reti	red)							
	od w ygier rt. Tr	Co	8			HOM	TEMAKER			HOME					
SU.	D D D D D D D D D D D D D D D D D D D	Be	17. Father's Name (First, Middle, Last, AUGUST TRIBUT)					ne (First, Middle, I	Vaiden Suman	10)				
$\frac{2}{5}$	should be nd Mental marked o	10							ET ROWAN						
Maryland	2 sh and is r		19a. informant's Name/Raiationship (Type, Print)				et and Number or Ru				Coda)			
	l end lealth m 27 ther tr		MARGARET GAUGHAN				TANGLE sition (Name of					1502			
altimore,	ont o		20a. Method of Disposition 1 ☑ Burlai 2 □ Cremation 3 □ 4 □ Donation 5 □ Othar (Specif		ceme	tery, cren	sition (Name of natory or other p	lace)	9/11/96	20c. Location - CUMBE					
alt	permit. F Departme Importan any Injur		21. Signatura of Funeral Service Licer	1500		22	Name and Add	Irass of Facility	EDAT WO	-					
m	89789		Stored (A)	Timbund)			CHURCH FUN							
	177.798		202 GREENE ST., CUMBERLAND, MD 21502 23a. Part 1. Enter the disease, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one ceuse on each line.												
V.	Physician														
	/Medical		immediate Cause (Final disease or condition	a. ARTER	100000	SV 3 1		honor D	100000	_		10 426			
l.	Examiner		resulting in death)		Due to (or as			646	178770			o ges.			
W.	D &	ner					antical and				1				
9	ficate be executed physician end is the burial-transit	Examiner	Sequentially list conditions, if any, laading to immediate cause. Enter Undartying Causa (Disease or injury	b				i							
68760,	e be	edical	triat initiated evants	C	Dua to (or as	9 000000	Hence of):				1				
	- Cr w	=	resulting in death) Last	d	Jua 10 (Or as i	a conseq	uerica cij.				!				
Box	thet the death cered by the attendir deteched for use	Physician/													
P.O.	the dy	ysi	Part ii, Other significant conditions of	ontributing to death bu	it not resulting	in tha ur	nderlying cause	given in Part I.		_		the cause of death?			
	The law requiras that the steep signed by the page 2 should be deteched.								1 U Y	es 2L/No	3 Prob	ebly 4 □ Unknown			
S _D	uiras sigr	d by							24a. Was a	n autopsv	24b. Wa	re autopsy findings			
Records,	v require been sign	lete							perfor	med?	con	iliable prior to			
Re	he lev ge 2	Completed							=			leath?			
			Of Means of which the section						1 U Y	/	1	Yes 2 No			
5	Physician: The latting the properties of the director, page	Be C	25. Was casa raferred to medical examiner?	Hospitai:				Mhar	th (Check only or						
Division of Vital	E E =	: To	1 ☐ Yes 2 No 27. Manner of Death	1 ☐ inpatie		o. Tima of	IL SEL DON	4 LI Nuising FI	ome 5 Reside)			
o	ding h. After	tion	1 Naturat 5 ☐ Panding	28a. Data of injur (Month, Day	Year)	injury	W	ork? □ Yas 2 □ No	200. 0000100 11	on injury occor					
2	il or Attending P ster death. I Director: After to d in by the funera	Certification:	3 ☐ Suicide 6 ☐ Could not b		ırv - At home	farm str			28f. Location (S	treet and Numb	er or Rural	Route Number			
2	after Direct	erti	4 ☐ Homicide detarmined	28e. Piace of inju building, etc	. (Specify)		oot, ractory, onto		City or Town			.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			
	ours ours heraf		29a. Certifier 1 Certifying Ph	ysician: To the best o	f my knowled	na death	occurred at the	time date and piace	and due to the c	ause/s) and ma	nner as et	ated			
	Hoa 24 h	edical	(Check only 2 Medicat Examone)	niner: On the basis of and manner sta	examination a	and/or inv	estigation, in my	opinion, death occur	rred at the time, d	ate and piaca,	and dua to	the causa(s)			
	To the Hospital or within 24 hours afte To the Funeral Dir completely filled in	Me	29b. Signatura and titla of certifiar					nse number		9d. Date signe	d (Month, L	Day, Year)			
	P S P O		101	- 0			7	14865							
	6		20 Name and add / / / / /	MY		V/T	JV .	, , , , ,		SEPT.	11,	1996			
	1/12)		30. Nama and address of person who	Completed cause of de	ath (item 23s	a) (Type,	()	Med. Blog.	Cumh	10/103	mn	21500			
	Sta	to	31. Date filed (Month, Day, Year)	32. Registra	r's Signature	10/10	nop!	njea, piog.	- curiose	NAJO,	111	31-02			
	Registr		SEP 1 2 199	6 July de	voleor Re	refall									

Please Type or Print in Black Indelible Ink. Assure Ali Copies Are Legible. State of Marvland / Department of Health and Mental Hygiene

28902

						Cert	tificate of	Death		R	eg. No.		2000	las
	Physic	ian	1. Decedent's Neme (First, Middle, La	,						Dete of Deet		Year	3. Time of Limit	
J	/Medi		WERNER RUPPE							Sept.	3, Dey 1996)	12:35	8
	Exami	ner	4e. Feclity Neme (If not institution, git MORAN MANOR NU						m, or Location		4c. County			
	Funeral Director		214 03 0101		(In yrs. lest bir 87	thday)_ Yrs.	Months Deys		Min. 8. [Dete of Birth Month, Day, Apr 3	, Year 1909	9. Birthp	olece (Stete or Fore	ign
	and w		Usuei Residence of Decedent 10a. Stete 10b. County		10c. City, Town	n or Loc	ation					1	0d. Inside City Lim	ite
	Manyla 4 sho	5	MD Allegar				rland					Ι.	1 🖾 Yes 2 🗆 I	
	the rotte	rec	10e. Street and Number				10f. Zip Code			1	0g. Citizen of W	√hat Cour	ntry?	
	h with	al D	41 Cresap Stree	t			215	02			US	iA		
020	72 hours effer death with the Maryland "natural", or frems 23a or 28a-f show solded Examiner must be notified at	by Funeral Director	11. Menitel Stetus 1 Never Merried 2 Merried 3 Widowed 4 Divorced	12. Was Decedent E Armed Forces? 1 ☐ Yes 2 ☐ No If Yes, Give Yeer or Detes:			res Decedent of Yes, specify Cul		in? (Specify Puerto Rica	Yes or No- n, etc.)		k, White,	ean Indian, etc. white	
2-0	72 ho	ted	15. Decedent's E	ducation	16a.	Decede	ent's Usuel Occu	pation	i de constitue	T	16b. Kind of Bu			
21215-0020	2 2	Completed	(Specify only highest grade) Eiementery/Secondary (0-12)	College (1-4or 5+			ent's Usuel Occu ind of work done O NOT use retin ed Carma		or working		Railr	oad		
Maryland	S a b	To Be C	17. Fether's Neme (First, Middle, Last Lionus Dicken)					's Neme <i>(Fir</i> hel (E		ng)	Θ)	x	
	27 T		19e. Informent's Name/Relationship (Robert S. Dicke			_	Address (Stree							
altimore,	8077		20e. Method of Disposition 1 Burlel 2 Cremetion 3 4 Donetion 5 Other (Special		cemeter	ry, creme	ition (Name of etory or other pla 's Ceme	tery		ete :	20c. Location -			
Balti	permit. Peges Depertment of Important: If it any injury or ones.		21. Signeture of Funerel Service Licer	**	// .	22.	Name end Addr Scarpe	ass of Facility 1111 Full 1and, 1	neral	-				
			23a. Parul. Enter the diseese, or com shock, or heert fellure. List only	plicetions that chused t	he deeth. Do r	not enter		-			est,		Approximete	-
d	Physician		snock, or neert tellure. List only	one ceuse on each line).							i	Interval Between Onset end Deeth	
1	/Medical		Immediate Cause (Final disease or condition	ACU	TE 1	140	CARD	IAL	In	laro;	TINN		15 mini	it
P	Examiner		resulting In deeth)	Ð.	ue to (or es a o	consequ	ence of):			-	1100			
	be isi	al e		a. ACU	ONAR	Y	ARTE	ery	Dis	eas	6			
	icate be executed physician and s the buriel-transit	Examiner	Sequentielly list conditions, if any, leeding to immediate cause. Enter Underlying Cause (Disease or Injury	ue to (or es a o	consequ	ence of):	/		11sexs8					
68760,	siciar buri		Cause, Enter Underlying Ceuse (Disease or Injury that initiated events								<u> </u>			
	certificati iding phy use es th	VMedical	resulting in deeth) Last	d	ue to (or es a c	conseque	ence or):							
Box.	deeth cer attendir d for use	Physician/	Port II Other elenifleent conditions of	antally sing to do ath but		- M	4.4.4	i un la Dest l	1	one Dida	h	4		
P.O.	that the dened by the e	hys	Pert II. Other significant conditions of	ontributing to death but	not resulting in	the unc	denying cause g	iven in Peπ I.		236. Dia to	1/		the cause of dear	
	s tha	by P												
of Vital Records,	law requires that the deeth certificate be executed tes been signed by the attending physician and a 2 should be deteched for use as the burle-Iransit	Completed							_	24e. Wes a perform		CO	ere autopsy finding allable prior to mpletion of cause deeth?	is .
Ä	0 - 0	Eo								1□ Ye	s 2DNo	10	Yes 2 No	
ita		Bec	25. Wes case referred to medical examiner?					26. Piece	of Death (Ch	eck only on	e)			
ž <	\$ 00	2	1 Yes 2 No	Hospitel: 1 ☐ Inpatien		tpetient	3□ DOA O	ther: 400 Nurs	sing Home	5 Reside	ence 6 Othe	r (Specif	y)	
	Attending Ph r death. ector: After thi by the funeral	ation:	27. Menner of Death 1 Netural 5 Pending 2 Accident investigation	28a. Dete of Injury (Month, Day	Year) 28b. T	Time of njury	28c. Inju Wo M 1	inyet ork?]Yes 2 □ N		Describe ho	ow Injury occurr	ed		
Division	s effer deat I Director:	Certification:	3 Suicide 6 Could not b determined		y - At home, fe (Specify)	rm, stree	et, factory, office		28f. I	ocation (St. Dity or Town	reet end Numbe n, Stete)	er or Pura	al Route Number,	
	To the Hospital or Attending i within 24 hours after death. To the Funeral Director: After completely filled in by the fune	edicai C	29a. Certifier (Check only one) 1 Certifying Ph	ysician: To the best of niner: On the basis of e end menner stete	xemination end	, deeth o	occurred et the t estigetion, in my	lme, dete end opinion, deeth	plece, and o	lue to the ca the time, da	ause(s) and ma ate and plece, a	nner as st and due to	lated.) the cause(s)	
	To the To the comple	Me	29b. Signeture end title of certifier	nem	E)			se number		25	9d. Date signed Sept.			
	Sex		30. Name and address of person who Dr. Saturnina	Change Pto	(Hem 23a) ((Typs, P	int)	za: Fro	sthur	T. MD	21532			
	INV		31. Date filed (Month, Day, Year)		's Signature	-	- 1 1 d 2	,	-L-WILL	5, LID	21332			
	Sta Registi		SEP 1 1 199	6 galle day	idear Ray	daily								

DHMH 16 Rav 6/95

State of Maryland / Department of Health and Mental Hygiene 96 28903

						Cer	tificate of	Death		Reg. I	No.) (2000) 0
	Physic /Medi		1. Decedent's Name (First, Middle BETTY Rut		KER				2. Dete	of Deeth	Dey Y	'eer 96	3. Time of D	
ľ	Exami		4e. Facility Name (If not institution	n, give street end num	nber)				vn, or Location of		c. County of	Death		
	Funerai Director		5. Social Security Number 215–18–8283	, , , , ,	7. Age (In yrs. le	st birthday) Yrs.	If Under 1 Year Months Days	If Undar 2 Hours	4 Hrs. 8. Dete	of Birth h, Dey, Yes	ar) g	_	aca (State or I	Foreign
			Usuel Residenca of Decedent						00	5 13,	1724	* **		
	show		10e. State 10b. County		10c. City,	Town or Lo	cation					10	d. Insida City	Limits
	Mar	to	MD Balti	more		Balti	more						1 XYes 2	2 □ No
	128 128	Director	10e. Street and Numbar				10f. Zip Code			10g. (Citizen of Wh	at Count	rv?	
	With With		2900 Freeway				2122	7			USA			
	leath mr 2	era	11. Marital Status	12. Was Dece	dent Ever in U.S	. 13. V			In? (Specify Yes)	or No-	14. Rece -		n Indian	
21215-0020	72 hours effer death with the Maryland natural', or Itema 23a or 28a-f show pical Examinet must be notified at	by Funeral	1 Nevar Married 2 Marr 3 XWidowed 4 Divorced	Armed For	cas? 2 X No	11	Vas Decedent of H f Yes, specify Cub ☐ Yes 2 🗓 No	an, Mexican, Specify:	Puèrto Ricen, ato	5.)		White, e	tc.	
0	72 hours "natural",	8	15. Deceden	t's Education		16e. Deced	lent's Usual Occup	nation		16b.	Kind of Busin		vhite	
215	C 6	Completed	(Specify only highes	st grade completed)	45-)	(Give	kind of work done OO NOT use retire	during most	of working	100.	rano or Doon	100011101	20tly	
27	filed within Hygiene. Ather than "ent, I'm Ma	Eo	Elementary/Secondary (0-12)	College (1-		Homem					own Hor	ne		
D	be filed tal Hygi d other event,		17. Fether's Name (First, Middle,	Lest)				18. Mother	's Neme (First, M					
lan	D 2 0 0	o Be	Oliver Stewa	ird				λli	ce (Duck	worth	1			
Z	d 2 should by	F	19a. Informent's Name/Reletions			19h Mailin	g Address (Street					ete Zin i	Codol	-
Maryland	d 2 sho th end 7 is m traum		Leonard M. De									are, zip	2006)	
Ġ,	of Health e fitem 27 is		20a. Method of Disposition	CKELSOII	20b Ple		Bero Ro		Dete		21227 Location - Cit	by or Toy	m Ctoto	
altimore,	Page ment c ant: If ury or		1 Surlal 2 Cremation 4 Donetion 5 Other (S	pecify)	lata		sition (Neme of hatory or other ple morial C				umberl			
Bal	Departr Importu any Inju		21. Signature of Funeral Service	2 100	2011	22	. Name and Addre Scarpel Cumberl	li Fu	neral Ho					
	50		23a. Part V Enter the disease, of	complications that ca	used the death.	Do not ente							Approximate	
	Physician		shook, or neert failura. List	only one ceusa on ee	ch line.								Interval Betwe Onset end De	en ath
)	/Medical		Immediate Ceuse (Final										3 month	4.4
	Examiner		disease or condition resulting in deeth)	e. METAI	TATTO	LUNG	CARCINO	MA				1	3 //venj	MS.
		e.			Due to (or	es a consequ	uenca of):							
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	iceta be executed physicien and s the buriel-transit	xai	Sequentially list conditions, if any, leeding to immediate		Due to (or a	as e consequ	uence of):					1		
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68760,	ohys the	dic	that initiated events resulting in death) Lest		Due to (or a	is a consequ	uance of):							
9 XO	certificeta be executed nding physicien and use es the buriel-transit	/Medical		d										
Bo	- 63			- 0			*							
	0 0 0	Physician	Part II, Other eignificant condition	ns contributing to dea	ith but not result	ing In tha un	derlying cause giv	an in Part I.	23b.	Did tobacc	co use contri	bute to	the cause of c	death?
0	that the ed by th detache	Phy								1 Yee	2 □ No 3	☐ Probe	bly 4 dun	known
	8 5 8	by	-											
of Vital Records,	= 0 D									Was an aut			e autopsy find leble prior to	agnit
S	71 00	Completed								performed?		com	pletion of cau	Se
Ĭ	0 - 0	E								4 🗆 Vaia	000			
Ø	iclan: The cartificate irector, pag		25. Was casa referred to medical								2 🖾 No	14	Yes 2□ No)
>	ysiclan: s cartific director,	o Be	exeminer?	Hospital:	August		Oth	Or:	of Deeth (Check o		O HEAL			
ō	문문	. To	27. Menner of Death	28e. Date of		R/Outpatient 8b. Time of	3LI DOA	4 LI NUR	sing Home 5		8 ∐Other (iurv occurred	(Specify)		
ב	ding h. After fune	ion	1 ☑Natural 5 ☐ Pending	(Month	, Day Year)	Injury	28c. Injur Wor			ribe now in	ury occurred			
<u>s</u>	Attending or death. ector: After by the fune	cal	2 Accident Investig	ot be				Yes 2 □ N		10:				
Division	after deat Director: I in by the	Certification:	4 ☐ Homicide datermi	ned 28e. Place o	of Injury - At hom g, etc. (Specify)	a, farm, stra	et, factory, office			r Town, Ste		or Hural	Routa Numbe	F,
_	hours a nersi E	- 1												
	1 4 E B	edical	29a. Certifier 1 ✓ Certifying (Check only one) 2 ☐ Medical E	Phyeician: To the b Examiner: On the bes end manna	ils of examinatio	edge, deeth n and/or invi	occurred at the tin estigation, In my o	ne, dete and pinlon, death	pleca, and due to occurred at tha t	the ceuse ima, dete a	(s) and manne nd placa, and	er as sta I due to t	ted. he ceuse(s)	
	To the within To the comple	Σ	29b. Signatura and title of certifian				29c. Licans	a number		29d. D	ata signed (A	Month, D	ey, Year)	
	7		populone	- MEDICAL	RESIDE	ENT	Pi	9885		SE	PTEMBE	1	5 1901	
	1011		30. Neme and eddress of person v				Print)	, -,					1	
	1/2		PILAR G. ALONSO		TON AVE			21229						
	Sta	to												-
	Registr	ar	31. Date filed (Month, Dey, Year)	396 July	Signatural Signatural	ardall								

State of Maryland / Department of Health and Mental Hygiene

				State of Mai		epartment of I Certificate of		Mental Hy	giene (96	28904
			1. Decedent's Nama (First, Middle,	Last)				2. Date of De	eafh	CTAT :	3. Time of Death
	Physici /Medio		BERNICE			DASHIELL		Septem	ber 9, 1	Year 996	3:00 AM
×	Examir		4e. Facility Name (If not Institution,	give street and number)			4b. City, Town, or				
			Salisbury Cente				Salisbury		Wicon	nico	
	Funeral		5. Social Security Number	1□M 2XF	(In yrs. last birti	hday) If Under 1 Yaar Months Days		. (Month, De	sy, Year)	Counti	ace (Stera or Foreign
	Director		219-05-3588 Usuel Rasidenca of Decedent	8.	7	15.		Oct.15	1908	Mar	ÿland
	yland		10a. State 10b. County	1	10c. City, Town	or Location				10	d. inside City Limits
	r 28a-f show	tor	Maryland Wice	omico	Biva	lve					1 Yas 2 No
	or 28	Director	10e. Street and Number			10f. Zip Code			10g. Citizen of V	Vhat Count	y?
	death with the Maryland me 23s or 28s-f show		3210 Jesterv	ille Road		2181	14		U.S.	A	
2	or he	y Funeral	11. Merifal Status 1 □ Never Married 2 □ Marrie	If Yes, Give		13. Was Decedent of I If Yes, specify Cub		Specify Yas or No to Rican, etc.)		e - Amarica k, White, e	
0200-612		ed by	3 Widowed 4 □ Divorced	Year or Detes:	400	December 11 - 11 October 1				Bla	
ò	s within 72 ho piene. r than "natur the Med cal	Completed	15. Decedent's (Specify only highest	grade completed)		Decedent's Usual Occup (Give kind of work done life. DO NOT use retire	during most of wo	orking	16b. Kind of Bu	ialness/Indi	ustry
717	iene. then the	ошь	Elementery/Secondary (0-12) 12	College (1-4or 5+)		Domestic	-,		None		
D	Hygothe ant,	Be C	17. Fethar's Name (First, Middle, L.	ast)		Domeoore	18. Mother's Na	me (First, Middle	, Meiden Sumam		-
yland	tould be filed a Mental Hygie marked other that	To B	William Scot	t			Annie	Scott			
Mar	and and and and and and and and and and	ľ	19a. Informent's Neme/Relationshi	p (Type, Print)	19b.	Malling Address (Street	t and Number or R	ural Route Numb	er, City or Town,	State, Zip (Code)
e,	日本なっ		Tyrone Kenney			28 Hanton	Ave.S			- 10	
0	Pages 1 a nent of Hee nt: If item iry or othe		20e. Method of Disposition 1 Burial 2 ☐ Cremation 3	B □Removal from Stete	20b. Plece of cemeter,	Disposition (Neme of r, cremetory or other pla	ica)	Dafe 9	20c. Location -	Cify or Tow	vn, Stete
pailimor	tmen tant: jury		4 □ Donation 5 □ Other (Spe	ecify)	Elzey	Church Ce		114	Jester	vill	e,Md.
מ	permit. Pages Department of Important: If it any Injury or o		21. Signature of Funaral Service Li	cansee	Λ	22. Neme and Address		Home			
			Bladys	B. Stew	art	821 West	Rd.Sal	isbury	,Md.218	01	
			23a. Pert1. Enter the disease, or c shock, or heart failure. List of	omplications that caused the nly one cause on each line.	ne deeth. Do n	ot enter the mode of dyl	ng, such es cardia	c or respirefory a	irrast,		Approximate Interval Between Onsat and Death
)	Physician /Medical		Immediete Cause (Final			G 071	C- 0		- == 64		
	Examiner		disease or condition resulting in death)	ComA	> UN	contrad onsequence of):	E TONA	30/6	0351030	R	
L		Jer		Di	ue to (or es a c	onsequence of):	recolu	40 A	- c. lan	M	1 month
	outed ansit	Examiner	Sequentially list conditions			onsequence of):	3000	100 11			(, , , , , , , , , , , , , , , , , , ,
Ş	be executed ician and burial-transit	Ex	Sequentially list conditions, if any, leading to immediate causa. Enter Underlying							1	
2/20	cate be executed physician and the burial-transit	dicai	Cause (Diseese or injury that Initieted events resulting in death) Last	c. Du	ue to (or as e co	onsequenca of):					
0	certificate nding physise as tha	Mec								1	
200	es that the death certific igned by the attanding p be detached for use as	Physician/Me		- 0.							
5	he de	iysic	Part il. Other significant condition								the cause of death?
7	that the deta		antees	- , RTN	5 6	Jonne 1	Arland	10	Yes 2 No	3 🗌 Probe	ably 4 Unknown
cords,	requires that the reen signed by th hould be detache	pd by		- , RTN		Tenne is			an autopsy	24b. Wer	e eutopsy findings
3		iete	cer UIA	asis	arco	selbs ?	S	perfe	ormed?	com	lable prior to pletion of causa eath?
ב	The law ate has b	Completed						10	Yes 2 No		Yes 22 No
A Ital		0	25. Was case referred to medical				26 Place of De.	ath (Check only			165 2/2 110
		ToB	examiner?	Hospitel:	2 ER/Out	patient 3 DOA Otl	hor:		denca 8 □Oth	er (Specify)	
5	ter this		27. Manner of Death 1 ☑ Natural 5 ☐ Pending	28a. Date of injury (Month, Dey Y	28b. Ti	me of 28c. Inju	ry at	1	how injury occurr		
2	andir path. pr: At	atic	2 ☐ Accident investiga	tion			Yes 2□No				
CIVISION	fre dth	Certification:	3 Suicide 6 Could no 4 Homicide determin		/ - At home, fan (Specify)	m, street, factory, office		28f. Location (City or To	Street end Numb wn, Stete)	er or Rurel	Route Number,
3	urs a urs a urs a urs a lifed i		00 0 0 0								
	To the Heapital or Attending Ph within 24 hours after death. To the Funeral Director: After th completely filled in by the funeral	edicai	29a. Certifier (Check only one) Certifying Medical Ex	Physician: To the best of r caminer: On the basis of ex and menner state	xemination and	deeth occurred at the ti- or Invastigation, in my o	me, date and place opinion, death occu	e, and due to the urred at the time,	date end place,	nner es sta and due to t	ited. the cause(s)
	o the	Me	29b. Signature and title of certifiar	and mornior state	-	29c. Licans	se number	T	29d. Date signed	(Month, D	ley, Year)
	->-0		1 - 2-	MIN			3981	7	9/9	191	5
			30. Name and eddress of person wi	no completed cause of deal	th ((tem 23e) (1	Type, Print)					
			cu.	ATKINS	Olyans	4 Heat	hwan	Dr. So	elisbur	4. M	D 21804
	Sta	te	31. Defe filed (Month, Dey, Year)	32. Registrar's	s Signature	dall) , , ,	12-11001
	Registr	ar	SEP 11 1	996 Juna	DANGER THE						
				~							

DHMH 16 Ray 6/95

and the second second

State of Maryland / Department of Health and Mental Hygiene

Certificate of Death

29d. Data signed (Month, Day, Year)

SEP 19, 1996

28905

Physician	
/Medical	
Examiner	

1 Decedant's Nama (First Middle Last) JAMES WILLIAM DAVIS

2. Data of Death SEPTEMBER 18, 1996 3. Tima of Death

4a. Facility Nama (If not institution, give street and number)

4b. City, Town, or Location of Deeth

5:00 A.M. 4c. County of Death

Funeral Director

Pages 1 and 2 should be filed within 72 hours efter deeth with the Menyland neat of Heelth and Mentel Hyglene. and If I lem 27 I a marked other than "natural", or items 23s or 28s-f show ant: If I lem 27 I a marked other than "natural", or other traumate event, I'm Medical Examiner must be notified at any or other traumate event, I'm Medical Examiner must be notified at

Baltimore, Maryland 21215-0020 permit. Pages Department of Important: If It any Injury or conce. **Physician** /Medical Examiner physician end the buriel-transit that the death certificete be executed Division of Vital Records, P.O. Box 68760, Physician/Medical 88 use signed by the a d be deteched f þ Completed page 2 s certificate or Attending Physician: Be Lo this funeral Certification: After efter death. • Funeral I Hospital Medical within 2 0

Director by Funeral Completed 8 Examiner

12. Was Decedant Ever In U,S Armed Forcas? Was Decedent of Hispanic Origin? (Specify Yas or Notif Yas, specify Cuban, Maxican, Puarto Rican, atc.) 11. Meritel Stetus 1 ☐ Yas 2 🌂 No If Yas, Giva Yaar or Detes: 1 Navar Marriad 2 Married 1 ☐ Yas 2 💢 No Specify: 3 Widowed 4 Divorced 16a. Decedant's Usual Occupation (Give kind of work done during most of working life. DO NOT use retired) 15. Decedant's Education (Specify only highest grade completed) Etamantary/Secondary (0-12) Cotlega (1-4or 5+) OPERATING ENGINEER 17. Fathar's Nama (First, Middle, Last) JAMES OLIN DAVIS 19a. Informant's Name/Raiationship (Type, Print) BETTY V. DAVIS/SPOUSE 20b. Pleca of Disposition (Name of cemetery, crematory or other plece) 20a. Mathod of Disposition 1 Burial 2 Cramation 3 Ramovai from State 4 Donetion 5 Othar (Specify) TRINITY MEMORIAL GARDENS of Funeral Santer Licenses 22. Nama end Addrass of Facilit THE HUNTT FUNERAL HOME, INC KNISLEY A-00719 23a. Part1. Enter the disease, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory errest, shock, or heart failure. List only one ceuse on each line. Immediata Causa (Finai METACTAGE LUNG CANCER diseasa or condition resulting in death) Sequantielly tist conditions, if any, leading to immadiata cause. Enter Underlying Cause (Diseasa or injury that initiated evants resulting In death) Last Dua to (or as a consequence of): Dua to (or es e consequence of) Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Pert I. 24a. Was an autopsy performed? 25. Was casa raferred to medical 28. Placa of Death (Check only one) 1 Yas 2 No 1 Inpatient 2 ER/Outpatient 3 DOA 28a. Data of Injury (Month, Day Year) 27. Mannar of Deeth 28b. Tima of 28c. Injury at Work? 28d. Dascribe how Injury occurred 1 Natural 2 Accidant 5 Panding 1 Yas 2 No invastigation 8 Could not be daterminad 3 Suicide 28f. Location (Street and Number or Rural Route Number, City or Town, State) Place of Injury - At homa, ferm, straat, factory, office building, atc. (Specify)

PRINCE GEORGE'S 1521 AIRPORT LANE **ACCOKEEK** If Undar 1 Year If Under 24 Hrs. 8. Deta of Birth (Month, Day, 5. Social Security Number 7. Age (In yrs. last birthdey) 9. Birthpiece (Stete or Foreign 1**₽**M 2□F 70 Yrs. 261-38-0029 AUGUST 16, 1926 VIRGINIA Usuel Rasidance of Decedent 10a Stata 10b. County 10c. City, Town or Location 10d. Insida City Limits MARYLAND PRINCE GEORGE'S ACCOKEEK 1 Yas 2 No 10e. Street and Number 10g. Citizen of What Country? 10f. Zip Coda 1521 AIRPORT LANE 20607 14. Race - American Indian, Biack, White, atc. WHITE 16b. Kind of Business/Industry U.S. FEDERAL GOVERNMENT 18. Mothar's Nama (First, Middle, Maiden Sumeme) MARJORIE CLINTON HANGER 19b. Mailing Address (Street and Number or Rural Route Number, City or Town, State, Zip Code) 1521 AIRPORT LANE, ACCOKEEK, MARYLAND 20607 20c. Location - City or Town, Stata 9/20/1996 WALDORF, MARYLAND P.O. BOX 156, WALDORF, MARYLAND Approximate Intervat Between Onset and Death 23b. Did tobacco use contribute to the cause of death? 1 Yss 2 No 3 Probably 4 Unknown 24b. Wera sutopsy findings svailable prior to completion of cause of death? 2 No 1 ☐ Yas 2 No Other: 4 ☐ Nursing Homa 5 Rasidence 6 ☐ Othar (Specify)

1 Certifying Physician: To the best of my knowledge, death occurred at the time, data and place, and due to the causa(s) and mennar as stated.
2 Medical Examiner: On the basis of examination end/or investigation, in my opinion, death occurred at the time, data and place, and due to the causa(s) and mennar stated.

#600, CLINTONIMS 20735

32. Registrar's Signatura

State Registrar 4 I Homicida

(Check only one)

29b. Signatura and title of certifier

PISCATANAY

30. Nama and addrass of person who complated causa of daath (Itam 23a) (Type, Print)

RO

29a. Certifiar

No. of the second

28906

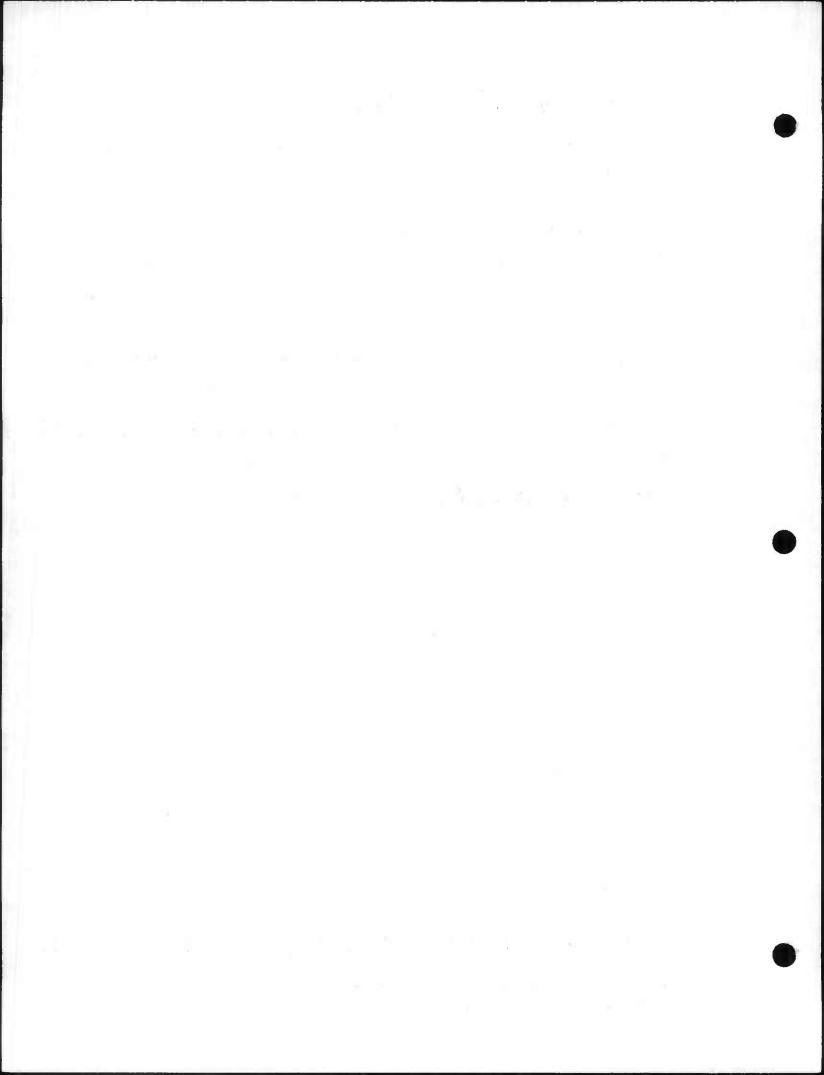
						Cert	ificate of	Death		R	eg. No.		
			1. Decedent's Nama (First, Middle, La	ist)						2. Data of Deal		V-1-	3. Time of Death
	Physici /Medic		GUY O. DOVE	, JR.						Month August	Day 21,199	Year	0953
	Examir		4a. Facility Name (If not institution, giv	re street and number))			4b. City, Tox	wn, or Lo	cation of Death	4c. County		
			SUBURBAN HOSPIT	[AL				BETH	ESDA		MONTO	OMERY	7
	Funeral		5. Social Security Number 6. S		ge (In yrs. last bir	thday)	If Under 1 Yaar Months Days	If Undar	24 Hrs.	8. Date of Birth (Month, Day)	Veer)	9. Birthp	laca (State or Foreign try)
	Director		579-05-0912	XM 2 F	94	Yrs.	lvioikiis Duys	riodis		JULY 11	, 1902	BALTI	MORE, MD.
	pud .		Usual Residence of Decedent 10a. Stata 10b. County		10c. City, Tow	n or Loca	ution						Od Incide Clark inde
	sho	2										"	0d. Insida City Limits 1 Yes 2 No
	tha N	ect	MARYLAND MONTGOME 10e, Street and Number	<u> </u>	CHEVY	CHAS				Ι.	0.00		
	With With	급	8101 CONNECTICUT	AND N U			10f. Zip Code				Og. Citizen of	What Coun	try?
	a 23	Funeral Director		12. Was Decedent		10 146	20815	dianan la Orie	nin? (Cn.		U.S.A.	e - Americ	an Indian
_	ter d	S .	11. Marital Status 1 Nevar Married Married	Armad Forcas?	7	IS. WI	as Decedent of I res, specify Cub	an, Maxican	, Puarto	Rican, atc.)		ck, Whita,	
21215-0020	s 1 and 2 should be filed within 72 hours after death with the Maryland Fleath end Mental Hygiene. I health end Mental Hygiene. I have 27 is marked other then "natural", or items 23s or 28s-f show other traumatic event, the Medical Examinar must be notified a	by F	3 ☐ Widowed 4 ☐ Divorced	If Yea, Give Year or Detes:	140	10	Yes 2 No	Specify:			Specif	y: WHI	TE
Ö	2 hou	8	15. Decedent's E		16a.	Decede	nt's Usual Occup	pation			16b. Kind of B	usiness/Inc	lustry
215	hin 7.	Completed	(Specify only highest gra Elementary/Secondary (0-12)	ade completed) College (1-4or		(Give ki	nd of work done NOT usa ratire	during most d)	of worki	ing			
21	filed within Hygiene. Ither than	E	12	4	WHO)LESA	LE DIST	RIBTI	ON		WHOLES	ALE	
p	offie office	Bec	17. Father's Name (First, Middle, Last)	· ·			18. Motha	r's Nama	(First, Middla, I	Maiden Sumen	ne)	
la	should be filed withlind Mantal Hygiene. marked other than matic event, the Mantal Man	To	GUY O. DOVE, SE	t.				ELIZ	ABET	H COLLII	ER		
Maryland	2 should end Men is marke aumatic		19a. Informant's Name/Relationship (Type, Print)	196	. Maiting	Address (Street	end Numbe	r or Rur	al Route Number	, City or Town	State, Zip	Code)
	of Health Item 27 I		GUY O. DOVE, III	Ī	ВС	X 79	6, MIDE	LEBUR	G. V.	A. 20118	8		
ore	of He		20a. Method of Disposition 1 Burlal 2 K remation 3 D	7D	0000 040	f Disposit	tion (Name of story or other ple	ice)		Data	20c. Location	City or To	wn, State
Ĕ	Pages nent of I ant: If Ite	1	4 □ Donation 5 □ Other (Specif		MT. C	COMFO	ORT CREM	IATORY	A	UG. 22	ALEXAN	DRIA,	VA.
Baltimore,	permit. Pages Depertment of important: If I any Injury or once.		21. Signature di Funeral Service Licer	yea)		.109	Name and Addre	ess of Facility	SON	S. 5130	WISCON	CTN A	VE., N.W.
ш	80 5 5 8		CD147/11	1114			HINGTON				WIDOOM	OIN Z	vb., www.
		\Box	23a. Pert1. Energy of company of	plications that causa one cause on each li	d the death. Do	not entar	tha moda of dyl	ng, such as	cardiac c	or raspiratory arr	ast,	T	Approximata Interval Between
4	Physician		J. J. J. J. J. J. J. J. J. J. J. J. J. J	0110 04000 011 04011								1	Onset and Death
-4	/Medical	П	Immediate Cause (Final disease or condition	Melanom	a, Metas	stat	ic					- 4	4 months
в	Examiner		resulting In death)	Θ	Due to (or as a	conseque	ence of):					1	
9	D 4	In line	_	b									
	certificata be executed and order or	Examiner	Sequentially list conditions,	b	Due to (or as a	conseque	ence of):						
60,	cian cian		Sequantially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or Injury	C.									
68760,	cata phys	/Medical	thet initiated events resulting in death) Last		Due to (or as a	conseque	enca of):					1	
×	ding	Me	L	d									
B	atte	Physician				_							
Ö	ch th	ysl	Part II. Other significant conditions of	ontributing to death b	out not resulting in	n the und	erlying cause gi	ven in Part I.					the cause of death?
0										1 U Y	es 2X No	3 Prot	pably 4 Unknown
ds,	sign d be	d by								24a. Was a	n autonsv	24b. Wa	ara autopsy findings
00	_ 0	lete								perfor		cor	milable prior to
Record	e law hes b	Completed									v		death?
a	iclan: The la certificate he rector, paga		OF Western day of the L	-						1 🗆 Y		1	Yes ZENo
Vital	Physician: this certific ral director,	o Be	25. Was case referred to medical examiner?	Hospitel:	V		- Otl	her		h (Check only on			
of		-	1 Yes 2 No 27. Manner of Deeth	1 Inpation		tpatient Time of	3LI DOA	4 LI NU		me 5 Reside			()
Division	Attending Fire death.	Certification:	W Netural 5 ☐ Pending	(Month, Da	y Year) i	njury	28c. Inju Wo M 1	rk?]Yes 2⊟1		EGG. DOGGNES IN	ow wifery coods	100	
S	or Attendia after death. Director: A in by the fu	flea	3 ☐ Sulcide 6 ☐ Could not b	O Diana dia	jury - At home, fa	rm. stree				28f. Location (S)	treet and Num	ber or Rure	/ Route Number.
O.	2 4 4 5	ert	4 Homicide	building, et	c. (Specify)	,	.,,			City or Town			
	spita nours nours rille		29a. Certifier Certifying Ph	nyalcian: To the best	of my knowledge	. deeth c	occurred at the ti	me, dete and	d placa.	and due to the c	ause(s) and m	enner es st	ated.
	Ho Fur letah	edical	(Check only 2 Medical Examone)	niner: On the basis o and manner st	r examination an	d/or inve	stigation, In my	opinion, deat	h occurr	ed at the time, d	ate and placa,	and due to	tha cause(s)
	To the Hospital of within 24 hours a To the Funeral D completaly filled	Me	29b. Signature and title of certifiar		1		29c. Licens	se number		2	9d. Date signe	d (Month, I	Dey, Year)
à			Y harding	11 (din		177	09		A	ugust	21,19	96
			30. Neme and address of person who	completed cause of	death (Item 23a)	(Type Pr	(Int)						
1	2		ANDREW UMHAU, M.D				-	348. W	ASHT	NGTON D	.C. 2001	16	
	Sta	e l	31. Date filed (Month, Day, Year)	A 32 Registr	rar's Signature		11 .	J , W	-1011	INOTON D		. 0	
	Registr	ar	AUG 2 6 1996	Julia Devi	don-Aland	JE.							

DHMH 16 Rev 6/95

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State of Maryland / Department of Health and Mental Hygiene 96

				Certificate of Death		Reg. No.	0	-0501	
г			Decedant's Nama (First, Middla, Last)		2. Data of De		V	3. Tima of Death	
	Physic /Modi		ATTEN TO WATER	SR.	Month	Day	Year	E. AE DM	
	/Medi Examii		4a. Facility Name (If not institution, give street and number)		or Location of Deal	th 4c. County	1996 of Death	5:45 AM	
			959 Clopper Rd., Apt Tl	Caitha	and	Man			
	Funeral		5. Social Security Number 6. Sex 7. Aga (In yrs. las	Gaither st birthday) If Under 1 Yaar If Undar 24 I	Hrs. 8. Deta of Bi	rth	t gome	ETY ace (State or Forei	an
п	Director	М	215-14-0401 1XM 2 F 81	Yrs. Months Days Hours N	Ain. (Month, D	ay, Year)		ace (Stata or Forei	,,,,,
	_		Usual Rasidence of Decedant		Jun 18	, 1915	Mary	Land	
	show		10a. State 10b. County 10c. City,	Town or Location			10	d. Ineide City Limit	is
	Mar Har	to	1.00					YE Yes 2□N	io
	or 28a-f	Director	MD Montgomery (Gaithersburg 10f. Zip Coda		10g. Citizan of V	Vhat Count	rv?	
	23s o	0							
	Jeath 2	era	959 Clopper Rd, Apt #T1 11. Merital Stetus 12. Was Decedent Ever in U.S.	20878 13. Was Decedent of Hispanic Origin?	? (Specify Yas or N	U.S	a - America	n indian.	
	fler dea	Funeral	1 Navar Married 2 Married 1 Yes 2 No	13. Was Decedent of Hispanic Origin? If Yas, specify Cuben, Mexican, Pr	uarto Rican, atc.)	Blac	k, Whita, a	itc.	
21215-0020	within 72 hours after death with the Maryland ilene. "natural", or items 23s or 28s-1 show the Medical Examiner must be included at	þ	3 ☐ Widowed 4 ☐ Divorced Yaar or Datas:	1 ☐ Yas 2√☐ No Specify:		Specify	Blac	ck	
0	"netural".		15. Decedent's Education	18a. Decedant's Usual Occupetion (Giva kind of work done during most of		16b. Kind of Bu	usiness/ind	ustry	
215	E - 6	Completed	(Specify only highast grada complated) Elementary/Secondary (0-12) Collega (1-4or 5+)	(Giva kind of work done during most of lifa. DO NOT usa ratired)	working				
2	flied withir Hygiene. other than	E	5th Grade	Heavy Equipment Ope	rator	Conat		ion Co.	
B	should be filed and Mental Hygie marked other matic event, in	BeC	17. Fethar's Neme (First, Middle, Last)		Name (First, Middle	, Maiden Sumam	ia)	ion co.	
ā	Mental Mental arked o		rthur C. Duffin		Helen B.	Dell			
Maryland		-	19a. informant's Neme/Ralationship (Type, Print)	19b. Melling Addrass (Street and Number of			Stata, Zip	Code)	
	and 2 : eaith ar n 27 is		Mrg Florence W D. SS. / 'S					20878	
e,	Health Health Jem 27 I		Mrs. Florence V. Duffin (wife) 20a. Mathod of Disposition	ee of Disposition (Warner Rd , A)	pt #Tl, G	aithersb	CHEST TO	MD Stele	_
Baltimore,	Pages nent of I mt: If its Iry or o		Burial 2 Cremetion 3 Ramoval from Stata	netery, cramatory or other place,		ANIEN III			
章	rtan		4 Donetton 5 Other (Specify) 2# Signiture of Funeral Service Licensee	Zion Church Cem. 22. Nama end Addrass of Facility	8/28	Beallsv:	ille,	-MD	_
Ba	permit. Pages 1 a Department of Hee Important: If them sny Injury or othe once.		2. Signature di Putrerai Service Lipansee	Snowden Funeral	Homo D A	20850			
_			TOURE K. / nongell	246 N Washingto	none F.A.	20050	NAT .		
			23a. Part1. Enter the dischae, or complications that caused the deeth. shock, or heart failute. List only one cause on each line.	Do not enter tha moda of dyling; such as car	diac of heaptratory's	Mest'TTTE,	י כוויין	Approximeta Intarval Between	
	Physician							Onset and Death	1
1	/Medicai Examiner		Immediata Cause (Final disaasa or condition	a Contil				ne Re	(
	LAUIIIIICI		rasulting in death) Due to (or a	as a consequance of):			1		
	2 #	ine	_ b				i		
	certificate be executed ding physician and se as the burial-transit	Examiner	Sequentially list conditions, Dua to (or a	s a consequence of):					
Ö,	e ex		Sequantially list conditions, if any, leading to immediate causa. Enter Underlying Cause (Disaese or Injury c.				l 1		
68760,	ate thysic the t	/Medical		s a consequance of):			1		
	ding p	Mec	and the second s				1		
SOX	C 2		d				+		-
B.	requires that the death been signed by the atte should be detached for	Physiciar	Part II. Other eignificant conditions contributing to death but not resulti	ing in tha undarlying causa givan in Part i.	23b. Did	tobacco uee cor	ntribute to	the cause of deat	h?
P.0	res that the de igned by the a be detached f	hy			10	Y00 20 No	3 Prob	ably 4 Unkno	wn
	s the	by F							
Records,	v require been sig should b				24a. Was	s an autopsy	24b. We	re autopsy findings liebla prior to	i
00	> 21 01	et			— реп	omed?	con	npletion of cause	
Re	0 - 0	Completed			4.0	··· 56.		7	
B	dcian: The certificate rector, par		25. Was case rafarred to medical			Yas 2/1Np	1	Yes 20 No	
of Vital	ysician: s certific director,	o Be	axaminer?	Other	Death (Check only				
of		-	TU inpatient 2UE	Proutpatient 3LI DOA 4LI Nursin	ng Home F Ras	how injury occurr)	
no	tending Pheath.	tion	1 Natural 5 Panding (Month, Day Year)	8b. Tima of Injury 9t Work? M 1 ☐ Yas 2 ☐ No	Lou. Dusonibe	now anjury cooun	00		
2	Attending ir death. ector: After by the fune	ca	3 Suicide 8 Could not be		29f Leasting	(Street and Numb	as as Que	Quito Mumber	
Division	or Attendate deat Director:	Certification:	4 Homicide datarmined 286. Piece of injury - At nom building, atc. (Specify)	e, farm, straat, factory, office	City or To	wn, State)	er or nurar	House reamber,	
_	pital presi		COO CONTINUE OF THE PROPERTY O						
	To the Hospital or Atte within 24 hours after de To the Funeral Directo completely filled in by the	edical	29e. Certifiar (Check only one) Addical Examiner: On the basis of examination one)	edge, deeth occurred at tha time, dete and pl n end/or invastigation, in my opinion, daath o	lace, and due to the occurred at tha tima.	cause(s) and ma , data and place, a	nnar as ste and dua to	ated. the cause(s)	
	the pie	Med	end manner steted.	On House sumber		and Data data	4 (0.4	New Wester	
	To Yeith		29b. Signature and title of certifiery	29c. Licensa number	25	29d. Data signed	(wonth, L	Ca a 1	
			1/ WWY	1119 115560	8 /	MAM	91	1716	
			30. Nama and address of person who completed causa of death (Item 2	3a) (Type, Print)				J	
			Kenneth D. Miller, M.D. 18111		27. Olnes	7. MD -20	กลา-		
	Sta		31. Data fliad (Month, Day, Year) AUG 2 6 1996			21 21	,000		
	Registr	ar	AUG 2 6 1996	The Carlo					

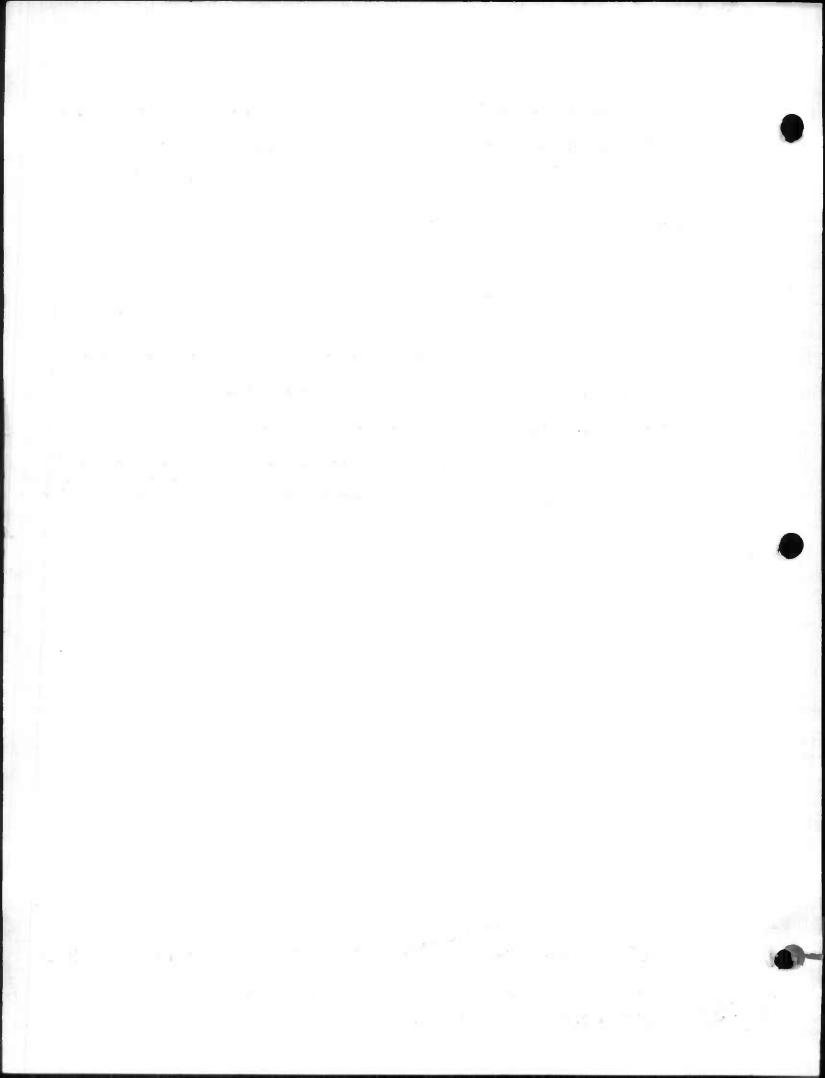


State of Maryland / Department of Health and Mental Hygiene

28908

						Certif	icate of	Death		Reg. No) (0 0 0 0
			1. Decedent's Neme (First, Middle, La	st)					2. Dete d	f Deeth			Time of Death
	Physic /Medi		Robert Aloysius	Davis, II	I.				Augu	st 22,		er 2	2330
)	Exami		4e. Fecility Neme (If not institution, giv	e street end number)				4b. City, Towr	, or Location of C		County of E		
			3408 Kenilworth	Driveway			_	Chevy	Chase	M	lontgo	mery	
	Funeral Director		5. Sociel Security Number 6. S 188-12-9125		(In yrs. last bir		Under 1 Year onths Deys		Min. (Month	f Birth Dey, Year) 22, 1	9. 908 N		Stete or Foreign
	B		Usuel Residence of Decedent 10e. Stete 10b. County		10c. City, Tow	n or Locati	on					10d In	side City Limits
	the Maryland 28a-1 show polified at	5										11.07	ZYes 2□No
	75 Pe	Director	Maryland Montgome 10e. Street end Number	ery	Cliev	y Cha	10f. Zip Code			100 Cit	izen of Whe		<u></u>
	Will be of			Dudanoran			20815				ed St		
	Tie 2	era	3408 Kenilworth	12. Wes Decedent E	ver in U.S.	13. Wes		Hispenic Origin	n? (Specify Yes o			American Inc	dian.
120	n 72 hours after death with the Marylan *natural, or items 23s or 28s-f show scical Examiner must be notified at	by Funeral	1 Never Merried 2 Married 3 Widowed 4 Divorced	Armed Forces? 1 Yes 27 No. If Yes, Give Yeer or Detes:		if Ye	s, specify Cub	an, Mexican, F	verto Rican, etc.)	Bleck, V Specify:	White, etc.	
ş	Pour Paris		15. Decedent's Ed		160	Decodest	's Usuel Occu	nation		10h V		White	
Maryland 21215-0020	in 72	Completed	(Specify only highest gra	de completed)		(Give kind	d of work done NOT use retire	during most o	f working	10D. A	ind of Buain	ess/industry	
5	d within plene. r than 'r	EC	Elementery/Secondery (0-12)	College (1-4or 5-			Accoun	•		II. S	Gov	ernmer	nt.
Ö	设工资 点	Ö	17. Fether's Neme (First, Middle, Last)			wyczy	necoun		Neme (First, Mi				
a		To Be	Robert A. Davis					Rose1	La McShe	rrv			
J.	2 should b and Menta is marked sumatic e	F	19e. Informant's Neme/Reletionship (Type, Print)	196	. Meiling A	ddress (Street		or Rural Route N		or Town. Ste	te. Zin Code	1)
	の中原書		Susan Davis/Daug			_			ilver Sp				20904
ē,	s t and # Health item 27 other tr		20e. Method of Disposition						Dete			y or Town, S	
5	Pages ment of h ant: If its ury or of		1 ☐ Buriai 2X Cremetion 3 ☐ 4 ☐ Donetion 5 ☐ Other (Specific		Manahaa	ry, cremeto	on (Neme of ory or other ple Augu	št 27,	1996	Doth	and a	Maxes	land
Baltimore,	orten a		21. Signature of Furnivel Service Licer		Montgo			orium,				Mary	ral Home
9	permit. Pages Department of Important: If it any injury or o		Naiel E.	emy.	M0080	Beth Beth	nesda-C	hevy Cl	nase, In	c. 75 4-3501	57 Wi	sconsi	in Avenu
			23e. Part1. Enter the diseese, or com shock, or heert feilure. List only	plicetions thet caused to one ceuse on each line	the death. Do i	not enter th	ne mode of dyl	ng, such es ca	rdiec or respireto	ry arrest,		Appr	oximete vai Between et and Death
X	Physician											Onse	and Death
4	/Medicai Examiner		Immediate Cause (Finei disease or condition resulting in deeth)	Arterio	sclerot	ic He	eart Di	sease				Ye	ears
П		<u>_</u>	resulting in deeth)		Due to (or es a	consequen	ice of):						
_	pg ii	Examiner		b. ————————————————————————————————————									
	and I-trar	хап	Sequentially list conditions, if any, leading to immediate cause. Enter Underlying	C	ue to (or es a	consequen	ice of):						
68760,	certificate be executed ording physician and use es the burial-transit	<u>ea</u>	Ceuse (Disease or injury	C									
387	phys the	edical	thet initieted events resulting in deeth) Last	D	ue to (or es e	consequen	ce of):						
	E B	2		d									
Box	death of atten	clan										1	
P.O.	0 0 2	Physician/	Pert tt. Other algnificant conditions of	ontributing to death but	not resulting in	the under	riying cause gi	ven in Pert I.	23b.	Did tobacco	use contrit	bute to the o	cause of death?
	that the detail									1 ☐ Yes 2	No 3[Probably	4 Unknown
ds,	2 5 8	d by										4h Mara au	tono, finding
Ö	v require been si should l	Completed								Wes an autoperformed?	psy	avellable	topsy findings prior to ion of cause
š	hes h	du										of death	
~	E 5 8	S								I□Yes 2	E No	1 ☐ Yes	2 No
ij	Physician: The this certificate oral director, page	Be	25. Wes case referred to medical examiner?	14					Deeth (Check o	nly one)			
5	Physic this of al dire	2	1 A Yes 2 No	Hospitel: 1 ☐ Inpatien		•	BLI DOA		ing Home 5X1			Specify)	
Division of Vital Records,	Attending P or death. ector: After t by the funera	ation:	27. Menner of Deeth 1 ☑ Neturel 5 ☐ Pending 2 ☐ Accident investigation	28a. Dete of Injury (Month, Dey	Year) 28b. 1	Time of njury	28c. Inju Wo M 1	nyat ork?]Yes 2 □ No		ribe how inju	ry occurred		
Divis	for Attending after death. Director: After d in by the fune	Certification:	3 Suicide 6 Could not be determined	28e. Plece of Injurbuilding, etc.	ry - At home, fa (Specify)	rm, street,	fectory, office		28f. Locati City of	on (Street er r Town, Stete	nd Number o	or Rural Rout	te Number,
	To the Hospital or Attending Ph. within 24 hours after death. To the Funeral Director: After thi completely filled in by the funeral	edical C	29a. Certifier (Check only one) 2 Medical Exam	ysician: To the best of and menner stet	examinetion en	, deeth oc d/or invest	curred et the ti Igetion, in my o	me, dete end popinion, deeth	oleca, end due to occurred et the ti	the cause(s)) end manne d plece, and	er as stated. due to the c	ause(s)
	o the	Me	29b. Signeture and title of certifier				29c. Licens	se number		29d. Da	te signed (N	fonth, Dey, Y	Year)
	- 350		· Jum of m	han h	uD		00	5155		Λ			1996
	1)		30. Neme end eddress of parson who	. /	, ,		•			/		,	
	No.		David W. Shea, M.			ln Ave	enue, S	Suite 1	147, Che	vy Cha	ase, M	iD 20	815
	Sta		31. Date filed (Month, Dey, Year)	32. Registre									
	Registr	ar	AUG 2 8 1996	grille Dei	riden B	ndelle.							

DHMH 16 Rev 6/95



State of Maryland / Department of Health and Mental Hygiene 28909 Certificate of Death 20b, 8/26/96, JW, Mont. Cty. 2. Dete of Death 3. Tima ot Deeth Month 19, 1996 **Physician** 12:50 pm George H. Dempsey August /Medical 4a. Facility Neme (If not Institution, give street and number) 4b. City, Town, or Location of Death 4c. County of Deeth Examiner Holy Cross Hospital Silver Spring Montgomery If Under 1 Year | If Under 24 Hrs. | 6. Dete of Birth | Months | Days | Hours | Min. | Sept. 20, 5. Social Security Number 7. Age (In yrs. lest birthdey) Birthpiece (State or Foreign
Country) **Funeral** (Country) 1926 Washington, DC 1 X M 2 □ F 579-28-4419 69 Director Usual Residence of Decedent with the Maryland permit. Pages 1 and 2 should be filed within 72 hours after death with the Marylan Department of Health and Mental Hyglene. Important: If item 27 is marked other than "natural", or items 23a or 28a-f show says Injury or other traumatic event, the Modical Examins must be notified at once. 10a. Stete 10b. County 10c. City, Town or Location 10d. Inside City Limits 1 ☐ Yes 2 No Director Maryland Montgomery Wheaton 10e. Street and Number 10f. Zlo Code 10g. Citizen of What Country? 20906 USA 2709 Sheraton Street Funeral 12. Wes Decedent Ever in U,S. Armed Forces? 13. Wes Decedent of Hispanic Origin? (Specify Yes or No-lt Yes, specify Cuban, Mexican, Puerto Rican, etc.) 14. Race - American Indian. 11. Meritei Stetus Bleck White etc 1 X Yes 2 No WWII
If Yes, Give
Yeer or Detes: 1 ☐ Never Merried 2 🛛 Merried Baltimore, Maryland 21215-0020 White 1 Yes 2 No Specify à 3 Widowed 4 Divorced Completed 16a. Decedent's Usual Occupation (Give kind of work done during most of working life. DO NOT use retired) 15. Decedent's Education (Specify only highest grade completed) 16b. Kind of Business/Industry Elementery/Secondery (0-12) College (1-4or 5+) National Bureau of Standards Nuclear Engineer Technician 12 17. Fether's Neme (First, Middle, Last) 16. Mother's Neme (First, Middle, Meiden Sumeme) Be 2 William A. Dempsey Florence V. Cramer 19e. Informent's Neme/Reletionship (Type, Print) 19b. Melling Address (Street end Number or Rural Route Number, City or Town, State, Zip Code) 2709 Sheraton Street, Wheaton, Maryland Lucille S, Dempsey 20906 20e. Method of Disposition 20b. Pieca of Disposition (Neme of Date 20c. Location - City or Town, Stete cemetery, cremetery or other piece 8/22/96 8/21/96

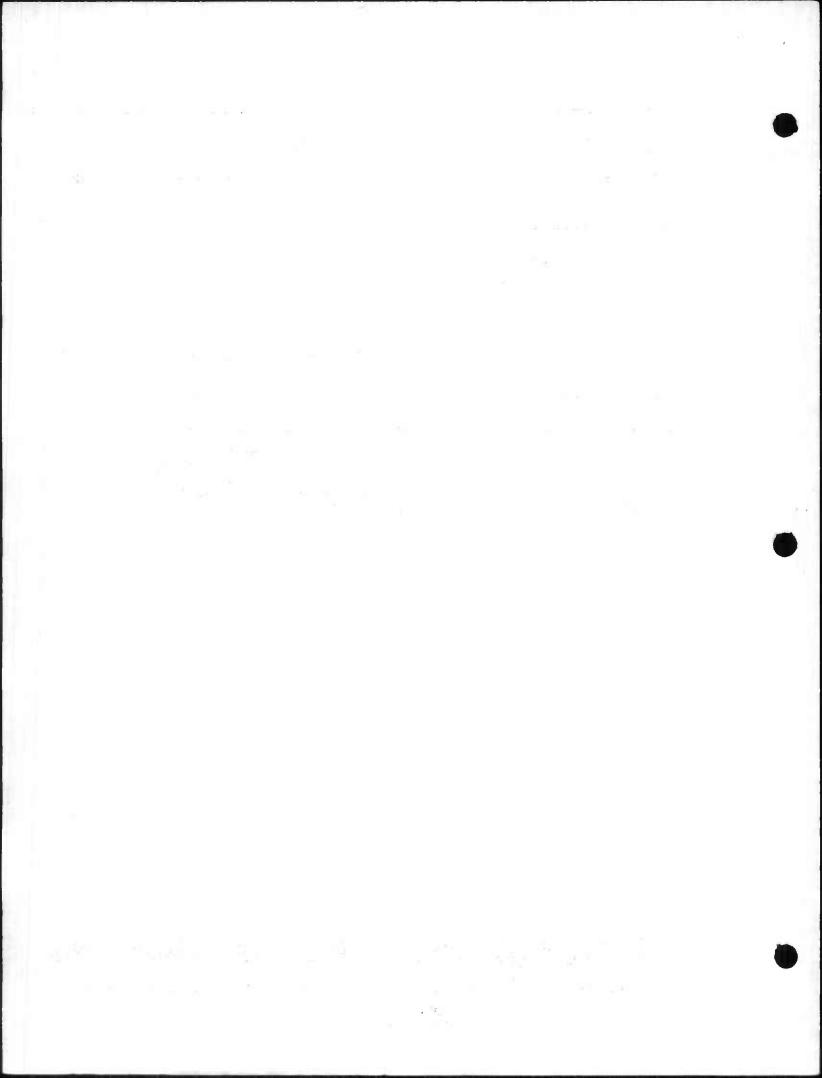
Gate of Heaven Cemetery 1 X Burial 2 ☐ Cremetion 3 ☐ Removel trom Stete 4 ☐ Donetion 5 ☐ Other (Specify) Silver Spring, MD 22. Name and Address of Facility Francis J. Home, Inc. 500 University Collins Funeral Blvd. West 21. Signature of Funeral Service Ucensee Home, Inc. Silver Spring, FID 2001

23a. Parl. Enter the disease, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart fellure. List only one cause on each line. Approximate Interval Between Onset and Death **Physician** , moredute Immediate Cause (Final disease or condition resulting in death) /Medical Examiner Due to (or es e conséquence of): Examiner monia attending physician and for use as the buriaf-transit Sequentially list conditions, if any, leeding to immediate cause. Enter Underlying Cause (Disease or Injury that Initiated events resulting in deeth) Last Due to (or es e consequence of): certificate be axec Box 68760, ELYCRY Physician/Medical Due to (or es e consequenca of) detached for Division of Vital Records, P.O. the s Pert il. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 23b. Did tobacco use contribute to the cause of death? signed by 1 ☐ Yaa 2 ☐ No 3 ☐ Probably 4 ☐ Unknown þ 8 should I 24b. Were autopsy findings available prior to completion of cause of death? 24e. Wes an autopsy performed? Completed has page 2 1 Yes 2 No 1 ☐ Yes 2 ☐ No director, 25. Wes case referred to medical examiner? Be 26. Piece of Deeth (Check only one) Hospitel: Other: 4 Nursing Home 5 Residence 6 Other (Specify) 2 1 ☐ Yes 2 ☑ No 1 inpatient 2 ER/Outpatient 3 DOA this funeral 27. Menner of Deeth 28a. Dete of Injury (Month, Day Year) 28b. Time of 28c. Injury et Work? 26d. Describe how injury occurred Certification: After Attending 1 Neturei 5 Pending investigation death. 1 Yes 2 No after death Director: / 2 Accident the 6 Could not be determined 3 ☐ Suicide 28t. Location (Street end Number or Rural Route Number, City or Town, Stete) Plece of injury - At home, ferm, street, fectory, office building, etc. (Specify) 4 Homicide 24 hours a Funeral D Medical 29e. Certifier 12 Cartifying Physician: To the best of my knowledge, deeth occurred et the time, dete end pieca, end due to the cause(s) end manner as stated. To the Hosp within 24 ho To the Fune completaly fi 2 Madical Examiner: On the basis of examinetion end/or investigetion, in my opinion, deeth occurred at the time, dete and piece, and due to the cause(s) and menner steted. (Check only one) 29b. Signeture and title of cartities 29c. License numbe 29d. Dete signed (Month, Dey, Year) 10 30. Name and address of person who completed cause of death (item 23a) (Type, Print) Ira Paul Kreftin, 2101 Medical Park Drive Silver Spring, Maryland 20902 M.D. 31. Dete filed (Month, Dey, Year)

State Registrar

AUG 2 2 1996

32. Registrer's Signeture John Davidson



State of Maryland / Department of Health and Mental Hygiene 96

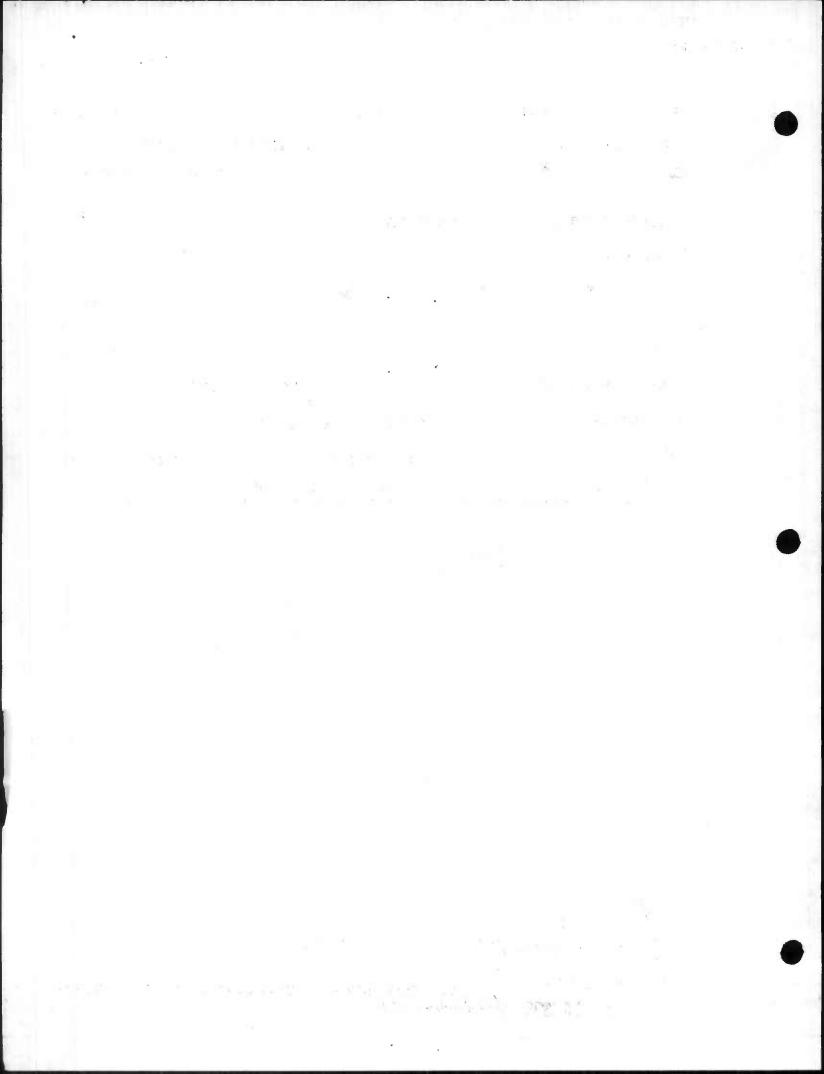
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						Ce	rtificate of	Death		Reg. No.		
			1. Decedant's Nama (First, Middi	la, Last)					2. Data of		No. 10	3. Time of Death
	ysici		Elsie A. Do	natelli					Month A119115	t 22, 19	Year	12:25 P.M.
2007	dedic amin		4a. Facility Nama (If not institutio		umber)			4b. City, Tow	m, or Location of De		nty of Death	
i. Ex	amun	er	Manor Care-									
			5. Social Security Number	6. Sax	7 Ann //n u	rs. last birthday)	If Under 1 Yea	Beth			ntgome	The state of the s
Fun				1□M 2√√F		Yrs.	Months Days		Min. (Month,			placa (Stata or Foreign ntry)
Dire	ctor		220-50-5613	Λ	84	113.			Feb.	2, 1912	Penn	nsylvania
Pu »			Usual Rasidence of Decedant 10a. Stata 10b. County		100.0	City, Town or Lo	ocation					10d Innida City Limits
anyla oho	ti b	les .	700		100.						'	10d. Inaida City Limits
2 1	ELE	cto	Maryland Montg	omery		Silve	r Spring	5				1 ☐ Yes 2 📉 No
5 6 E	2	Directo	10e. Street and Number				10f. Zip Coda			10g. Citizan o	f What Cour	ntry?
h wi	윺		3501 Forest Edg	e Drive,	#1F		2090)6		United	State	es
deat	5	Funeral	11. Marital Status	12. Was Dec	cedant Evar in	U,S. 13.	Was Decedent of	Hispanic Origi	in? (Specify Yas or Puerto Rican, atc.)	No- 14. R	ace - Amaric	
The T	2	F	1 Nevar Married 2 Man	Armed F rled 1 ☐ Yas	2X No				Puerto Rican, atc.)	В	lack, White,	etc.
US 8	Sea.	þ	3 □ Widowed 4 □ Divorced	If Yas G	iva		1 ☐ Yes 2½ No	Specify:		Spec	city:	White
laryland 21215-0020 2 should be filed within 72 hours after death with the Manyland and Mental Hyglene. In marked other than "natural", or items 23a or 28a-f show	100	Completed	15. Decedan	nt's Education		16a. Dece	dent's Usual Occu	upation		16b. Kind of		
10 m	lo de	Die		st grada complated)		(Giva	kind of work done DO NOT use retir	e during most (ed)	of working			
Maryland 21215-0020 d.2 should be filed within 72 hours at the and Mental Hyglene. 7 is marked other than "natural", or	2	E	Elemantary/Secondary (0-12)	Collaga	(1-4or 5+)	Admin	istrativ	re Acci	stant	Feder	cal Go	vernment
D Eff	Ę.	Ö	17. Fathar's Nama (First, Middla,	Last)		Hamili	ISCIACIV	7	's Nama (First, Mide			Verment
aryland should be f and Mental I	>	Be	Not Availa								arried)	
Ne oui	traumatic	2							Availabl			
Tal 2 st	une.		19a. Informant's Name/Ralations				_		or Rural Route Nur		m, Stata, Zip	Code)
	E .		Louis T. Donate	lli/Son				ad, Po	tomac, Ma	ryland	20854	
2 0 - 2	other		20a. Mathod of Disposition			. Place of Dispo	osition (Nama of matory or other pl	lace) Allo	26. 1996	20c. Location	n - City or To	own, State
Peges Pent of I	5		1 ☑ Burial 2 ☐ Cramation 4 ☐ Donation 5 ☐ Other (5				Heaven C	0		Silver	Caria	ng,Maryland
Parit I	를	ŀ	21. Signature of Funeral Sarvice		0							ineral Home,
Baltimore, pemit. Peges 1 er Department of Heal important: If Nem 2	PDC		10	74/			Rockvi11	e. Inc	. 300 W.	Montgon	nerv A	Wenue.
-			1 Michele	1 Sull	w. 1864				. 300 W. yland 20		5	ivenue,
			23a. Part1. Entar tha disaasa, or shock, or haart fallura. List	complications that only one causa on	causad tha da aach lina.	ath. Do not an	tar the moda of dy	ring, such as c	ardiac or raspirator	/ arrest,		Approximata Interval Between
Physic		Ì									-	Onaet and Death
/Med			Immediata Causa (Final disaasa or condition		Con	will	concer					40110
Exami	ner		resulting in death)	a		(or as a consa	-					Jeny
		Je.					,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,					
pe to	ansi	Examiner	Composticity list conditions	b. ——	Due to	(or as a conse	anance of).					
BXBC n an	구	EX	Sequentially list conditions, if any, leading to immediate		Dualo	(0) 83 8 60 130	quarios or).					
X 68760, certificate be executed ding physician and	Da		causa. Entar Underlying Cause (Disaasa or Injury that initiated evants	c	Division							
Ph icat OX	£ P	/Medicai	rasulting in death) Last		Dua to	(or as a consec	tuance or):				-	
Gesth certifical attending ph	89	Š		d								
deeth death eatten	lor u	- Par										
	ped	Physician	Part II. Other eignificant condition	one contributing to d	death but not re	esulting in tha u	indarlying causa g	iven in Part I.	23b. D	ld tobacco use o	contribute to	o the cause of death?
d to to	etac	F							1	☐ Yee 2 ☐ No	3 Pro	bably 4 Unknown
S the	90	à										
Records, ne law requires the been signed.	Pinc									as an autopsy rformed?	24b. W	ara autopsy findings vallable prior to
N W	S.	Set								mormeo :	CO	ompletion of cause death?
II RECORDS, P.O. The law requires that the sate has been signed by the	90	Completed							41	TVac avola-		
	ğ.		25 Was care referred to yet	1			_	A		Yas 2 No	11	Yas 255No
VISION OF VITA Attending Physician: or death.	w	Be	25. Was casa rafarred to medica axaminar?	Hospital:				Wher:	of Death (Check on			
Or Attending Physics described the Director: After this of the physics of the phy	la P	2	1 Yas 2 No	10		ER/Outpatie	nt 3LI DOA	41 ANun	sing Homa 5 Re			(y)
Affer Affer	0	6	1 Natural 5 Pandir	28a. Date (Mor	nth, Day Year)	28b. Tima o Injury	W		77.00	e how injury occ	urred	
SiO endi	the f	Sati	2 Accident Investi				M 1[∃Yas 2□N	lo			
Ath of de chart	Ď.	Ě	3 ☐ Sulcida 6 ☐ Could 4 ☐ Homicida datam	ined 288. Place	e of Injury - At	homa, farm, st	reat, factory, office	9		(Streat and Nur Town, Stata)	nber or Run	al Routa Number,
2 5 5 5	i pe	Certification:	,		mig, etc. (open	o.r.y7						
hour	i i		29a. Cartifiar 1 Certifyin	g Physician: To the	a best of my ki	nowledga, daat	h occurred at tha t	tima, data and	place, and dua to t	na causa(s) end i	mannar as s	itated.
DIVISION To the Hospital or Attending within 24 hours eiter death. To the Funeral Director: Att	etel	edical	(Check only one) 2 Medical	Examiner: On tha b	pasis of axamin	nation and/or In	vestigation, in my	opinion, death	occurred at tha tim	a, data and place	e, and due to	o tha ceusa(s)
this o	E O	X	29b. Signatura and tilla of certifie	· - 0	1		29c. Licer	nse number		29d. Date sign	ned (Month,	Day, Year)
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6-30/3) — (745	State of Mar	yland	d / Department of Certificate o	Health and f Death			9.6	28911		
21		1. Decedent's Neme (First, Middle, I	ast)				2. Dete of De	Reg. No. eth		3. Time of Death		
Physic		STEVE	WILSON		DRYDEN		Month	Dey	Year 1996	11.000		
/Medi Exami		4a. Fecility Name (If not institution, g			DRIDEN	4b. City, Town, or	Sept Location of Deet		ity of Deeth	11:00a		
		2409 IVY DRI	VF.			SALISE	RURY	WIC	OMICO)		
Funeral	Г		Sex 7. Age (ast birthday) If Under 1 Yes Months Dey	r if Under 24 Hrs		th		piece (State or Forei		
Director		220-68-9489	128(M 2L)F	38	Yrs.	3 110013 14111	12/15/	1957	MARY	YLAND		
2 2		Usual Residence of Decedent 10a. State 10b. County	1	0c. City	, Town or Location					10d. inside City Limit		
naturel, or items 23a or 28a-f ehow untal Examiner must be notified at	5									1 Yes 2 □ N		
28a-	Director	MARYLAND WICOMICO 10e. Street and Number		SAL	_ISBURY		-}	10g. Citizen o	4 What Cau			
D ad	ā	2409 IVY DRIVE			2180			U.S	I WHELCOU	nitry		
22	Funeral	11. Maritai Stetus	12. Was Decedent Eve	er in U.S			Specify Yes or No		ece - Ameri	ican Indian		
r items	E	1 ☐ Never Married 2 Married	Armed Forces?		It Yes, specify Cu		to Ricen, etc.)	В	ieck, White			
er. or	by	3 ☐ Widowed 4 ☐ Divorced	If Yes, Give Year or Detes:		. 1⊕ Yes 2 N	Specify:		Spec	HITE			
attur la	Completed	15. Decedent's I	Education	T	16e. Decedent's Usuei Occ		16b. Kind ot	(ind of Business/Industry				
then in	pe	(Specify only highest g Eiementery/Secondery (0-12)	College (1-4or 5+)		(Give kind of work don life. DO NOT use reti	e during most of wa red)	orking					
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0 2	Be	17. Fether's Neme (First, Middle, Las	,	,			3. Mother's Neme (First, Middle, Mal					
marked matic e	P	NORRIS WILSON DRY	/DEN			LENA DI	RYDEN TA	RR				
7 ie merke traumatic		19e. Intorment's Neme/Reletionship	(Type, Print)		19b. Meiling Address (Stre					p Code)		
CI by		TERRI DRYDEN			2409 IVY DRIV	E, SALISE		. 21804				
		20e. Method of Disposition Buriel 2 □ Cremetion 3		20b. Pie	ace of Disposition (Neme of metery, cremetory or other p	lace)	Dete	Dete 20c. Location - 0		City or Town, Stete		
lun		4 □ Donetion 5 □ Other (Spec		BEE	CHWOOD CEMETE	RY	9/11	/11 PRINCESS ANNE, MD				
Important: I any injury o once.		21. Signeture of Funerel Service Licensee. 22. Name and Address of Fecility HINMAN FUNERAL HOME										
sician edical iminer) Jet	Immediate Cause (Fine) disease or condition resulting in deeth)	0		C CARDIOVASCULAR es e consequence ot):	DISEASE				Onset and Death		
physician and s the burial-transit	Examiner	Sequentially list conditions, if eny, leeding to immediate cause. Enter Underlying Ceuse (Disease or injury	Due to (or es e consequence of):									
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e atr	sicia	Pert II. Other significant conditions contributing to death but not resulting in the underlying ceuse given in Pert I. 23b. Did tobacco use contributions.										
igned by the attending be deteched for use as	by Physician/M											
peen s	Completed							an autopsy med?	av	ere autopsy findings reliable prior to empletion of cause		
s has	E C						~			death?		
certificate rector, par		25. Wes cese referred to medical				20 51 15	1987			ZYes 2□ No		
director, page	o Be	exeminer? 1 ☑ Yes 2 ☐ No	Hospitai:	ع ا	B/Outrotiont 30 DOA	26. Piece of Deeth (Check only one) Other:						
	-	27. Menner of Deeth	28a. Dete of injury	of injury 28b. Time of 28c. Injury et 28d. Describe how injury occurred								
or: Affer the	atio	1 XXNetural 5 ☐ Pending 2 ☐ Accident investigation	(Month, Day Ye	ear)	Injury W							
	Certification:	3 Suicide 6 Could not l 4 Homicide determined	3 Suicide 6 Could not be 28e. Piece of Injury - At home form street factory office						nber or Run	al Route Number,		
To the Funeral Director: completely filled in by the	edical C	29e. Continue 1 Certifying Pi	nysician: To the best of m miner: On the basis of exe and menner stated	aminetic	edge, deeth occurred et the en end/or investigetion, in my	ime, dete end plece opinion, deeth occu	e, and due to the earred et the time,	ceuse(s) end r dete and piece	nenner es s	stated. o the cause(s)		
To the I	Me	29b. Signature and title of certifier	1 0		29c. Licer	se number		29d. Dete sign	ed (Month,	Dey, Year)		
- 0		Cloud	orteans)		o.c	M.E.						
		30. Name and eddress of person who	completed ceuse of deeth	h (item 2	23e) (Type, Print)							

32. Belieters Signature Street, Baltimore, Maryland 21201

State Registrar



Amended ON Line & Fatto Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene Certificate of Death 1. Decedent's Neme (First, Middle, Last) 2. Dete of Deeth 3. Time of Death Month **Physician** Leonard Roger Davis September 9, 1996

4b. City, Town, or Location of Death

4c. County of Deeth /Medical 3:44 PM 4a. Fecility Neme (If not institution, give street and number) Examiner Frederick Memorial Hospital Frederick Frederick 7. Age (In yrs. last birthday) If Under 1 Yeer If Under 24 Hrs. 5. Social Security Number 6 Say 8. Dete of Birth (Month, Dey, Year) 3 | 9. Birthplace (State or Foreign Country) **Funerai** 1X M 2□ F Deys Hours Yrs Director 65 214-28-0250 May 15, 1996 Maryland Usuei Residence of Decedent 10e. Stete 10b. County 10c. City, Town or Location 10d. Inside City Limits 1 ☐ Yes 2 No Director Maryland Frederick Adamstown 10e. Street end Number 10f. Zip Code 10g. Citizen of What Country? 749 Chick Road Funeral 21710 USA 12. Wes Decedent Ever in U,S. Armed Forces?

1 ☑ Yes 2 ☐ No If Yes, Give Yeer or Detes: Con I 11. Meritei Stetus Wes Decedent of Hispanic Origin? (Specify Yes or No-II Yes, specify Cuban, Mexican, Puerto Rican, etc.) 14. Rece - American Indian, Biack, White, etc. 1 ☐ Never Merried 2 ☑ Merried 1 ☐ Yes 2 ☑ No Specify: þ Specify: Korean 3 Widowed 4 Divorced White Completed 16a. Decedent's Usuel Occupetion (Give kind of work done during most of working life. DO NOT use retired) 15. Decedent's Education (Specify only highest grede completed) 16b. Kind of Business/Industry Elementery/Secondery (0-12) College (1-4or 5+) 12 Federal Protective Officer U.S. Government 17. Fether's Neme (First, Middle, Last) 18. Mother's Neme (First, Middle, Melden Surname) 2 Roger Cletus Davis Violet Rebecca Gregg 19e. Informent'a Neme/Reletionship (Type, Print) 19b. Melling Address (Street and Number or Rurel Route Number, City or Town, Stete, Zip Code) Constance Davis 749 Chick Rd., Adamstown, Maryland 21710 20b. Piece of Disposition (Neme of cemetery, cremetory or other piece) 20e. Method of Disposition Dete 20c. Location - City or Town, State 1 D Burlel 2 ☐ Cremetion 3 ☐ Removal from State 9/12/ 4 ☐ Donetion 5 ☐ Other (Specify) Olivet Cemetery Frederick, Maryland 1996 21. Signeture of Funeral Service Licensee 22. Neme and Address of Fecility Stauffer Funeral Home 1621 Opossumtown Pike, Frederick, MD 21702 Mall 23a. Part 1. Enjer the disease, or complications that caused the deeth. Do not enter the mode of dying, such as cardiac or respiretory errest, shock, or heart feilure. List only one cause or each line. terval Between nset and Death **Physician** Immediate Cause (Final disease or condition resulting in death) /Medical **Examiner** Sequentielly list conditions, if any, leeding to immediate ceuse. Enter Underlying Cause (Disease or Injury that initiated events resulting in death) Last Physician/Medical Due to (or as a consequence of) Pert II. Other significant conditions contributing to death but not resulting in the underlying cause given in Pert I. 23b. Did tobacco use contributs to the cause of death? 1 Yss 2 No 3 Probably 4 Unknown P 24b. Were autopsy lindings available prior to Completed 24a. Was an autopsy performed? completion of cause of death? 1 Yes 2 No 1 ☐ Yea 2 ☐ No Be 25. Wes case referred to medical examiner? 28. Piece of Deeth (Check only one) Other: 4 Nursing Home 5 Residence 8 Other (Specify) 1 Yes 2 No 2 1 ☐ Inpatient 2 ☐ ER/Outpatient 3 ☐ DOA 28e. Dete of Injury (Month, Dey Year) 27. Mannerel Deeth 28b. Tima of 28c, Injury at Work? 28d. Describe how Injury occurred Certification: 1 Neturel 5 Pending 1 ☐ Yes 2 ☐ No Investigation 2 Accident 6 Could not be determined 3 Suicide 28f. Location (Street and Number or Rural Route Number, City or Town, Stete) 28e. Plece of Injury - At home, ferm, street, fectory, office building, etc. (Specify) 4 Homicide Medical

buriel-transit and physician is the buriel Box 68760, The law requires that the death certificate be Records, P.O. signed by d be detact should should After this certificate hes page 2 Division of Vitai To the Hospital or Attending Physician: within 24 hours after death.

To the Funeral Director: After this certifics completely filled in by the funeral director, it

the Merylend

death with

tem 27 is marked other than "natural", or items 23e or 28e-f ahow other traumatic event, the Medical Examiner must be notified at

permit. Pages 1 end 2 should be filed within 72 hours after or Department of Health and Mentel Hygiene. Important: if item 27 is marked other than "natural", or ther any injury or other traumatic event.

Baltimore, Maryland 21215-0020

1 Certifying Physician: To the best of my knowledge, death occurred et the time, dete end place, end due to the cause(s) and manner as stated.

2 Medical Examiner: On the basis of examinetion end/or investigation, in my opinion, death occurred et the time, dete and place, and dua to the cause(s) and manner stated. 29e. Certifier

29e License number

29d. Date signed (Month, Day, Year)

State Registrar

30. Name and address of person who completed cause of

29b. Signeture and title of certifie

31. Dete liied (Month, Dey, Year)

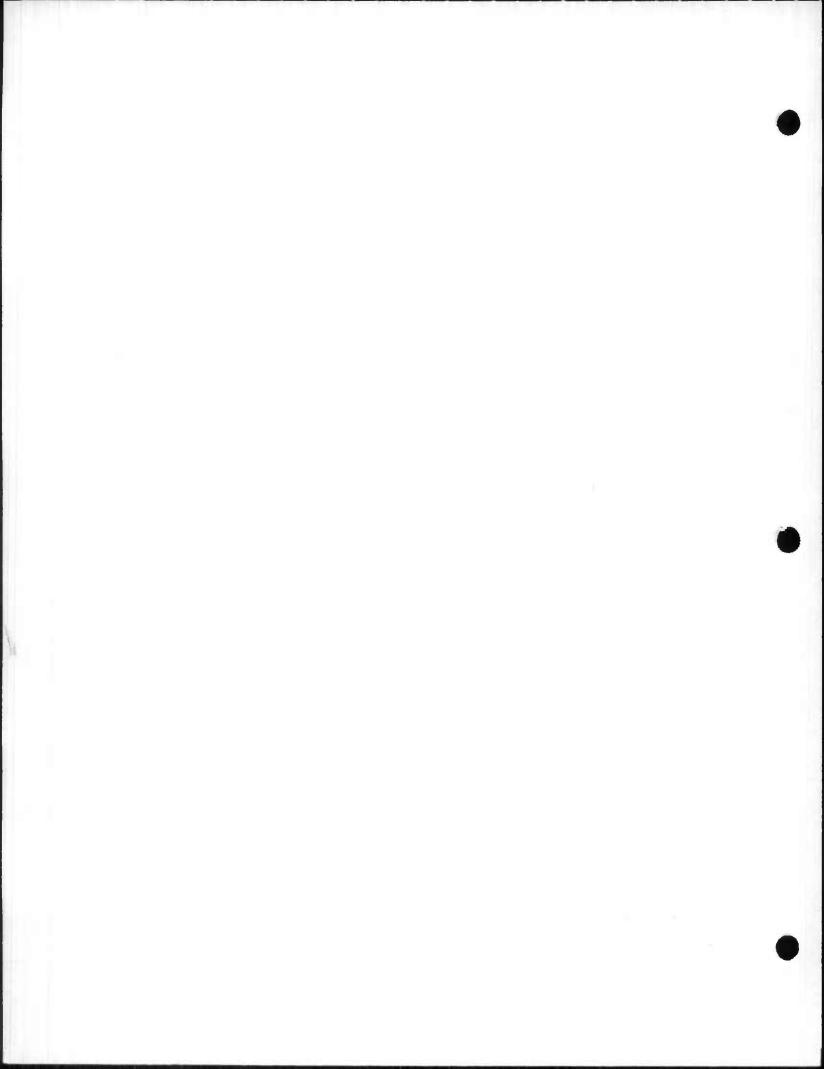
n (Item 23a) (Type, Print) Robert S. Hughes, MD, 700 Montclaire Ave., Frederick, Maryland 21701

BALTIMORE, MARYLAND 21203-3146

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DIVISION OF VITAL RECORDS, P.O. BOX 13146,	person on attractions baronotati. The law consider that death certificate he executed within 24 hours
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STATE	0F	MARYLAND /	DEPARTMENT	OF	HEALTH	AND	MENTAL	HYGIENE
		CI	ERTIFICATE	OF	F DEAT	H		REG. NO.

	FOR 1 - STATE REGISTRAR	STATE OF MARYLAN	ID / DEPARTM			MENTAL HYGI								
	1. DECEDENT'S NAME (First, Middle, Last)				2. DATE OF DEATH 3. TIME OF DEATH									
	Catherine M. Durst					MONTH 9		6 09	00	Ам				
				UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIRTH (Month, Day, Yea		BIRTHPLACE Country)	(State or Fore					
		□ M 2× F 7.	O YRS.			4/1/19	do							
œ	9a. FACILITY NAME (If not institution, give street and number) Allegany County Nursing Home 9b. CITY, TOWN OR LOCATION OF DEATH Cumberland, Maryland Allegany													
DIRECTOR	RESIDENCE OF DECEDENT	LBING NOME				ryland	ATTE							
R	Money 2 and Cores	4-4-		OWN OR LOCAT	ION			C	NSIDE CITY					
	Maryland Garre	CC	ACC1	dent	ZIP CODE		100 CITIZEI	1 D	YES 2 N	0				
FUNERAL	101 Town View Drive 21520 USA													
5		. WAS DECEDENT EVER IN U	I.S. ARMED		ENDENT OF HISPAN		Yea or No- 14	. RACE — Am Black, White	erican Indian	١,				
ВУ	1 Never Married 2 Married 3 Widowed 4 Divorced	IF YES, GIVE WAR OR DATE	ES S		2 NO Specify		"	Specify:						
	15. DECEDENT'S EDUCATION	ON 1	6a. DECEDENT'S USI	JAL OCCUPATION	DN .	16b, KIND OF	BUSINESS/INDUS		White					
E	(Specify only highest grade com Elementary/Secondary (0-12) C	pleted) oflege (1-4 or 5+)	(Give kind of work life. Do NOT use re	done during mo tired.)	st of working	and the control of								
린	10		Laminate	or oper	rator	Plas	stics in	dustry	7					
COMPLETED	17. FATHER'S NAME (First, Middle, Last)				18. MOTHER'S NAI	ME (First, Middle, Ma	iden Surname)							
BE	Francis Joseph Mei	senbach				E. Lear								
6	19a, INFORMANT'S NAME (Type/Print) Angela Verril – dau	ohter		DRESS (Street a	nd Number or Rurel F									
	20a METHOD OF DISPOSITION		PLACE OF DISPOSITION			rysville	LOCATION — CIT		nto.					
	1 Burial 2 A-Cremation 3 Removal 4 Donation 5 Other (Specify)	from State	Onega Cr			1	Morgantown, WV							
	21. SIGNATURE OF FUNENAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY P.O. Box 243													
	M00167 Durst Funeral Home - Oakland, MD 21550													
CERTIFICATION	shock, or heart failure. List only one cause on each line. Interval Between Onset and Death disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury Due to (or as a consequence of): Due to (or as a consequence of): Due to (or as a consequence of): Due to (or as a consequence of):													
AL CERT	PART II. Other algnificent conditions contributing to death but not resulting in the underlying cause given in Part I. 24a. WAS AN AUTOPSY PINDINGS													
PHYSICIAN: MEDIC	Diabeter 1	hellitur	i luy			1 _ YE	S 2 NO	OF DE	COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO					
IA	25. WAS CASE REFERRED TO MEDICAL EXAMINER?				ACE OF DEATH (Ch	eck only one)		1						
SIC		OSPITAL:		THER: Nursing Hon	e 5 Residence	8 Other (Specify,)							
PH	27. MANNER OF DEATH	28s. DATE OF INJURY (Month, Day, Year)	28b. TIME O	Y WO	URY AT ORK?	28d. DESCRIBE H	OW INJURY OCCU	RED						
BY	1 Natural 5 Pending 2 Accident Investigation	22 24 425 25 11 11 11 11			YES 2 NO									
ED	3 Suicide a Could not be 4 Homicide detarmined	28e. PLACE OF INJURY - building, etc. (Specif)	- At home, ferm, atre	et, ractory, omic		City or Town,	treet and Number or State)	HURBI HOUTE N	rumoer,					
COMPLETED	29a. CERTIFIER (Check only one) 1 CERTIFYING PHYSICIAL (Check only one) 2 MEDICAL EXAMINER: C	N: To the best of my knowle							manner as at	ated.				
ш	296. SIGNATURE AND TITLE OF CERTIFIER	1			29c. LICENSE NUI	MBER	29d, DATE S	BIGNED (Monti	h, Day, Year)					
TO B	14/ James	/_			D148	865	PT, 1	19 1996						
	DR. ROBUSTIANO	BARRERA, ME	MORIAL		MED. BL	DG.CUM	BERLANI) MD	21502	>				
5	31. DATE FILES (MORP). 200 301 1996	32 REGISTRAR'S SIGNA	Coolett.											



State of Maryland / Department of Health and Mental Hygiene 96

28914

							Cen	tificate	of	Death			Reg. No.			
	Dhusia		1. Decedent's Neme (First, Mid							2. Dete of D Month	eeth Dey	Year	3. Ti	me of Deeth		
	Physic /Medi		HARVEY CHRISTOPHER ELDER									SEPTEM		1996	5:	55 PM
	Exami		4a. Facility Name (If not institution, give street and number)							4b. City, To	own, or L	ocation of Dee	th 4c. Co	unty of Dea	ith	- 1-51
			FROSTBURG VILI	LAGE NURSI	NG HO	OME				FROS	TBUR	G	A	ALLEGA	NY	
	Funerai	Г	5. Sociei Security Number	6. Sax	7. Age (/	n yrs. last birt	hday)	If Undar				8. Dete of B	irth	9. Bir	thplaca (S	tata or Foreign
	Director		323-03-4487	1 M 2□ F	98	3	rs.	Months	Days	Hours	Min.	8. Dete of Bi (Month, D DEC 30	1897	C	P.	Α.
	ъ		Usuei Residence of Decedent													
	ehow		10a. Stata 10b. Coun	У	10	Oc. City, Town	or Loc	ation							10d. Ins	ide City Limits
	Me I	Ş	MARYLAND ALI	LEGANY		CUMBERI	AND								15	Yas 2□No
	r 28	Director	10e. Street and Number					10f. Zip	Code				10g. Citizer	of What C	ountry?	
	13a c	<u>a</u>	807 BEDFORD ST	TREET				2	215	02			U. S	S.A.		
	172 hours after deeth with the Meryland fnatural', or items 23s or 28s-f show ydfall Examiner mat be notified at	Funeral	11. Maritel Stetus	12. Wes Dec		r in U,S.	13. W	as Deced	ant of I	Hispanic O	igin? (Sp	ecify Yas or N Rican, etc.)	0- 14.	Race - Am		an,
)	after a transfer		1 ☐ Never Married 2 🖾 Ma	Armed F	2X No							Hican, etc.)		Bieck, Whi		
1	or.	by	3 ☐ Widowed 4 ☐ Divorce	d If Yes, G	iva Detes:		11	⊔Yas 2	LI No	Specify	,		Sp	ecity: Wh	ITTE	
	i within 72 ho iene. r than *natur fine Medical	Completed	15. Decede	nt's Education	n.	16e.	Decede	nt's Usual	Occu	pation			16b. Kind	b. Kind of Business/Industry		
	C	pie	Elementery/Secondary (0-12)	est grade completed	(1-4or 5+)		life. Do	O NOT us	e retire	during mo:	st of work	ang				
		Ю	12+2	Oo.ioga 1	Jga (1.401.01)		HORTICULTURE/I			FEED SALESMAN			SALI	ESMAN		
3	should be filed of Mental Hygi marked other matic event, in	Be	17. Father's Name (First, Middle	, Last)						18. Mothar's Nema		a (First, Middle	st, Middla, Maiden Sumeme)			
200	ld be ked ic e.	ToB	JASPER W. ELDER CORA							A VI	RGINIA	GINIA BORTZ				
-		-	19a. Informent's Neme/Reletionship (Type, Print) 19b. Meiling Address (Street end Number or Rural Route Number, City or Town, Stet									own, Stete.	Zip Code)			
			DOROTHY PITZER		JGHTE			X# 10				CHAELS,			2166	3
	- 1 5 5		20e. Method of Disposition			20b. Piace of	Disposi	ition (Nem	e of			Data	20c, Local	ion - City or	Town, Sta	nte
			1 X Buriai 2 ☐ Cremation		State	cemeter HILLCRI		CEME			T 10	1006		-		
			4 Donation 5 Other			ILLLUKI					1	1990	CUMBE	CLAND	MAKI	LAND
pemit. Pag Department Important: I any Injury o		21. Signeture of Funerei Service	PICE/1807	1					ess of Fecil AMS F		AL HOME					
	40144		Dale of	Memo	4					R STR		CUMBER		IARYLA	ND	
			23a. Part1. Enter the disease, shock, or heert feilure. Lis	or complications that it only one cause on	caused the	deeth. Do n	ot enter	the mode	of dyi	ng, such as	cardiec	or raspiretory	arrest,		Appro	ximata ai Between
Physician /Medical Examiner												Onset	end Deeth			
		Immediate Cause (Finel disease or condition									10	1111				
	Examiner		resulting in deeth)	e. Due to (or es e consequence of):									The same			
-	7 5	ner				,	1001									
	certificate be executed iding physicien and ise as the burial-transit	Examiner	Sequentially list conditions. Due to (or es e consequence of):													
	en a	4 1	Gadas, Error Ordonying													
	ysloi be bu	VMedical	thet initieted events	С	Due to (or es e consequence of):											
	g ph	8	resulting in death) Last													
	ndin use	2	d													
1	lew requires that the death as been signed by the etter s 2 should be deteched for a	Physician	Pert ti. Other significant condit	lone contributing to	doath hut n	ot requiting in	the une	torbing on	ueo di	unn In Dort	1	22h Did	I tobacco us	a contribut	e to the or	use of death'
	the oxy the	hys	Port II. Other alginiticalit contain	contributing to t	Jean Dut n	ot resulting in	trie und	Jerrying ca	/ y	ven in Pen	. / /					4 □ Unknow
	the deft	y P	- Des	nerles	a	stone	4	, 7	od	weep	holu	1	Yes 250	, 40 3□t	TODBUTY	4 Unknow
or vital necolus,	a sign	d by		1 1/	1.6)		/	0			24e. We	s an eutopsy	24b.	Wara auto	opsy findings
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	E 5 5	S										1 🗆	Yas 201	10	1 🗆 Yes	2□ No
	Physician: The this certificate ral director, page	Be	25. Wes case referred to medic examiner?							28. Piec	e of Deet	h (Check only	one)			
	Physic this or	10	1 Yas 2 No	Hospitei:	Inpatient	2 ER/Out	patient	3□ DO	A Ot	her: 4 N	ursing Ho	ma 5 Ras	idance 6 [Othar (Spe	ecity)	
			27. Menner of Deeth 1 Neturel 5 ☐ Pend	28a. Dete	of Injury oth, Day Ye	28b. T	ime of	28	c. Inju Wo	ry at		28d. Describe	how injury o	ccurred		
		atic		tigetion			,,	М		Yes 2	No					
	or Attender deet Director:	Iffe	3 ☐ Suicida 6 ☐ Could 4 ☐ Homicide deter	mined 28e. Plac		- At home, fer	m, stree	et, factory,	office			28f. Location	(Street and Nown, Stete)	lumber or F	lural Route	Number,
,	s after i Direct od in by	Certification:	Tiomogo	Dunc	ding, etc. (S	эрөспу)						Only or 10	mii, Olelej			
	Hospital 24 hours a Funeral I stely filled		29e. Certifier 1 Certify	ng Physician: To the	e best of m	y knowledge,	deeth o	occurred e	t the ti	me, dete er	nd place,	end due to the	e cause(s) an	d menner a	s stated.	
	To the Hospital within 24 hours a To the Funeral C completely filled	edicai	(Check only 2 Madica one)	t Examtnar: On the t	basis of extended	aminetion and	Vor inve	stigation,	in my	opinion, de	eth occur	red at tha time	, deta and pl	ace, and du	e to the ca	use(s)
	Within 2	Me	29b. Signeture end title of certifi	er A		-		29c.	Licen	se number			29d. Dete s	igned (Mon	th, Day, Yo	ear)
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à	MA		20 Name and attention	The	\	/ / \ / /	France C								-, -	
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				Certificate of	f Death		Reg. No.	, 0	20010
	Diam'r.		Decedent's Neme (First, Middle, Last)			2. Dete of De Month		Yeer	3. Time of Deeth
	Physic /Medi		Lerov Elzev			Sept.			4;25 pm
	Examir		4a. Fecility Name (If not institution, give street end number)		4b. City, Town, or				P. P.
			Waterview Health Care Cen		Salisb			omic	
	Funeral Director		5. Sociel Security Number 212-16-7505 Usuel Residence of Decedent 6. Sex 1 M 2 F 7. Age (In yrs. II	Ast birthdey) If Under 1 Year Months Dey		(Month, Da	th ly, Year) 8 1912	9. Birthpl Coun Mar	elece (Stete or Foreign etry) yland
	/land			y, Town or Location				1	0d. Inside City Limits
	Man	to	Maryland Wicomico	Salisbury					1 Yes 2 No
	x 28	Director	10e. Street and Number	10f. Zip Code			10g. Citizen of V	What Coun	itry?
	h wit		520 Purnell Street	2180	01		U.S.	A	
	dea	Funeral	11. Menitel Stetus 12. Wes Decedent Ever In U, Armed Forces?	S. 13. Wes Decedent of		pecify Yes or No	- 14. Rec	e - Americ	
21215-0020	72 hours after death with the Maryland natural, or items 23a or 28a-f show diest Examiner must be notified at	by	1 Never Merried 2 Merried 1 Yes 2 No If Yes, Give Yeer or Detes:	1 ☐ Yes 2 No		o rican, etc.)	Specify	Bla	
5-0	72 hours "natural".	Completed	15. Decedent's Education (Specify only highest grade completed)	16e. Decedent's Usuel Occi	upetion	deina	16b. Kind of Bu		
21	within ene.	nple	Elementery/Secondery (0-12) Coilege (1-4or 5+)	life. DO NOT use retir	red)	Nily			
2	73 73 2		12	Laborer	T		Non		
and	S a b S	Be	17. Fether's Neme (First, Middle, Last)		18. Mother's Ner			(e)	
Ž	d 2 should the and Men 7 is marked traumatic	10	Daniel Elzey	T		ashie1			
Maryland	d d d d d d d d d d d d d d d d d d d		19e. Informent's Neme/Reletionship (Type, Print)	19b. Melling Address (Street					Code)
	other tr	23		517 Purne1		Dete	20c. Location -		wn State
Baltimore,	permit. Pages Department of I important: If its any injury or o		Bullar 2 Li Cremetion 3 Li Remover from State	lece of Disposition (Neme of emetery, cremetory or other pi een Acres	lece)	91.4	Salisb	1	
Salt	smilt.		21. Signeture of Funerel Service Licensee	22. Neme end Add					
ш	20599		Gladys B. Stewart	Stewart 821 Wes	Funeral t Rd.Sal	. Home isburv	.Md.21	801	
	77		23a. Part1. Enter the disease, or complications thet caused the deeth shock, or heart feilure. List only one cause on each line.						Approximeta Interval Between
	Physician	Ш	0						Onset and Death
	/Medical Examiner	П	Immediate Cause (Fine) disease or condition resulting in deeth)	- fin					44
		<u>.</u>	Due to (or	as a consequence of):	8			1	
	nsit	Examiner	a b Coyest	ere hea	1	alley	-	5	ar .
_81	al-tra	хаг	Sequentially list conditions, if eny, leeding to immediate	as a consequence of):					
68760,	certificate be executed rding physiclan and use as the burial-transit		Sequentially list conditions, if erry, leeding to immediate cause. Enter Underlying Cause (Disease or injury that initiated events	enon				- 5	47.
68	e as the	edical	resulting in deeth) Lest	as a consequence of):				1	
×	nding use a	M	d					-4	
. Bo	deeth ce se ettendi	Physician/	Pert II. Other significant conditions contributing to death but not resu	ulting in the underlying cause (then in Best I	22h Did	tohacco use cor	ntelbute to	the cause of death?
Ö	by th	hys	To the distribution of the builty to death but not resu	ting in the underlying cause g	given in Fert i.		Yee 2 No		bably 4 Unknown
S,		by P					100 12110	00	,
Records,	- 0 D	8					an autopsy		ere sutopsy findings eileble prior to
900	S S S	ple				ponto		cor	mpletion of cause death?
Ě	0 5 %	Completed				10	Yes 2 No	10]Yes 2□ No
of Vital	ysician: The	Be	25. Wes case referred to medical examiner?		28. Piece of Dea	ath (Check only o	ne)		
>	0 0	일	Hospitel:	ER/Outpetient 3□ DOA	Wher: 42 Nursing H	lome 5 Resid	dence 6 Oth	er (Specify	y)
	fer th		27. Menner of Deeth 1. Neturel 5 □ Pending 28e. Dete of Injury (Month, Dey Year)	28b. Time of 28c. Injury W	ury at ork?	28d. Describe	how Injury occurr	bed	
Sio	or Attending I after death. Director: After I in by the funer	Certification:	2 Accident investigation 3 Suicide 6 Could not be	M 1[Yes 2 No				
Division	Ver A	E	4 Homicide determined 28e. Piece of Injury - At homicide building, etc. (Specify,	me, ferm, street, fectory, office ')	е	28f. Location (3 City or Tox	Street end Numb vn, Stete)	er or Rura	I Route Number,
	urs a urs a lilled	- 1	000 00000						
	To the Hospital or within 24 hours afte To the Funeral Dir completely filled in	edical	29e. Certifiler (Check only one) 1. □ Certifying Phyeician: To the best of my know cone) 1. □ Medical Examiner: On the basis of examinest end menner stated.	riedge, deeth occurred et the ion and/or investigetion, in my	time, dete end piece opinion, deeth occu	, end due to the rred et the time,	ceuse(s) end ma dete and placa, a	nner es st	eted. the cause(s)
	To the within To the comple	M	29b. Signeture and title of certifier	29c. Licer	nse number		29d. Dete signed	d (Month, I	Day, Year)
	,		122/16/	0	2874	9	4/12	101	
	6		30. Neme and address of person who completed cause of deeth (item	23e) (Type, Print)	13/		(4	10	
)		Dr. Mahesh Moondra 547 E.R	Riverside Dr	rive,Sal	isbury	,Md.218	301	
	Sta	te	31. Date filed (Month, Dey, Year) 32 Apgistrar's Signet	ure Randall.	· · · · · · · · · · · · · · · · · · ·	0 11			
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State of Maryland / Department of Health and Mental Hygiene 95

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						C	ertificate	e of	Death		Re	g. No.	0	2.0010
	11 2		1. Decedent's Neme (First, Midd	lle, Last)							of Death	1	u.	3. Time of Death
	Physic		Edith El	len			E	12	EY	Mon	ith tem	Cerl,	Year	0308
	/Medi Examir		4a. Fecility Name (If not institutio		number)				4b. City, Town	, or Location o		4c. County	of Death	0300
78	LAAIIII	161	PENINSULA REGI			CENTER			SALT	SBURY		WIC	OMICO	
н	Euparal		5. Social Security Number	6. Sex		In yrs. last birtho	(ey) If Under	1 Year			of Birth			
N.	Funeral Director		215-26-5552 Usual Residence of Decedent	1□M 2) (F		6 Yn	Months	Deys	Hours		of Birth oth, Day,	Year) 1910		place (Stete or Foreign ntry) cyland
	dand		10e. State 10b. County	1	1	0c. City, Town o	r Location							10d. Inside City Limits
	Mery Head	ō,	Maryland Wico	miao		Sali	sbury							1 ☐ Yes 2 No
	28. The	Director	10e. Street and Number	MILCO		Dall	10f. Zip	Code			10	a. Citizen of	What Cou	intry?
	E O E		500 D	C11				180	1			U.S.A		
	eeth	era	520 Purnel1	12. Was De		ar In U.S				2 (Specify Yes	1			can Indian.
_	Herd	Funeral	1 Never Married 2 Mar	Armed	Forces? s 2 No	J, 11, 0,0.			Hispanic Origin pan, Mexican, P	uerto Rican, e	tc.)		ck, White,	
21215-0020	within 72 hours effer deeth with the Meryland ene. than "naturel", or itema 23a or 28a-f show he Medical Examiner must be notified at	by	3 Widowed 4 □ Divorced	M Vac /	GIV6		1□ Yes 2	2 XNo	Specify:			Specif		a cole
ö	ture.	P		nt's Education		16a D	ecedent's Usua	al Occu	netion		1	6b. Kind of B		ack
15	s i and 2 should be filed within 72 hd Fleelth and Mentel Hygiene, Item 27 is marked other than "natur other treumatic event, the Medical	Completed	(Specify only highe	st grade completed		(0	ive kind of wor e. DO NOT us	rk done	during most of	f working	'	00.11.10 01 0	0011000	, double y
12	12 should be filed within n and Mentel Hygiene. Is marked other than "reumatic event, me Men	Ę	Elementery/Secondery (0-12)	College 4	(1-4or 5+)		omest	_	,			Non	e	
D	H H		17. Father's Name (First, Middle,				ОМСОО		18. Mother's	Name (First, I	Middle, M			
an	d de de v	Be c												
2	d Me d Me mark matic	2	Daniel Elzey 19a. Informent's Neme/Relations	-		40h h	- Hi A del	/04		Dashi		04	0.4. 7	- 0-4-1
Maryland	d 2 s h an 7 le r						_	-	t and Number o					o Code)
	1 and 2 Heelth em 27 I		Jesse Gaddis 20a. Method of Disposition	<u> </u>		20b. Place of D			St.S	Date		Oc. Location		our State
altimore,	permit. Pages 1 and Department of Heelth Important: If New 27 eny injury or other to once.		1 Burial 2 □ Cremation 4 □ Donation 5 □ Other (S		m State	cometery,	cremetory or o	ther pie	ece)	9/10		alisb		
a	Departimonts in ports		21. Signature of Funerel Service	Licensee					ess of Facility					
0	88 E 5 8		HP-Du	B. Sta		+			Funer:			MA 21	801	
			23a. Part1. Enter the disease, or shock, or heart failure. List			e death. Do not							001	Approximate
я	Physician		shock, or heart failure. List	t only one cause or	each line.			-					i	Interval Between Onset and Death
	/Medical		Immediate Cause (Final		HYD	T 0 0 41	2 - 1 - 2						į	
	Examiner		disease or condition resulting in deeth)	ө	1776	ERCAI	NE9	7						2440
	I 30	ē	31.00			e to (or as a cor				11.			i	244-
	ted nsit	Examiner		b		Btup		JR.	t 191	1/4Rb			i	
	and	хаг	Sequentially list conditions, if eny, leading to immediate		V Du	e to (or as a cor	sequence of):						į	
68760,	deeth certificate be executed e ettending physician and of for use as the burtal-trensit		Sequentially list conditions, if eny, leading to immediate cause. Enter Underlying Cause (Disease or Injury that initiated events	с										
387	phys the	Medical	resulting in death) Last	1	Du	e to (or as a con	sequence of):						į	
×	ding se as			d										
Box	that the deeth cer ed by the ettendin detached for use	Physician												
0	the d	ysi	Part II. Other significant condition	ons contributing to	death but r	ot resulting in th	e underlying c	ause gi	iven in Part I.	231	b. Did tob	MCCO USS CO	ntributs t	to the cause of death
0	requires that the been signed by the chould be detache		Attenos	yout,	'c. C	4117	0 64	20	ular		1 🗆 Ys	s 2 No	3 ☐ Pro	bably 4 Unknow
of Vital Records,	8 5 8	by					DISE						T 045 14	
5	r requir been s should	Completed					1136	75	<u></u>	248	. Wes an perform		av	Vere autopsy findings valleble prior to ompletion of cause
ec	2 S													death?
<u> </u>		5									1 🗆 Yes	2 No	11	□Yes 2 No
ita	Physician: The this certificate ral director, pag	Be	25. Wes case referred to medica examiner?	ıl					28. Place of	Death (Check	only one)		
1	ysic ils ce dire	2	1 Yes 2 No	Hospital:	Inpatient	2 ER/Outpa	itlent 3 DO	OA Ot	her: 4 Nursi	ng Home 5	Residen	nce 6 Ott	ner (Speci	(ty)
0	g Ph		27. Manner of Death		e of Injury onth, Dey Y	28b. Tim	e of 2	8c. Inju	rry at ork?	28d. Des	scribe hov	w Injury occur	rred	
0	eath. or: After the fune	atle	1-BNatural 5 Pendir 2 Accident Investi	gation	ana, Doy	55.7	M		Yes 2□No					
Division	Afte or de by th	Certification:	3 ☐ Sulcide 8 ☐ Could 4 ☐ Homicide determ	nined 200. Pla	ce of Injury	- At home, farm	, street, factory	, office		28f. Loca	ation (Stra	eet and Numi	ber or Run	el Route Number,
Ö	a after)ed	4 D Nottiolog	Duli	lding, etc. (Specify)				City	Or TOWN,	31010/		
	To the Hospital or Attending I within 24 hours after death. To the Funeral Director: After completely filled in by the funer	edical (29a, Certifier t Certifyin (Check only one)	ng Physician: To the Examinar: On the	ne best of m basis of ex	amination and/o	eath occurred a r Investigation,	at the ti	ime, date and p	place, and due occurred at the	to the car	use(s) and m te and place,	anner as a and due t	stated. to the cause(s)
	ithin of the xmpk	N P	29b. Signature and title of certifie		or state(290	. Licen	se number		29	d. Date signe	ed (Month	Dav. Year)
	F ≯ F 8		- Luciania	(UI	0	MA				,		4 4		
	1		7	7				رمر	320/4			9/5/9		
	S		30. Name and address of person	who completed ca	use of deat	h (Item 23a) (Ty	pe, Print)		,	_ 0-				BYRT
			MAMBY MO	oudua	14 D	1 47	- G R	10	EUSID	E 119	MI	2 200	us	1541
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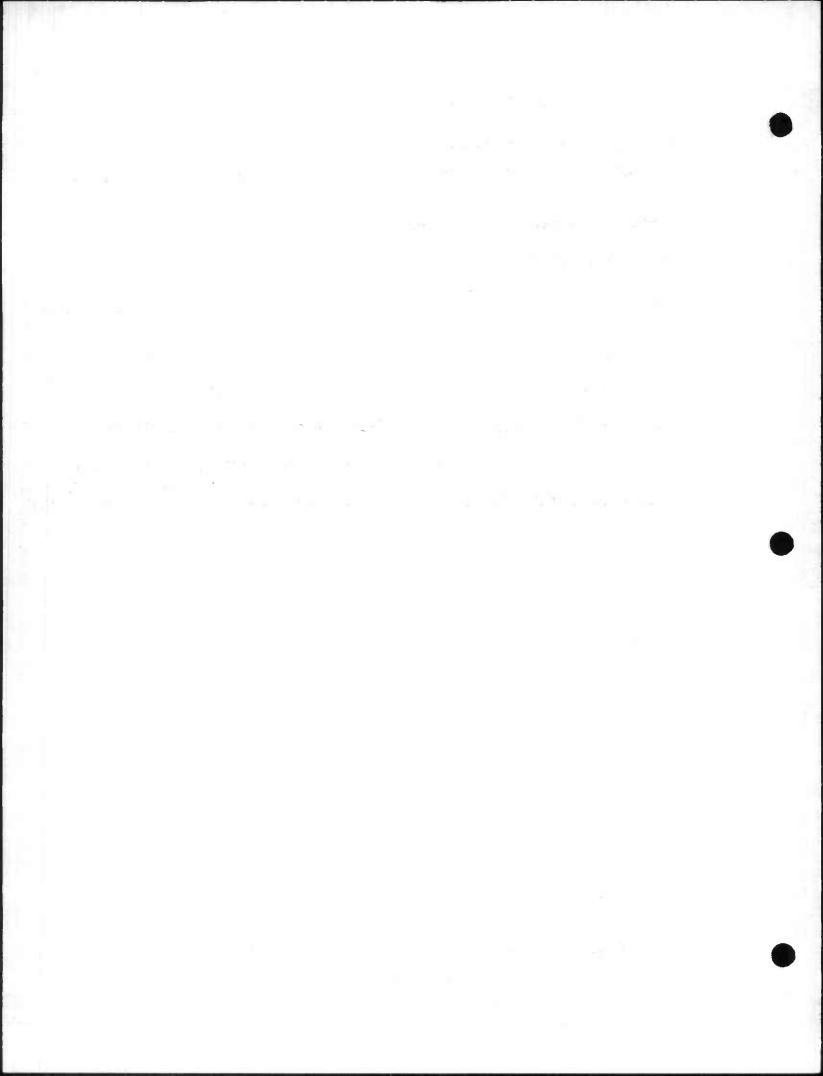
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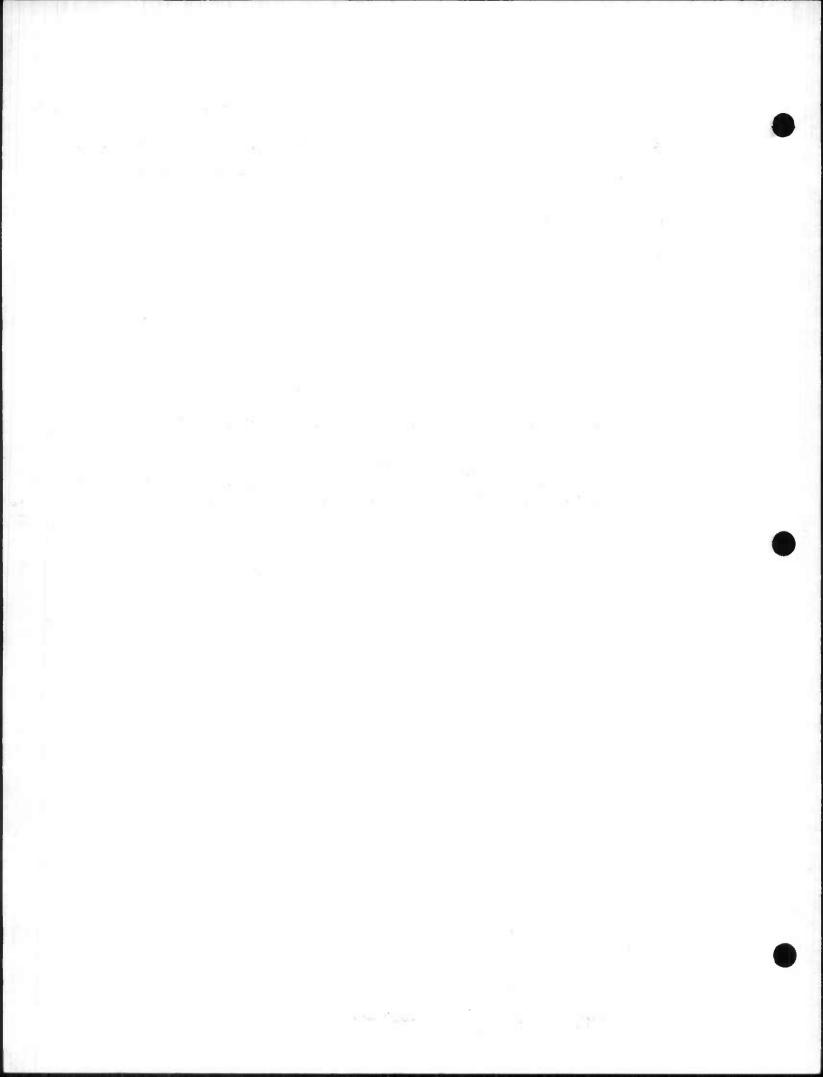
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				State of W	iaryiariu /	Certifica Certifica		Death	Mental Hy	Reg. No.	6 2	28917
	Physic /Medi		1. Decedant's Nema (First, Middle Agnes S.	,	AN.				2. Data of Do Month SEP	eath Dey	Yaer 96.	3. Tima of Death
	Examir		4a. Facility Nama (If not Institution,	giva street and number)			4b. City, Town, or	Location of Dee		of Death	,
┞	Funeral		5. Social Sacurity Number	6. Sex 7. A	spital ga (In yrs. last bi		dar 1 Yeer		8. Dete of Bi			Ster · laca (State or Foreign try)
	Director		219-07-9361	1□M 20F	81	Yrs. Month	ns Days	Hours Min.	June 11	, 1915	Mary	land
П	ylend		Usual Rasidance of Decedant 10a. Steta 10b. County		10c. City, Tov	vn or Location					1	Od. insida City Limits
	a-f a	to	Maryland Work	ester	Berl	lin						1 Yas X No
	or 28	E S	10e. Street and Number			10f. :	Zip Coda			10g. Citizan of	Whet Coun	itry?
	23a	100	8541 Libertytowr	Road		2	1811			USA	4	
020	be filed within 72 hours efter death with the Maryland lel Hygiene. Id Hygiene. Id other than "natural", or items 23s or 28s-f show event, in a Modical Examine, must be notified at	by Funeral Director	11. Marital Status 1 □ Navar Married 2 □ Marrie 3 ፟፟ ፟	12. Wes Deceden Armed Forces d 1 Tas 2 Tild Yas, Giva Yaar or Datas	? (N o		cedant of I pecify Cub	Hispanic Origin? (S an, Maxican, Puerl Specify:	Specify Yas or Note Rican, atc.)		e - Amario ck, Whita,	
21215-0020	s 1 and 2 should be filed within 72 hours eff if Health and Mentel Hygiene. Item 27 is marked other than "natural", or other traumetic event, the Moultell Exon	Completed	15. Decedant' (Specify only highest Elamantary/Secondary (0-12)	Education grade completed) College (1-4or		. Decedant's U: (Give kind of life. DO NOT	suai Occup work dona usa retire	pation during most of wo d)	rking	16b. Kind of B		
	her th		7th grade 17. Fathar's Nama (First, Middla, L	2061	do	omestic		40 Matterda No.	on a /Cont & Colde	Housek		
Maryland	should be filed with and Mentel Hygiene. is marked other than aumatic event, the M	Be	Lambert Fooks	ist)				Mamie		, Maiden Suman	10)	
Z	and Meni	70	19a. Informent's Name/Reletionsh	n (Tyne Print)	101	h Malling Addre	ace (Stran	and Number or Ri		oar City or Tour	State 7in	Codel
	nd 2 selfth ar 27 is 7 frau		Leroy R. Fooks	/ son		_	-	Avenue -				
re,	s 1 end f Health frem 27 i		20a. Method of Disposition		20b. Place of	of Disposition (A			Deta	20c. Location -		
E	Page sent o rrt: If		1 ☑ Burial 2 ☐ Cramation 4 ☐ Donation 5 ☐ Other (Sp.		1			emetery	0/11/04	Poulin	A A	and d
Baltimore,	permit. Pages 1 end 2 Department of Health a Important: If item 27 is any injury or other tra once.		21. Signature of Funeral Service L	cengee 1	Cuiva			ass of Facility			,	d, Salisbury,
			- Halricen	l. solle	y			norial Cha	apel -	N		and 21801
	Physician		23e. Part1. Entar the disaesa, or o shock, or haert tailura. List o	omplications that cause only ona cause on each	death. Do	not enter tha m		ng, such as cardia	c or raspiratory a	arrast,		Approximate Intarval Between Onset and Death
1	/Medical Examiner		Immediete Causa (Final disaasa or condition rasulting in death)	a Se	ptic	sho	ck.					
	jik ni	ē		-1	Dua to (or as e	consequance o	of):				1	
	seth certificate be executed attending physician and for use as the burial-transit	Examiner	Sequentially list conditions	■ b	Dua to (or as a	CU II	7 / 1,					
o o	flicete be executed g physician and as the burlal-transit		Sequantially list conditions, if eny, leading to immediata ceusa. Entar Underlying Cause (Disaase or injury that initiated events				.,.					
68760,	hysici the bu	edical	that initiated events resulting in death) Last	c	Dua to (or as e	consequance o	f):				-	
	ing p			■ d.								
Box	ttend or us	lan		- 0.							1	
0	the deeth cert y the attending sched for use	Physician/M	Pert II. Other significant condition	contributing to death	but not rasulting i	n the underlying	g causa gi	ven in Pert I.	23b. Did	tobacco use co	ntributs to	the cause of death?
S, P	uires that the der signed by the a id be datached f	by Ph							10	Yes 2MNo	3 Prot	pebly 4 ☐ Unknown
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<u>R</u>	Pa ate	Co							10	Yas 2010	1 🗆	Yas 2□ No
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Division	or Attending Phater death. Director: After thi	Certification:	3 Sulcida 6 Could no datermir	t be 28a. Plece of In	jury - At home, fe tc. (Specify)	erm, straat, fact	ory, offica			(Street and Numb wn, Stata)	er or Rura	Routa Number,
Ī	To the Hospital or A within 24 hours after To the Funeral Direction Completely filled in b	edical C	29a. Cartifiar (Check only one) Curtifying	Physician: To the bast aminer: On the basis of and manner s	ot examinetion ar	e, deeth occurre	ed at tha ti	ma, data and place opinion, daath occu	a, and dua to the urred et tha time,	cause(s) end ma data end place,	nnar as st and dua to	ated. tha causa(s)
	Vithin To the	Me	29b. Signature and little of certifier	1		2	9c. Licens	sa number		29d. Data signe	d (Month, I	Day, Year)
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			30. Neme and addrass of person w	U	deeth (Item 23e)	(Type, Print)	Be	05060. Vling!	MD 21	1811		
	-0	40	31. Data filad (Month, Day, Year)	30 Aboute	rer's Stonature	- ' '		7				
	Sta Registr	_	S CED VO.	996 Julia	gr's Stonature of	weally						



State of Maryland / Department of Health and Mental Hygiene 96 Certificate of Death 1. Decedent's Nama (First, Middla, Last) 2. Data of Death 3. Time of Death **Physician** August 27, 1996 Clark Burton Forcey 10:30 PM /Medical 4a. Facility Nama (If not institution, giva street and number) 4b. City, Town, or Location of Death 4c. County of Death Examiner 8702 Riggs Road Prince Georges Adelphi | Months | Days | Hours | Min. | Sept. 20, 1928 | Ohio 5. Social Security Number 7. Aga (In yrs. last birthday) Birthpiaca (Stata or Foreign Country) **Funeral** Months 1⊠M 2□ F 218-20-2391 Yrs 67 **Director** Usual Rasidance of Decedant 10b. County 10c. City, Town or Location 10d. Insida City Limits the Maryla r than "natural", or items 23s or 23s-f si the Medical Examiner must be notified 1X Yas 2 □ No Director Maryland Prince Georges Adelphi 10e. Street and Number 10f. Zip Coda 10g. Citizen of What Country? 8702 Riggs Road 20785 Funeral USA 12. Was Decedant Evar in U,S. Armed Forcas? 1 ☐ Yas 2 ☒ No It Yas, Giva Yaar or Datas: 13. Was Decedant of Hispanic Origin? (Specify Yas or No-It Yas, specify Cuban, Maxicen, Puarto Rican, atc.) 14. Race - Amarican Indian, 11. Marital Status Black. Whita, atc. filed within 72 hours after 1 Nevar Married 2 Married Baltimore, Maryland 21215-0020 1 ☐ Yas 2 ☐ No Specify: þ Specify. 3 Widowed 4 Divorced White Completed 16a. Decedant's Usual Occupation (Giva kind of work dona during most of working life. DO NOT usa retired) 15. Decedant's Education (Specify only highest grade completed) 16b. Kind of Businass/Industry Elamantary/Secondary (0-12) Coliaga (1-4or 5+) Hygiana. Craftsman Automobile permit. Pages 1 and 2 should be file Department of Health and Mantal Hy Important: If item 27 is merised other any Injury or other traumatic event gibts. 17. Father'a Nama (First, Middla, Last) 18. Mothar's Nama (First, Middla, Maiden Surname) 89 Clark Forcey ပ္ Margaret Mills 19a. Informant's Name/Raiationship (Type, Print) 19b. Mailing Address (Street and Number or Rural Route Number, City or Town, State, Zip Code) Joan Margaret Forcey/Wife 8702 Riggs Road, Adelphi, Maryland 20785 20b. Piace of Disposition (Nama of cematary, cramatory or other place) 20a. Method of Disposition Data 20c. Location - City or Town, Stata 1 ☑ Burial 2 ☐ Cramation 3 ☐ Ramovai trom Stata Fort Lincoln Cemetery 4 ☐ Donation 5 ☐ Other (Specify) 8/30/96 Brentwood, Maryland 21. Signature of Funeral Service Liga 22. Nama and Addrass of Facility Hines-Rinaldi Funeral Home 11800 New Hampshire Avenue Silver Spring, Maryland Part L. Enter the decase, or complications that shused the death. Do not enter the mode of dying, such as cardiac or respiratory errest, shock, or heart fallure. List only one cause or much line. Approximata Interval Batween Onset and Deeth Physician immediata Causa (Final diseasa or condition rasulting in death) /Medical Examiner Physician/Medicai Examiner physiclan and the burial-transit requires that the death certificate be executed Sequentially list conditions, if any, leading to immadiata ceusa. Enter Underlying Cause (Disease or injury that initiated evants rasulting in death) Last Dua to (or as a consequence of) Division of Vital Records, P.O. Box 68760, Due to (or as a consequence of) 80 esn Po Part ii. Other significant conditions contributing to death but not resulting in the underlying ceuse given in Part i. 23b. Did tobacco use contribute to the cause of death? 1 Yes 2 No 3 Probably 4 Unknown obstructive disease à 24b. Ware autopsy findings available prior to completion of cause of death? 24a. Was an autopsy page 2 s certificate has 1 Yas 2 No 1 Tyas 2 No or Attending Physician: 25. Wes casa reterred to medicel axaminar? 26. Place of Death (Check only ona) Hospitai: Other: 4 Nursing Homa 5 Assidence 8 Other (Specify) 1 Yas 2 No 2 1 inpatient 2 ER/Outpatient 3 DOA this funeral 26a. Dete ot injury (Month, Day Year) 27. Manner of Death 28b. Time of injury 28d. Dascribe how injury occurred Certification: 28c. tnjury at Work? After 1 Naturai 5 Pending invastigation Hospital or Attending 24 hours after death.
 Funeral Director: After 1 Yas 2 No 2 Accident 28f. Location (Street and Number or Rural Route Number, City or Town, State) 3 ☐ Sulcida 6 Could not be 28e. Piace of injury - At homa, tarm, street, factory, office building, etc. (Specify) 4 T Homicida 1 Certifying Physician: To tha best of my knowledge, daeth occurred at tha tima, data and place, and dua to tha causa(s) and manner as stated. 29e. Certifier Medical To the Hosp within 24 ho To the Fune completely f (Check only one) 2 Medical Examtner: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and manner stated. 29b. Signatura and titla of certifier 29c. Licansa number 29d. Data signed (Month, Day, Year) Cur disperse D26564 8/28/96 30. Name and address of person who completed ceusa of death (Itam 23a) (Type, Print) 50.500 M Grasting 0 ST NW #409 Washington 106 Irvra DC 31. Data tiled (Month, Day, Year) 32. Registrar's Signatura hie Davidson Registrar

AUG 2 9 1996



State of Maryland / Department of Health and Mental Hygiene

Certificate of Death

28919

122								C	entitic	ate of	Dea	เก		Reg. No.			
	Physici /Medic		Decedent's Neme (First, Middle MORRIS	e, Last)		F	RIEI	OBERG					2. Date of De Month AUGUST	Day	996		oe of Death
	Examir		4a. Facility Name (If not institution	, give s	treet and n	umber)					4b. City	, Town, or L	ocation of Deat	h 4c. Count	y of Death		
			10920 Connecti	cut	Aveni	10.	#511				Ker	singt	on	Monte	omer	U	
	Funeral	П	5. Social Security Number	6. Sex				last birthde		nder 1 Yee	r If Un	der 24 Hrs.	8. Date of Bir (Month, De				ata or Foraign
	Director		577-18-5754	110	M 2□ F		76	Yrs	Mont	ths Deys	s Hou	rs Min.	AUG 26	1919			ton D.C
	72 .		Usual Residence of Decedent														
	ayta the		10a. State 10b. County				10c. Cit	y, Town or	r Location								le City Limits
	M 74	oto	Maryland Montg	omer	У		Ken	singt	on							10	Yes 2 No
	with the sor 28	Director	10e. Street and Number						10f.	Zip Code				10g. Citizen of	What Co	untry?	
: V	73 m		10920 Connection	cut	Avenu	ıe, i	#511			20895	5			United	Sta	tes	
M.D	se death with the Maryla Berns 23e or 28e-f shor ner must be notified at	Funeral	11. Marital Status	1:	2. Was De	cedent E	ver In U	,S. 1	3. Was De	ecedent of	Hispanic	Origin? (Sp	ecify Yes or No Rican, etc.)	- 14. Re	ce - Amer		n,
. 0			1 Never Married 2 ☐ Marri	ied	1 X Yes	2 🗆 N	o WWI	I		s 2 No			rican, etc.)		ock, White	, etc.	
Tauber, 215-0020	5 A.S.	by	3 ☐ Widowed 4 ☐ Divorced		Year or				1 🗆 10	S 2121 NO	o <i>Spe</i> i	эну:		Speci	ty:	white	2
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Ta 21	E . 2	JD S	Elementary/Secondary (0-12)	grade	College		+)	life	a. DO NO	Tusa ratin	red)	most of work	ing				
2 2	N G E E	on	12					Tale	ent A	gent	- Ac	tor		Enter	tain	ment	
John	tal Hy d offsy event	Be (17. Father's Neme (First, Middle,	Last)							18. M	other'e Nam	e (First, Middle,	, Maidan Suma	ma)		
-	All All All All All All All All All All	To	Alex Friedberg								S	arah	Cohen				
Lan; Mary	a ma		19a. Informant's Name/Relations	hip (Typ	e, Print)	(si	ster	19b. M	ailing Add	ress (Stree	et and Nu	mber or Rui	ral Routa Numb	er, City or Town	, State, Z	ip Code)	
	2655		Edna Friedberg	Giu	liant	ti			lO No	rth 3	32nd	Terra	ce, Hol	lywood,	F1o:	rida	33021
Te,	F Harris		20a. Method of Disposition				20b. P			(Nama of or other pi			Date	20c. Location			
o physic Baltimore,	Pages nent of net: If its iny or o		1 Burial 2 ☐ Cremation 4 ☐ Donation 5 ☐ Other (St		movel from	State						ens 8	/26/96	Falle	Churc	h V	iraini
dd ≣	artmer ortant: Injury		21. Signature of Ferneral Service I				101	ing Du					ZANSKY-				
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sed			23a. Part1. Enter the disease, or shock, or heart failure. List	complic only one	ations that cause on	each line	the deetl e.	h. Do not	enter the r	mode of dy	ying, such	as cardiac	or respiratory a	rrest,	į	Approx	mate Between
	Physiclan				()					1	_	1			į		and Death
0	/Medical Examiner		Immediate Cause (Final disease or condition	а	19	- 10	20	Ju	a	170	m	\sim	500	Q	į	76	ARP
re	Examine	L.	resulting in deeth)		0-0		Due to (o	r as a con	sequence	of):	_	20.	•			Y	ARP
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Exam. 68760,	oe ex		Sequentially list conditions, if eny, leading to immediate cause. Enter Underlying Cause (Disease or Injury												1		
Ex 87	hysi the t	n/Medical	that initiated events resulting In death) Lest	0.		D	ue to (o	r as a cons	sequence	of):							
	certificanding pluse as	Me		L,													
()		an		u.											!		
Medio.	0 0 0	Physicia	Part II. Other significant condition	ns contr	ibuting to	death but	t not resi	ulting in the	e undertyir	ng cause g	jiven In P	art I.	23b. Did	tobacco use c	ontribute	to the csu	es of death?
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9 8	8 5 8	by															
3-1996 Records	v requires that been signed b should be dete	Completed												an autopsy med?	8	vallable pi	osy findings rior to
3-1	N 20 S	ple													0	ompletion f death?	of cause
	0 - 6	Ю											10	Yes DONO	1	Yes	2□ No
8-2 Vital		0	25. Was case referred to medical								26. P	iace of Deat	th (Check only o	ona)			
		To B	examiner?	Ho	spital:	Inpatier	n 2 🗆	ER/Outpat	tient 3	DOA	Wher	Nursing Ho	0.4		her (Spec	ih)	
o			27. Manner of Deeth		28a. Date	of Injury	/	28b. Time		28c. Inju		Trunsing Tie	1	how injury occu		••97	
o	ding it. Th.	tloi	1 Accident 5 ☐ Pending investig		(Moi	nth, Day	Year)	Injur	y M		ork? ⊒Yes 2	No					
S	Attending ir death. ector: After by the fune	flea	3 ☐ Suicide 6 ☐ Could n		28e. Plec	a ol Inju	rv - At ho	me, farm,	street, fed	ctory, office	В		28f. Location (Street and Num	ber or Ru	ral Routa	Vumber,
Division	al or Attendir s efter death. Il Director: Al ed in by the fu	Certification:	4 Homicide	neu	build	ding, etc.	(Specify	1)		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			City or To				
	pours ours fille		29a. Certifler Certifying	2 Physic	cian: To the	e hest of	my know	wledne de	ath occur	red at the t	time date	and place	and due to the	causa(s) and m	anner as	etated	
	To the Hospital or Att within 24 hours efter of To the Funeral Direct completely filled in by	edicai	(Check only 2 Medical E	xamine	r: Un the t	basis of e	examınal	tion and/or	Investigat	tion, In my	opinion,	death occur	red at tha time,	date and place	, and due	to the cau	se(s)
	To the within 7 To the comple	X O	29b. Signature and title of certifier	4	1					29c. Licen	nse numb	er		29d. Dete sign	ed (Month	, Day, Yea	ar)
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	منر		30. Name and address of person v	who com	pleted cau		-	123a) (Typ	oe, Print)	5.1.3	0.7	neon	ALDS IM, CG	17 ACIA	1	1 3	07
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	Sta Registr		31. Dete filed (Month, Day, Year) NIIC 9 7	100	g 32.1	Julia	Devi	lure 7	Bondes	2							

Registrar

AUG 2 7 1996

Please Type or Print in Black Indelibie Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene

28920

							tificate of	Death		Reg. No		
	12.71		1. Decadant's Nama (First, Middle, Last)					2. Data of D		Vees	3. Tima of Death
	Physici /Medi		Elizabeth Barnh	ardt]	Frank	te			Septen	ber	15, 1996	2:00 AM
	Examir		4a. Facility Nama (If not institution, giva	street and number)				4b. City, Town, or L	ocation of Dea	th 4c.	. County of Death	
			Frederick Memorial	Hospital				September	15, 19	996 F	rederick	
П	Funeral		5. Social Sacurity Number 6. Sa	x 7. Aga	(In yrs. la	ast birthday)	If Under 1 Yea Months Days	r If Under 24 Hra.	8. Data of B (Month, D	irth	9. Birthp	placa (Stata or Foreign
	Director		340-12-3639]M 2∏F		77 Yrs.	Working	110013	May 3			ington, DO
	p ≥		Usuai Rasidanca of Dacedant 10a. Stata 10b, County		10a City	, Town or Loc	nation					
	sho	2	Tou. Stata Tou, County		Too. City,	, TOWITOT LOC	Atton				1	10d. Inside City Limits 12 Yas 2 □ No
	he N	Director	Maryland Frederick		Mt.	Airy	101 7: 0 1					
	ath with the Marylan : 23a or 28a-f show		10e. Street and Number				10f. Zip Coda			10g. Cit	tizan of What Cour	itry?
	s 23	Funeral	13057 Penn Shop Ro		Secondaries I I I I I	140.14	21771	111		USA	44 Dans America	
	er de	nu	11. Marital Status	12. Was Decedant E Armed Forcas?		5. 13. V	Yas Decedant of Yas, specify Cui	Hispanic Origin? (Sp ban, Maxican, Puarto	Pican, atc.)	0-	14. Raca - Amaric Biack, Whita,	
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21215-0020	d within 72 hours after death with the Maryland ilene. Then "natural", or flems 23a or 28a-f show the Medical Exemination must be notified at	8	15. Decedant's Edu			16a Deced	ant's Usual Occu	inetion		16b K	Whit and of Business/In	
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P	Hygier offher	Bec	17. Fathar's Nama (First, Middle, Last)				Lary	18. Mothar's Nam	a (First, Middle			
lar	fental ked c	To B	Rev. John Allan Go	lihew				Bessie E	dna Sta	aples		
Maryland	2 should h and Mer is marke raumatic		19a. intermant's Name/Relationship (T)	rpe, Print)		19b. Mallin	g Address (Stree	et and Number or Rui				Coda)
	ar tra		William Franke, hu	sband		13057	Penn Sh	nop Road,	Mt. Air	ry, M	D 21771	
ore	of Tear		20a. Mathod of Disposition		20b. Pia	ace of Dispos	sition (Nama of atory or other pl	ace)	9/19	20c. Lo	ocation - City or To	own, Ststa
Ě	Pages nant of unt: If ib ury or o		1 N Burial 2 Cramation 3 F 4 Donation 5 Other (Specify)		Was	hinoto	n Natio	nal Cem.		Suit	land, Ma	ryland
Baltimore,	mit. Pa partmar portant y Injury ca.		21. Signature of Funaral Sarvice Liceus	00	3,130,00	22.	Nama and Addr	rass of Facility St	auffer	Fune	ral Home	J. J. Marie G.
Φ	88558		Kuny M	For	0	10	621 Opos	sumtown P	ike, Fr	reder	ick, MD	21702
			23a. Part1. Enter tha disaasa, or compl shock, or haart failura. List only o	ications that causad	daath.	Do not anta	r tha moda ot dy	ing, such as cardiac	or respiratory	arrest,		Approximate Intervsi Between
Ŧ	Physician		site of a market failure. Else of by o	na caasa on aaon n	3							Onsat and Death
4	/Medicai Examiner		Immediate Causa (Finat disaasa or condition	Sersi's								month
ı	-Autilities	_	resulting in death)		Due to (or	as a consequ	uance of):	- 1	. 1	nl	()	
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	tificate be axecuted ig physician and as the burial-transit	xar	Sequantially list conditions, if any, leading to immediata cause. Enter Underlying Causa (Diseasa or injury	100	Qua to (or	as a consequ	uence ot):	2 her	1-601	21-1	15	
68760,	siciar buria		Cause. Enter Underlying Causa (Diseasa or injury that initiated avants	C		uez	cey,	18	-8-	96		
68	tificate ng phy as the	edicai	rasulting in death) Last	L	or to (or t	as a consequ	iance ot):	elout,		-1-		
Box	ib es	Physician/M		provi	009	6	Deel	Many,	1000	> 71	MT	
	death e atter	icia	Part II. Other significant conditions con	ntributing to death but	t not rasuit	ting in the un	dariving causa o	iven in Part I	23h Dic	Lobacco	6 use contribute to	the cause of death?
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pid	v requires been sign should be		DOME INCO	· Dal					24a. Wa	s an autor		ara autopsy findings sliable prior to
Record	2 s t	piet	parker 1.20 h	1)13	> 1				por	omean	00	mplation of causa death?
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ב	fter thi		27. Manner of Death 1 ☑ Natural 5 ☐ Panding	28a. Data of Injun (Month, Day	Year) 2	28b. Tima ot tnjury	28c. tnje We	ury at ork?	28d. Dascribe	how inju	ry occurred	
sio	Attending in death.	cati	2 Accident investigation 3 Suicide 6 Could not be					Yas 2 Mo				
Division	I or Attending P after death. Director: After ti d in by the funera	Certification:	4 Homicide determined	28a. Placa ot Inju- building, atc.	ry - At hon (Specify)	na, tarm, stre	et, factory, office			(Street an own, State	nd Number or Rura a)	il Routa Number,
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	To the Hospital or within 24 hours afte To the Funeral Dirt completely filled in	Me	29b. Signature and title of certifiar	with the state of			29c. Lican	nsa number		29d. Da	ite signed (Month,	Day, Year)
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				emplated cause of de	Rh (item 1	23a) France 6	Print)	1000	,	/	1.7/1	
			30. Name and address of person who co	es to	NIG	Les	DZ	1ve	12	00	1. 21	10/

Registrar

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State of Maryland / Department of Health and Mental Hygiene

Sept. 6, 1996

28921

						Cei	rtificate	of i	Death		Reg. No.		20721
	50 F L		1. Decedent's Neme (First, Midd	le, Last)						2. Dete of De	eth		3. Time of Death
	Physic		ARNOLD NORMA	N FLEAGLE						Month Sept.	5, 19	996	4:05 PM
	/Medi Exami		4a. Facility Neme (If not institution	n, give street end n	umber)			1	4b. City, Town, or L			-	
7			108 Linden Ave	nue					Frederic	ck	Free	derick	
Н	Funeral		5. Sociel Security Number	6. Sex	7. Age (In yrs.	last birthday)	If Under 1		If Under 24 Hrs.	9 Date of Bir	ela.	0 Diebulo	
J.	Director		219-05-2421	12 M 2□F	7	• • • • • • • • • • • • • • • • • • • •	Months [Deys	Hours Min.	March 2	y, _{Year)} 25, 192() Mar	y) y) yland
	pue *		Usuel Residence of Decedent 10a. Stete 10b. County	,	10c Cit	y, Town or Lo	cation					104	d. Inside City Limits
	Menyle	ctor	200.0000	erick		rederi						100	1 XYes 2 No
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	deat	Je	11. Maritel Stetus	12. Wes De	cedent Ever in U	S. 13. \	Wes Deceder	nt of H	lispanic Origin? (Sp en, Mexican, Puerto	ecify Yea or No	- 14. Rac	ce - American	
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ore.	of He		20e. Method of Disposition			Pleca of Dispo	sition (Neme	of er pled	26)	Dete	20c. Location	City or Town	n, State
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State Registrar

30. Neme end address of person who completed cause of death (Item 23a) (Type, Print)

Brian M. O'Connor, MD 501 West Seventh Street, Frederick, Maryland 21701

29c. License number

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State of Maryland / Department of Health and Mental Hygiene 96 28922

Debte of Desth September							Ce	rtificate d	of Death		Reg.	No.		
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Use Part Section of Consider 100 Conty 100 Con				5. Social Sacurity Number 6	Sex	7. Age (In yrs.			aar If Under 24	Hrs. 8. Dete Min. (Mor		ar)	9. Birthple Country	ece (State or Foreign
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22. Signifying of Funeral Services Libraries Physician //Medical Examiner //Medical Examiner //Me	more,	ages ant of tt: If It y or c		1 Buriel 2 ☐ Cremetion 3		Stete St	Place of Disp cemetery, cre Luke	osition (Name or metory or other es cemet	nlece1					
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2 Accident 3 Suicide 4 Homicide 28e. Place of Injury - At home, ferm, street, factory, office 28f. Location (Street and Number or Rural Route Number, City or Town, State) 29e. Certifier (Check only one) 29m. Certifying Physician: To the basis of axamination and/or investigation, in my opinion, death occurred at the time, dete end place, and dua to the ceusa(s) and manner as stated. (Check only one) 29m. Signature and title of certifier 29m. Signature and title of certifier 29m. Signature and title of certifier 29m. Signature and title of certifier 29m. Signature and address of person who completed cause of deeth (Item 23e) (Type, Print), 29m. Name and address of person who completed cause of deeth (Item 23e) (Type, Print), 29m. Name and address of person who completed cause of deeth (Item 23e) (Type, Print), 29m. Name and address of person who completed cause of deeth (Item 23e) (Type, Print), 29m. Name and address of person who completed cause of deeth (Item 23e) (Type, Print), 29m. Name and address of person who completed cause of deeth (Item 23e) (Type, Print), 29m. Name and address of person who completed cause of deeth (Item 23e) (Type, Print), 29m. Name and address of person who completed cause of deeth (Item 23e) (Type, Print), 29m. Name and address of person who completed cause of deeth (Item 23e) (Type, Print), 29m. Name and address of person who completed cause of deeth (Item 23e) (Type, Print), 29m. Name and address of person who completed cause of deeth (Item 23e) (Type, Print), 29m. Name and address of person who completed cause of deeth (Item 23e) (Type, Print), 29m. Name and address of person who completed cause of deeth (Item 23e) (Type, Print), 29m. Name and address of person who completed cause of deeth (Item 23e) (Type, Print), 29m. Name and address of person who completed cause of deeth (Item 23e) (Type, Print), 29m. Name and address of person who completed cause of deeth (Item 23e) (Type, Print), 29m. Name and address of person w	2	tion to the			28e. Dete d	of Injury	28b. Time o							
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		-01		31. Dete filed (Month. Day Year)				7				-		

State Registrar

A Table 3a Table 7. Mark Control of the C Market Anna Carlotte

Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene

					Ce	rtifica	te of	Death	•	Reg. No.		
		1. Decedent's Neme (First, Middle,	Last)						2. Dete of D	eeth		3. Time of Death
Physici /Medio		Imogrene				(GLEE	1	Month 0.9	O 4	Year 9.6	1520
Examir		4a. Fecility Neme (If not institution, s	give street and nu	mber)				4b. City, Town, or			y of Death	1.520.
		Atlantic Gene	ral Ho	snital				Berl	in	Mo	rcest	tor
Funeral			. Sex	7. Age (In yrs.		If Unde	r 1 Year		s. 8. Date of B	irth	-	
Director		192-22-2542 Usuel Residence of Decedent	1 □ M 2 □XF	71	V	Months	Deys	Hours Min	. (Month, D	18,192	Counti 5	ace (State or Foreigry) PA
show	٦	10e. Stete 10b. County			ty, Town or Lo						10	d. Inside City Limit
r 28a-f sh	Director	MD Wor	cester	F	Berlin							1 XYes 2 N
£ 6 £	F	10e. Street end Number				10f. Zi	p Code			10g. Citizen of	What Countr	ry?
th w	le.	Isaiah Fasset	t Apts	. #27			218	11		U.	S.	
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if of H		20a. Method of Disposition 1 ☐ Burial 2 🖫 Cremetion 3	☐Removel from		cametery, crer	natory or	other ple		Dete	20c. Location		
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permit. Pages 1 and 2 Department of Health a Important: If Item 27 Is any Injury or other tra once.		21. Signature of Fuheral Service Lic	endoe /		22	. Neme e	nd Addre	iss of Facility			/	
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/Medical Examiner		Immediate Cause (Finel disease or condition resulting in death)	a (21861	20035	1/2		125cu/	1- 0	cude	7	2 day
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To the Hospital or Attending Phywithin 24 hours after death. To the Funeral Director: After thi complately filled in by the funeral	edical	29e. Certifier 1 Certifying F	hysician: To the	best of my kno	wledge, deeth	occurred	et the tin	ne, dete and place	e, and due to the	ceuse(s) end m	anner es sta	ited.
he H in 24 he F plate		one)	end meni	ner steted.	HIOTI OTTOVOT ITT	restigetion	i, in my o	pinion, deeth occ	all ed at the time	, dete end place,	and due to t	tne cause(s)
within 2 To the comple	Σ	29b. Signeture and title of certifier	RIC	_		29	c. Licens	e number		29d. Date signe	ed (Month, D	lay, Year)
		1000	Line				40	16107	,	a/ 4	1/0	/
	-	20 Name and address of seasons	my 5/6/6	a ad da - 11 - 11 -	- 024) (7	Drint's	7 7	TOOS		1/7	17	6
5		30. Neme and eddress of perion with	DUICIN		n 23e) (Type,	rnnt)	1	, ,		21011		
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Sta Begistr		31. Date filed (Month, Dey, Year)	- 11	egistrar's Signa	ature hardel	\$,				

State of Maryland / Department of Health and Mental Hygiene 96

96 28924

	,					,	Cei	rtificate o	f Death		Reg. No.	20	40	767
	Physic	an	1. Decedent's Nama (First,	Middla, Last)			1.	11.	2. Data of Di		Year	3. Ti	ma of Death
	/Medi		Lawrence Ma					91	llian	Septer	when 10	1996	1	718
	Exami	ner	4a. Facility Nama (If not inst PENINSULA RE				TER		4b. City, Town, o	Location of Deal		inty of Death COMICO		
	Funeral		5. Social Security Number	6. Sa		. Aga (In yrs.	last birthday)	If Undar 1 Yas			rth	9. Birthp	placa (S	tata or Foraign
	Director		215-82-0039		M 2□ F	26	Yrs.			Jan. 1	6, 197	Conn	ecti	cut
	and and		Usual Rasidance of Daceda 10a. Stata 10b. C			10c. Ci	ty, Town or Lo	cation				- 1	10d. ins	ide City Limits
	Maryi 4 ehe	0	Manual and III											Yas 2□No
	the Trout	Director	Maryland Wid			Sal	lisbury	10f. Zip Coda	1		10g. Citizen	of What Cour	ntry?	•
	3a or		P. O. Box 23 Snow Hill Ro					1311 - 51	802			SA		
	death	Funeral	11. Maritai Status		12. Was Deced	ant Evar in L	I,S. 13.		f Hispanic Origin? (uben, Maxican, Pua	Specify Yas or N	0- 14.1	Raca - Amaric		an,
0	or he	F	1 Nevar Married 2	Married	Armed Force 1 Yas 2 If Yas, Giva	K No		ryas, speciny Ci 1 □ Yas 2 🗓 N		no Hican, atc.)		Black, Whita,	atc.	
302	erel',	d by	3 ☐ Widowed 4 ☐ Div	orced	Yaar or Dat	as:		ILL TAS ZUZIA	о зресну.		Spe	Wh	ite	
21215-0020	filed within 72 hours after death with the Maryland Hygiene. ther than "naturel", or items 23s or 28s-f show int, the Medical Examine must be notified at	Completed	15. Dec (Specify only i	edant's Edu highast grad	cation a complated)		(Giva	lant's Usuai Occ kind of work don	a during most of w	orking	16b. Kind o	f Business/In	dustry	
12	filed withir Hygiene. ther than	mc	Elementery/Secondary (0	-12)	Collega (1-4	lor 5+)		oo NOT usa reti worked	red)		None			
b	Hygi Hygi		17. Fathar's Nama (First, M.	ddla, Last)			Nevel	WOIRCA	18. Mothar's No	ıma (First, Middle		nama)		
lan	Mental Mental arked o	To Be	Unknown						Unkno	wn				
Maryland	& DEE		19a. Informant's Name/Rei	ationship (Ty	pe, Print)		19b. Meiiir	ng Address (Stre	et and Number or I		ber, City or To	wn, Stata, Zip	Code)	
	Health a		Beverly Ceru	11a	Mother		123 A1	ctic Dr	ive Win	er, PA	15963			
ore			20a. Mathod of Disposition 1 Duriai 2 Crams	tion 3 □ E	amovai from St		Place of Dispo cematary, cren	siti <i>on (Nama of</i> natory or othar p	vlace)	Data	20c. Location	on - City or To	own, Sta	ata
Ë	Pages ment of I ant: If ite ury or o		4 Donation 5 Oth		amoval nom 3		mbridge	e Cremat	ory		Cambr	idge,	Mary	land
Baltimore,	permit. Pages 1 and Department of Health Important: If Item 27 any Injury or other to once.		21. Signature of Funarai Sa	rvice Licens	10		22	. Nama and Add		e Inc				
	00500		Willian	iM.	Shat	7	1	3 East (Grove Str	eet De	lmar,	DE 19	940	
		П	23a. Part1. Entar tha disea shock, or heart failura	sa, or compl List only or	cations that car na causa on aac	sed tha daa h lina.	th. Do not ent	ar tha moda of d	lying, such as cardi	ac or respiratory	rrest,	1	Intarva	ximate al Between
	Physician /Medical		Immediate Causa (Finei		Q.	200-	- 0	Page	noni	1		1 1	Unset	and Death
	Examiner		disaasa or condition rasulting in daath)		121				NO TO			1		
		ē				Dua to (or as a conseq	juence of):				i		
	death certificate be executed e attending physician and of for use as the burtal-transit	Examiner	Sequentially list conditions			Due to (or as a conseq	uence of):						
oʻ	exe lan av urial-t		Sequantially list conditions, if any, leading to immadiate causa. Entar Underlying Causa (Disease or injury			/								
68760,	ate b hysic the b	Medical	that initiated events rasulting in death) Last	5		Dua to (d	or as a conseq	uance of):				1		
	ing p	Med		L,	4							†		
Box	eath cer attendir for use	lan										i		
o	that the de ad by the a deteched	Physician/	Part II. Other aignificant co	nditions cor	tributing to deal	th but not ras	sulting in tha u	nderlying causa	given in Part i.	23b. Did	tobacco use			use of death?
0	es that the igned by be detected		menta	R	PARC	date	con			1	Yes 2 1€	lo 3□Pro	bably	4 Unknown
Records,		d by	Com		Di	end	21.			24e. Wa	s an eutopsy	24b. W	ara aut	opsy findings
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VItal	certificate rector, pag	0	25. Was casa referred to m	edical					26. Place of D	ath (Check only		- 11		20110
f V	5 00 0	To B	axaminar? 1 ☐ Yas 2 ☑ No	F	lospitai:	patiant 2	ER/Outpatien	t 3121DOA	Wher	Homa 5□ Ras		Othar (Specia	fy)	
n of			27. Mannar of Death 1 ☑Natural 5 ☐ P	ending	28a. Data of (Month,	Injury Day Year)	28b. Tima of Injury	28c. In	jury at /ork?	28d. Describe	how injury od	curred		
Sio	Attending r death. ector: After by the fune	catic	2 Accidant in	vastigation ould not be					☐ Yas 2 ☐ No					
Division	2472	Certification:	3 ☐ Suicida 6 ☐ C 4 ☐ Homicida	atamined	28a. Piaca of building	f Injury - At h , atc. (Speci	oma, farm, str fy)	eet, factory, offic	20	28f. Location City or To	(Street and No own, Stata)	um <i>ber</i> o <i>r Run</i>	a/ Routs	Number,
	pital ours a seel of		20a Cadilias 100a	A14.1 Dt.	I I I I I I I I I I I I I I I I I I I									
	To the Hospital within 24 hours a To the Funeral C completely illed	edical	29a. Certifier 1 Certifier (Check only one)	urying Phyl Jicai Examii	ner: On the basi and manna	is of axamina	wiedga, daath ation and/or inv	occurred at that astigation, in my	tima, data and plac y opinion, death occ	e, and dua to the curred at tha tima	cause(s) and , data and pia	mannar as s ca, and dua t	nated. o tha ca	use(s)
	o the	Me	29b. Signetura and titla of c	ertifiar	WIND HIGHING	. 510100.		29c. Lica	nsa number		29d. Data si	gned (Month,	Day, Y	ear)
	->-0		> He	na	enr	m		1	20383		91	11/9	6	
			30. Nama and addrass of pe	rson who co	moiated causa	of death (ite		D.C.			- /	110	1	
			GIARI	1 / 4	NAKY Y		Holl	COUX	Lev SN	nw Hill	O RA	Salin	her	MMA

30. Registrar's Signature Parlall

State Registrar 31. Data filed (Month, Day, Year) SEP 13 1996

State of Maryland / Department of Health and Mental Hygiene

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Physicia /Medic Examin	al
Funeral	

Box 68760, for use as P.O. P signed b Records, should has 10 2 page cartificate Division of Vital Hospital or Attending Physician: director, this funeral After death. Director: / filled in by hours after To the Hospital within 24 hours a To the Funeral Completaly filled Registrar

Certificate of Death Reg. No 1. Decedent's Neme (First, Middle, Last) 2. Date of Deeth 3. Time of the G. SEPTEMBER 7, 1996 GROH 0940 AM WILLIAM 4a. Facility Name (If not Institution, give street end number) 4b. City, Town, or Location of Death 4c. County of Death BERLIN WORCESTER ATLANTIC GENERAL HOSPITAL If Under 1 Yeer Months Days If Under 24 Hrs. 8. Dete of Birth (Month, Dey, Yea 5. Sociel Security Number 7. Age (In yrs. last birthdey) 9. Birthplace (State or Foreign Months 1X M 2□ F MARYLAND Yrs. 73 Director 217-16-3524 NOV. 1922 Usual Residence of Decedent with the Maryland 10a. Stete 10b. County 10c. City, Town or Location 10d. Inside City Limits 28a-f show traumatic event, the Medical Examiner must be notified at 1 ☐ Yes 2 No Director DELAWARE SUSSEX SELBYVILLE 10a, Street and Number 10f. Zip Code 10g. Citizen of What Country? 6 23a 19975 USA BLUE BILL DRIVE Pages 1 and 2 should be filed within 72 hours after death nent of Health and Mental Hygiene. If them 27 Is marked other than "natural", or tems 23. 86G Funeral 12. Wes Decedent Ever in U,S. Armed Forces? Wes Decedent of Hispanic Origin? (Specify Yes or No-if Yes, specify Cuben, Mexican, Puerto Rican, etc.) 11. Meritel Status 14. Rece - American Indien, Bieck, White, etc. 1 ⊠Yes 2□No If Yes, Give Year or Dates: 1946–47 1 Never Married 2 Married Baltimore, Maryland 21215-0020 1 ☐ Yes 2 X No Specify. by 3 X Widowed 4 □ Divorced WHITE Completed 16e. Decedent's Usuel Occupation (Give kind of work done during most of working life. DO NOT use retired) 15. Decedent's Education (Specify only highest grade completed) 16b. Kind of Business/Industry Elementary/Secondary (0-12) Coilaga (1-4or 5+) TEA COMPANY WAREHOUSEMAN 9 17. Father's Name (First, Middle, Last) 18. Mother's Name (First, Middle, Malden Sumama) Be WILLIAM E. GROH HELEN E. BOPP 10 19a. Informant's Name/Ralationship (Type, Print) 19b. Mailing Address (Street and Number or Rural Routa Number, City or Town, State, Zip Code) permit. Pages 1 and 2 s Department of Health ar Important: if them 27 la eny Injury or other trau 86G BLUE BILL DRIVE, SELBYVILLE, DELAWARE H. DIANE GERBEN /DAUGHTER 20b. Piece of Disposition (Name of cemetery, cremetory or other piece) 20a. Method of Disposition 20c. Location - City or Town, State Dete 1 N Burial 2 ☐ Cremation 3 ☐ Removel from State 4 ☐ Donation 5 ☐ Other (Specify) GLEN HAVEN MEMORIAL PARK 9/12/96 GLEN BURNIE, MARYLAND 22. Neme end Address of Facility HASTINGS FUNERAL HOME, SELBYVILLE, DELAWARE 19975 Hastin racker Part . Er(ter the disease, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line: Approximate Interval Between Onset end Deeth Physician Immediate Causa (Final disease or condition resulting in death) /Medical Examiner Due to (or as a consequence of): Examiner that the death certificate be executed physician and is the burial-trans Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or injury that initiated evants resulting in death) Last Due to (or as a consequence of) Physician/Medical Due to (or as a consequanca of): Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 23b. Did tobacco use contribute to the cause of death? 1 ☐ Yes 2 ☐ No 3 Probably 4 ☐ Unknown þ 24a. Was an autopsy performed? 24b. Were autopsy findings aveilable prior to Completed completion of cause of death? 1 Yes 1 ☐ Yes 2 ☐ No Be 25. Was case referred to medical axaminer? 26. Place of Death (Check only one) Hospitai: Other: 4 Nursing Home 5 Residence 6 Other (Specify) Medical Certification: To 1 Yes 2 No 1 ☐ Inpatient 2 ☑ ER/Outpatient 3 ☐ DOA 27. Manner of Death 28a. Date of Injury (Month, Day Year) 28b. Time of 28c. Injury at Work? 28d. Describe how injury occurred 1 Natural 5 Pending investigation 1 ☐ Yas 2 ☐ No 2 Accident 3 Suicide 6 Could not be Location (Street and Number or Rural Route Number, City or Town, Stata) 28e. Placa of Injury - At home, farm, atreet, factory, office building, etc. (Specify) 4 - Homicide Certifying Physician: To the best of my knowledga, daath occurred at the time, date and placa, and due to the cause(s) and manner as stated.

2 Medicat Examiner: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and placa, and due to the cause(s) end menner stated. 29a. Certifier 29b. Signature and title 29c. License number 29d. Date signed (Month, Dev. Year) 30, Name d cause of death Dowling 31. Date filed (Month, Dey, Year) State 091996 SEP

111 Penn Street, Baltimore, Maryland 21201

DHMH 16 Rev 6/95

State Registrar LAR

31. Date filed (Month, Dey, Year)

AUG 2 9 1996

32. Registrar's Signature

State of Maryland / Department of Health and Mental Hygiene 96 28927

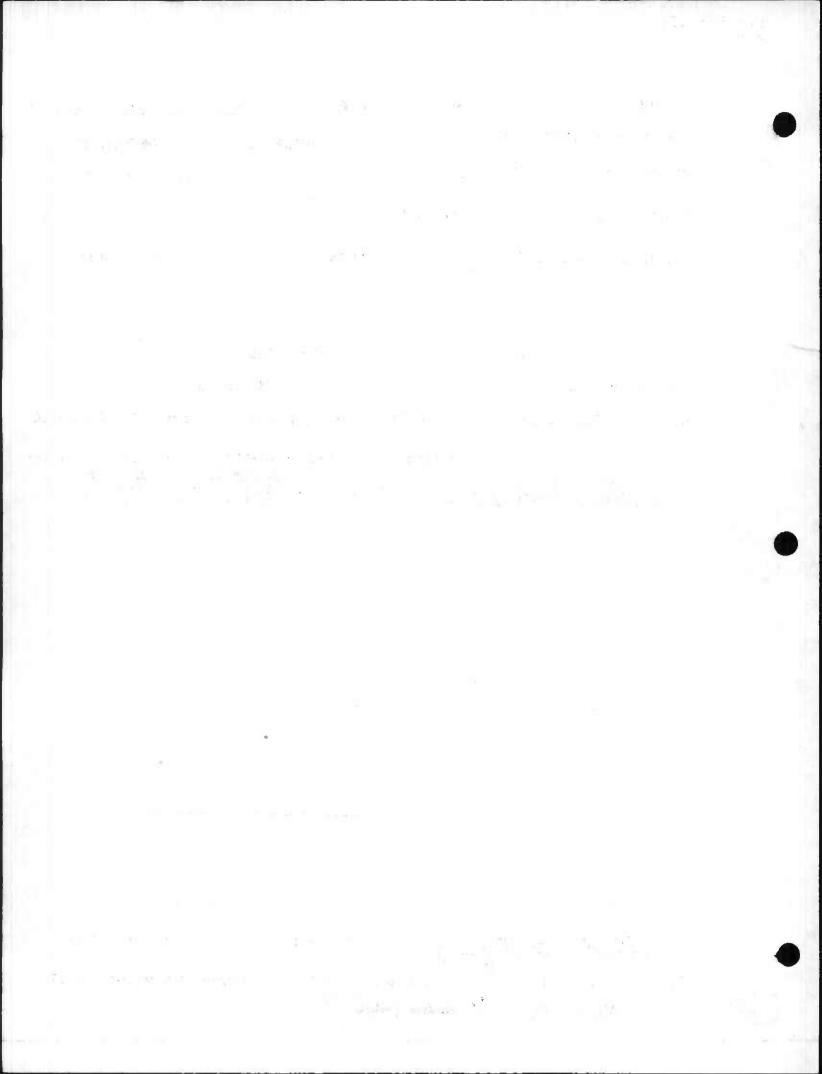
						,	Certifica	te of		R	leg. No.	20921			
	B) 11		1. Decedent's Neme	(First, Middle, La	st)		_			2. Data of Dea Month		3. Time ot Deeth	_		
	Physic /Medi	CENADO CUETEDDES ID									25, 199				
	Exami		4a. Facility Nema (If r	not Institution, giv	e street end number)				4b. City, Town, or	Location of Death	4c. County	of Deeth			
		Ш	NIH, THE CLINICAL CENTER BETHESDA								MONTG				
Н	Funeral Director		5. Social Security Nur NONE		ex 7. Ag M 2□ F	e (In yrs. lest bir 3	Yrs. If Unde Months	r 1 Yaar Deys			Year)	Birthplace (State or Foreign Country) GEORGIA			
	2		Usual Residence of D						<u> </u>				_		
	anylar show	_	10a. Stete 10b. County 10c. City, Town or Location									10d. inside City Limits 1 ☑ Yes 2 ☐ No			
	M P	Director	GA.	COFFE	E	1	VICHOLLS								
	with		10e. Street and Numb				101. 21	Code	1	1	0g. Citizen of W				
	eath	erai	P. O.	BOX 607	12. Was Dacedant	Evar in U.S.	13 Was Dace	dent of	31554 Hispanic Origin? (9	Propriety Vee or No.		S.A.	_		
0	fler d	Funeral	12 Never Merried	d 2 Merried	Armed Forcas? 1 ☐ Yes 2 🖫					Specify Yea or No- to Rican, etc.)	Biec	k, White, etc.			
050	al', o	by	3 🗆 Widowed 4	□Divorced	If Yes, Giva Yaar or Dates:		1 XYes	2□ No	Specify: ME	XICAN	Specify.	HISPANIC			
21215-0020	ges 1 and 2 should be filed within 72 hours after death with the Maryland it of Health and Mental Hyglene. If Items 23 or 28=4 show or other traumatic event, the Medical Examines must be notified at	Completed	(Specifi	5. Decedent's Ed	ducation	16a.	Decedent's Usu	al Occu	pation during most of wo	rkina	16b. Kind of Bu	siness/Industry			
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	filed with Hyglene. ther ther		17. Fether's Neme (Fi	iret Middle Leet			NON	E	10 Mothor's No.	me (First, Middle, i	Maidan Sumam	NONE			
Maryland	Mental I Mental I arked of	Be c				EZ SR.									
Z	2 should and Men is marke summatic	1º	19e. Intorment's Nem	ENARO	GUTTERR Type, Print)		. Melling Addres	s (Stree		ELIQUE ural Route Number	BUFF				
	and 2.		GENARO	GUTI	ERREZ SR		SAME	AS	ITEM #1						
re,	of Health of Health I hem 27 r other tr		20e. Method of Dispo			20b. Piace of	Disposition (Ne	ma of	ice)	Dete	20c. Location -	City or Town, Stete	_		
E	Pages nent of I int: If Its		1 L& Bunai 2 ∐ 4 ☐ Donetion 5		Removei from Steta y)	E CEMET			8/29	AXSON,	GA.				
Baltimore,	permit. Pages Department of important: if h any injury or once.		21. Signature of Fune	eral Service Licen	590	7	22. Neme e	nd Addra	asa of Facility						
	88258		MO0091 W. W. CHAMBERS CO., RIVERDALE, MD. 20737												
			23a. Part1. Entar the shock, or heert	diseese, or com feilure. List only	pilcations that caused one ceuse on each li	the death. Do i						Approximata interval Between			
	Physician		town data Course (F)		()		0				Onset and Death			
	/Medicai Examiner	disease or condition resulting in deeth) e. Kespuratory tailure									8 turs				
		Due to (or es e consequence of):										5			
	d d ansit	Examiner	Sequentially list cond	litions C	b	Toda	consequence of)		sease			Sweeks	-		
ó	an an		Sequentieily list cond if any, leading to imm causa. Enter Underly Cause (Diseese or in	ladieta ving	L	tuma			na Dof	1:0.00	1/1/45	3c4-810. 4	0		
68760,	rificate be executed ng physician and as the burial-transit	Physician/Medical	causa. Enter Underlying Causa (Diseese or injury that initiated events rasulting in death) Last Due to (or es e consequence of):										~		
-	E 0 6	Mec	d												
Box	The law requires that the death certate has been signed by the attendin	ian			0										
	the de	ysic	Part II. Other significa					23b. Did to	23b. Did tobacco use contributs to the cause of de						
P.0	requires that the de been signed by the a should be detached		Ser	1915 W	ith Ent	erobaci	ter se	pti	emia	1 T	1 Yas 2 No 3 Probably 4 Unknown				
Records,	uires ngis r		Sepsis with Enterobacter septicemia							24a. Wes a	n autopsy	24b. Wera autopsy tindings			
00	w requir	Completed	hver tailine							perfor	med?	avaliable prior to completion of causa of death?			
	he law te has age 2	E O	3.							1 D Y	es 200 No	1 ☐ Yes 2 ☐ No			
ita		Bec	25. Was case reterred	d to medicai					26. Plece of De	eth (Check only or		72.100 #21.00			
of Vital	Physician: this certific ral director,	To	exeminer?	ò	Hospitai:	nt 2□ER/Ou	tpetient 3 D	DA Ot	her: 4 Nursing i	lome 5 Raside	ence 6 Othe	r (Specify)			
u o	F 6 0		27. Menner of Death 1 D Neturel	5 Pending	28e. Dete ot inju (Month, De	ry 28b. 7		28c. Inju	ry et rk?	28d. Describe h	ow injury occurr	ed			
Sio	Attending or death. ector: After by the fune	cati	2 ☐ Accident 3 ☐ Suicida	investigation			М		Yes 2 No						
Division	or At after of Direct In by	Certification:	4 ☐ Homicide	determined	28e. Pieca of inj building, et	ury - At home, te c. <i>(Specify)</i>	rm, street, fector	y, offica	28f. Location (Street end Number or Rural Routa Number, City or Town, Stete)						
_	ours ours meral filled	- 7	29e, Certifier 1	Certifying Ph	yaiclan: To the best of	nt my knowledne	deeth occurred	et the ti	me date and place	and due to the c	ause/s) and ma	oner as stated			
	To the Hospital or Attending within 24 hours after death. To the Funeral Director: After completely filled in by the fun	edical	(Check only 2	☐ Madical Exem	niner: On the basis of end menner ste	axaminetion en	d/or investigation	, in my	opinion, death occi	urred at tha time, d	lete and place, a	nd dua to tha cause(s)			
	Within To th comp	M	29b. Signature and tit	le of certifier,			29	c. Licen	sa number	2	9d. Date aigned	(Month, Day, Year)			
			1 40	220-12-2662							865	196			
			30. Name and addise	e of parson who	completed cause of d				12.00		0/20	/ - -	-		
			JKH	TAN		r.900	O ROCK	ILL	E PIKE BE	ETHESDA,	MARYLAN	D 20892			
	Sta		31. Dete tiled (Month,		32, Registr	er's Signeture	2.00								
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State of Maryland / Department of Health and Mental Hygiene 96 28928

						Ce	rtificate	of i	Death			Reg. No.			
Physicia: /Medica	_	1. Decedent's Nam LAURA		F	HERM	AN	GRE	EN	E		2. Data of Do Month AUG •	Day		Year 996	3. Time of Death
Examine		4a. Facility Name (If not institution, give straet and number) 5030 ALTA VISTA ROAD						4			ocation of Deat		County o	ounty of Death	
Funeral Director		5. Social Security N 578-62-36 Usual Residence o	lumber 09	6. Sex 1 □ M 2 F	7. Aga	(In yrs. last birthday)	If Undar 1 Y Months Da	aar	BETH If Under Hours	24 Hrs. Min.	A 8. Date of Bing (Month, Distance) AUG 17,	th ty, Year)		-	place (State or Foreigntry)
h the Maryland r 28a-f show notified at	tor	10a. State Maryland	10b. County Montgo	mery		10c. City, Town or Lo Bethesda								1	0d. Inside City Limits
128a	Directo	10e. Street and Nu	mber				10f. Zip Co	de				10g. Citiz	zen of Wi	hat Coun	itry?
urs after death with or items 23a o	by Funeral	5030 A1 11. Marital Status 1 Never Marr 3 Widowed		12. Was Dao Armed F	ive	var In U,S. 13.	2081 Was Decedent If Yas, specify of	of H Cube	ispanic Or n, Mexical Specify:		ecify Yas or No Rican, etc.)	- 1		- Amaric , White,	ean Indian, etc.
	to be Completed	(Special Elementary/Second	S Education grada completed, College ((1-4or 5+)	(Give	a. Decedent's Usual Occupation (Give kind of work done during most of wo life. DO NOT use retired) Cientist, National In				U.S.			of Business/Industry Government		
Department of Health and Mental Hygiene. Important: If Item 27 Is marked other than any Injury or other traumatic event, the Money.	o ge C	17. Father's Name (First, Middle, Last) Alfred Sussmann			Ji Scien				18. Mothe Betty	er's Name y Rie	e (First, Middle esenfel	le, Maiden Sumame) Ld			
27 la m		19e. Informent's Name/Relationship (Type, Print) Ruth Rossdale, sister 19b. Mailing Address (Street and Number or Rural Routh 10/703 Orrowg Rd., Toorak													
nent of Hear int: If Item iry or othe		20a. Mathod of Disp 1 ☐ Buriai 2 4 ☐ Donatiop		3 □Removal from	State	20b. Place of Dispo cemetery, crai			ry08/	Date 20c. Location - City or Town, State 8/19/96 Alexandria, Virgin					
nysician		21. Signature of Fig. 201. Enter the shoot of hee	ne disease, or or tifeliure. List o	omplicettons thet			Name and Archapels,	. I	inc.,	117 Roc	70 Rock	ville, Ma	e Pil	ke	
ding physician and use as the burial-transit	nwegical n	Sequentially list co if any, leading to in cause. Enter Unda Cause (Diseese or that initiated events resulting in death) I		b		ue to (or as a consec									
detached for u												ributa to			
2 should be	à									•	24e. Wes	en eutopomed?	sy	ava	ere autopsy findings allable prior to mpletlon of cause death?
certificate ha											100	Yes 2	∃ No	1,0	Yes 2□ No
s certific director,		25. Was case reference examiner?		Hospital:				Otha			(Check only	-			
uneral uneral		27. Manner of Deeth 1 Watural 2 Accident	5 Pending investiga	28a. Date (Mon	Inpatient of Injury oth, Day Y	28b. Time of	28c. i	njun Worl	4 LINU		Home Statesidence 6 Other (Specify) 28d. Describe how injury occurred				
s after deeth Il Director: A ed in by the f		3 ☐ Suicide 4 ☐ Homicide	determin	Could not be determined 28e. Placa of Injury - At home, farm, street, factory, office building, etc. (Specify)							28f. Location (City or To			r or Rura	l Route Number,
n 24 hou ne Funer pletely fill edical	10000	29a. Certifier (Check only one)	1 Cartifying 2 And Cartifying 2	caminar: On the b	e best of r pasis of ex oner stete	ny knowledge, death kamination and/or in d.	occurred at the	e tim	e, date an Pinion, dea	d plece, a	and due to the ed at the time,	cause(s) : dete end	and manr plece, an	ner as sta nd due to	ated. the cause(s)
25 Total		29b. Signature and	odas	U. K	1/200) In (Illam 23a) (Type,	0.		number M.E						Day, Year) 1996
State Registrar		774 EO 2 31. Date filed (Mont	h, Day, Year) AUG 27	1996 12.F	Registrar's	111 Pe		е	et, 1	Balt	imore	, Ma	ryl	and	21201

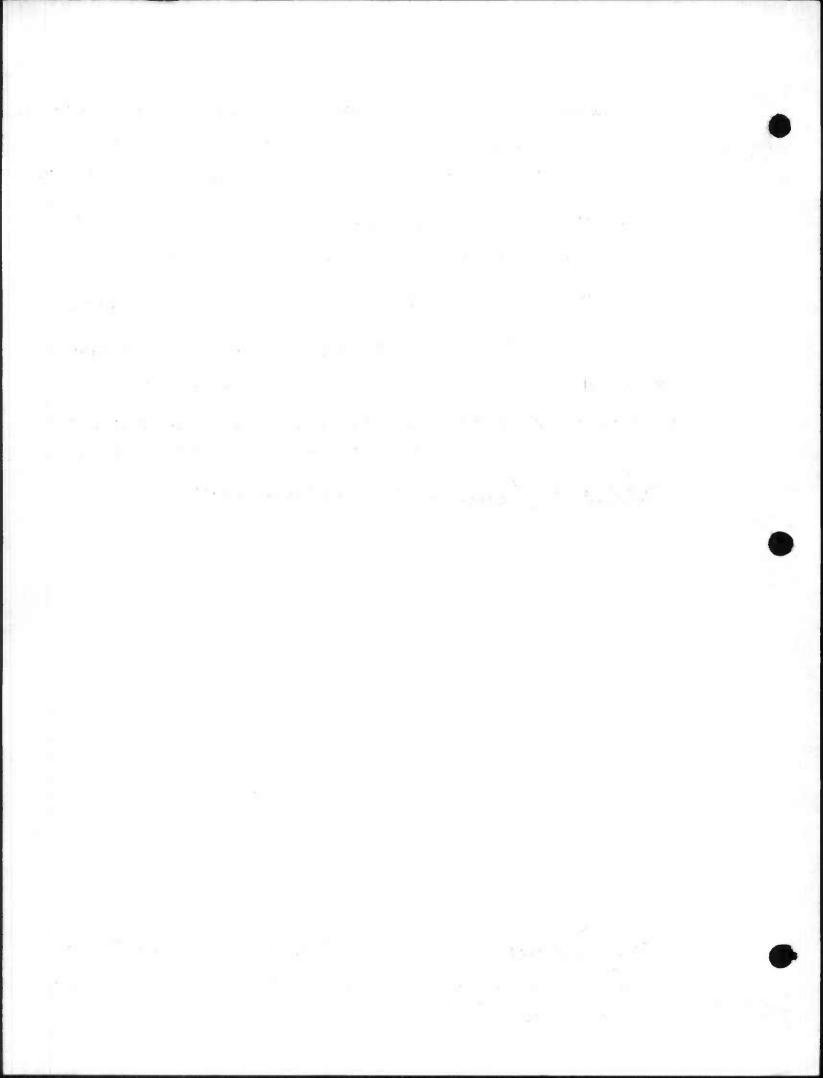


DHMH 16 Rev 6/95

Registrar

State of Maryland / Department of Health and Mental Hygiene 96 28930

-				,	Certifi	icate of Deat	th	Reg. No.	20300					
	Dhyolol	-	1. Decadant's Nama (First, Middla, Las)			2. Data of De Month		3. Time at Lieuth					
	Physici /Medi		Richard	Webster	r Gr	aham	Septemb		9:05 1.m.					
	Examir		4a. Facility Nama (If not institution, giva	street and number)		4b. City,	Town, or Location of Deati	4c. County of Dea	th					
			Frederick M	monal Hos	sp, tal	F7	redench	1-reder	ick					
	Funeral	Г	5. Social Sacurity Number 6. Sa	x 7. Aga (In yrs.		Under 1 Year If Und	der 24 Hrs. 8. Data of Bir s Min. (Month, Da	th 9. Bir	thplaca (Stata or Foreign					
1	Director		217 10-1109	M 20F 7	Yrs.	52,0	9/22	חו	Maryland					
	p		Usual Rasidenca of Decedant 10a, Stata 10b, County	100 0	ty, Town or Locatio	_	/ /							
	show	2	1.00		1-	• ,			10d. Insida City Limits 1) Yas 2 □ No					
	M or	5	Marylank Frede	nck	Freden	<u> </u>								
	be filed within 72 hours efter deeth with the Maryland itel Hyglene. d other than "natural", or items 23a or 28a-f show event, the Medical Examiner must be notified at	Funeral Director	10e. Street and Number	0	10	Of. Zlp Coda		10g. Citizen of What Co	ountry?					
	23a	8	1622 Shootst			21702		USA						
	ep J	une	11. Marital Status	12. Was Decedant Evar in U Armed Forcas?	S. 13. Was	Decedant of Hispanic s, specify Cuban, Maxic	Origin? (Specify Yas or No can, Puarto Rican, atc.)	- 14. Race - Ame Black, Whit						
20	of of h	F	1 □ Navar Marriad 2 Married	1 ☐ Was 2 ☐ NA DIC 1	.1 1942	ras 2 No Speci	ity:	Specify: []	1.4					
21215-0020	nours Fraff	d by	3 Widowed 4 Divorced	Yaar to Oate ec.	1945			Specific LC	MITE					
5	72 met	Completed	15. Decedant's Edu (Specify only highast grad	cation a completed)	16a. Decedant's (Giva kind	s Usual Occupation of work dona during m IOT usa retired)	nost of working	16b. Kind of Business	/Industry					
12	A Paris	d E	Elemantary/Secondary (0-12)	Collega (1-4or 5+)			Specialist	U. S. Gov	zernmen+					
	filed with Hyglene. ther than		47 6-11 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		CIVIII				VELITIMENTO					
E C	2 2 2 3	Be	17. Fathar's Nama (First, Middla, Last) Roy W. Graham			18. Mo	othar's Nema <i>(First, Middl</i> a, Vallie G.	A Continue of the Continue of						
Z	should be nd Mentel marked o	2	-											
Maryland	200		19a. Informant's Name/Ralationship (7)				mber or Rural Routa Numb							
-	s 1 and 2 should if Heelth end Mer item 27 Is marke other traumatic		Mrs. Velma G. Gra				Road, Freder							
0			20a. Mathod of Disposition		Place of Disposition		Sent 11 1	20c. Location - City or						
Ē			1 Surlai 2 Cremation 3 Ramoval from Stata Mount Officer Cemetery Sept. 11, 1996 Frederick, 14 Donation 5 Othar (Specify)											
Baltimore	permit. Page Department of Important: If any injury or once.		21. Signature of Funeral Service Licensee 22. Nama and Addrass of Facility											
Ш	80 = 8 8		Keeney and Basford Funeral Home 106 East Church Street, Frederick, Md. 21 23a. Part 1. Enter the disease, or complications that seused the death. Do not anter the mode of dying, such as cardiac or respiratory errest, interviously one cause on each line. Keeney and Basford Funeral Home 106 East Church Street, Frederick, Md. 21 Approximately according to the complex of the comple											
			23a. Part1. Entar tha disaasa, or comp	ications that dausad the deat	h. Do not antar the	a moda of dying, such	as cardiac or raspiratory a	rest, MC	Approximata					
а	Physician		SHOOK, OF HEAR LANDIA. LIST OTHY O	Ta Causa off aacif iiiia.					Intarval Batween Onsat and Death					
7	/Medical		immediata Causa (Final disaasa or condition	PAIE	LMONI	. 1			Week					
н	Examiner		rasulting in deeth)		or as a consequence	1			NO ELIC					
1		Je.		CUREN			Dut Many A	Or. DICEAR	11 E (A-10 (
	tificate be executed to physician and es the burial-transit													
ó	an ar	Ж	Sequentially list conditions, if any, laading to immediate cause. Enter Underlying Cause (Disease or Injury											
68760,	te be	edical	Cause (Diseese or Injury that Initiated evants rasulting in death) Last	Dua to (c	r as a consaquenc	a of):								
	E 0 0		rasulting in death) cast											
Box	The lew requires that the death cer ate has been signed by the ettendin page 2 should be detached for use	Physician/N		1										
	death	sicia	Part II. Other eignificant conditions co	ntributing to death but not ras	ulting In the underl	ying causa given in Pa	art I. 23b. Did	tobacco use contribute	to the cause of death?					
P.0	res that the designed by the e	th'					1	Y 2□ No 3□ P	robebly 4 Unknown					
	and so	by F	END STA	PE KEM	4C 7012	EVIL	-1							
Records,	v raquire been signal						24a. Was		Ware autopsy findings available prior to					
S	s been 2 should	Completed							completion of cause of death?					
æ	The lew ate has page 2:	E					/ 10	Yas 20 Ho	1 ☐ Yas 2 ☐ No					
Vital			25. Was casa refarred to medical			as Ple	aca of Death (Check only		10143 20140					
5		o Be	axaminar?	fospital:	ER/Outpatient 3	Other	Nursing Homa 5 Rasi		-/f.)					
of	Physical derail d	-	27. Mannar of Death	26a. Data of Injury (Month, Day Year)	28b. Tima of	28c. Injury at Work?		how Injury occurred	vny)					
o	ding th. Afte	tloi	1 Natural 5 ☐ Panding invastigation	(Month, Day Year)	Injury N		□No							
Division	Attending or death. ector: After by the fune	fica	3 Suicida 6 Could not be	28a. Placa of Injury - At he	oma, farm, streat, f	actory, offica	28f. Location (Street and Number or R	ural Routa Number,					
D.	I or Attending P effer death. Director: After t d in by the funen	Certification:	4 Homicida	building, atc. (Specif	y)	•	City or To							
	Hospita 4 hours Funeral tely fille	edical C	29a. Certifiar (Check only one) 1 Certifying Physical Examination (Check only one)	sician: To the best of my kno ner: On the basis of axamina and manner stated.	wledga, daath occi tion and/or Invastig	urred et the time, deta gation, in my opinion, d	end place, and dua to tha laath occurred at the time,	cause(s) and manner as deta and place, and due	s stated. a to tha causa(s)					
	To the within 2 To the comple	Me	29b. Signatura and title	and mainter states.		29c. Licansa numbe	er	29d. Data signed (Moni	th, Day, Year)					
	F 3 F 8		XXX olius 57	10		D4755		9/7/96						
			C		2011		, 6	111111	,					
			30. Nameland address of person who co	mplated cause of death (Iten	n 23a) (Type, Print)	Bith (a - 1	0.01.00	TIO CARLOS VI	0.2					
			CULLIMM H. JC1	musch 201	1 404 13	VUITASDA	DRIVE, FYLL	a) the car in	0 21702					
	Sta	te	31. Data filed (Month, Dey, Year)	32. Ragistrar's Signa	dear Rad	r#i								



State of Maryland / Department of Health and Mental Hygiene

28931

						Cei	tificate	of L	Death			Reg. No.				
			1. Decedant's Nama (First, Middla, L	ast)							2. Data of De	ath	Well	3. Time of Dea	ath	
Physi /Med			CHARLOTTE L. HIMES								Sept. 13, 1996 4:15 A					
1	Exami		4a. Facility Nama (If not Institution, gi 302 PARK STRE	ber)			4	b. City, Tov		A Common		County of Death		Ī		
	Funerai Director	П	5. Social Security Number 6. 219-34-6369								8. Data of Bi (Month, De Dec	Birth 9. Birthplaca (State or Foreign 25, 1919 MD)				
P			Usual Rasidance of Decedant													
e Marylar	Seri show	ctor	MD 10b. County Allega	ny	ny Cumberland								10d. Insida City Limits 1 ☐ Yes 2 ☐ No			
th with th	23a or 21	al Director	10e. Street and Number 302 Park Stree	t		10f. Zip Coda 21502						10g. Citizan of	What Cour	ntry?		
VIZIS-0020 within 72 hours after deeth with the Maryland	"natural", or itema 23a or 28a-i show edical Examiner must be notified at	by Funeral	11. Marital Status 1 Nevar Married 2 Married 3 Widowed 4 Divorced	12. Was Deced Armed Ford 1 Yas 2 if Yas, Giva Yaar or Dai	2 🗗 No		Was Decedant f Yas, specify 1 □ Yas 2 ☑	-	spanic Orig n, Maxican Specify:	jin? (Sp , Puarto	ecify Yas or No Rican, atc.)	Specif	ce - Amaric ick, Whita, fy:			
Baltimore, Maryland 21215-0020 Permit. Peges 1 and 2 should be filed within 72 hours af		Completed	15. Decedant's E (Specify only highast g Elamantary/Secondary (0-12)		MOL 241				of work			of Business/Industry Home				
aryland 2	ntel Hygi d other event,	To Be Co	17. Father's Name (First, Middla, Las Harlan B. Nor	•						8. Mothar's Nama (First, Middla, Mai Zellene E. (Hai						
, Mar and 2 sho			19a. Informant's Name/Ralationship (Type, Print) 19b. Mailing Addrass (Street								Rural Routa Number, City or Town, State, Zip Code) mberland, MD 21502					
Peges 1	reges I and 2 ment of Heelth e ant: If Itam 27 is ury or other tra		20a. Method of Disposition 1 Burial 2 Cramation 3 4 Donation 5 Other (Special Control of Control o	cema	fary, cran	sition (Nama on a tony or othan others) st Memo	rplac		rk	Data 09/16	Data 20c. Location - City or Town, Stata					
Dail.	Department of Important: If it eny injury or o		21. Signature of Funaral Sarvice Lice	nsaa	N. 011	1 22			s of Facility 11 Fu		al Home 21502					
//	ysician Medicai aminer		23a. Partt. Inflar the disease, or conhock or heart fallura. List only Immediata Causa (Final disease or condition rasulting in death)		usad the define bech line.	past	ar tha moda of	i dylin		cardiac		rrest,		Approximata interval Between Onsat and Death	n h	
OX 58/50, n certificate be executed	eath certaicate be executed attending physician and for use as the buriel-transit	VMedical Examiner	Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause, (Disease or Injury that initiated events rasulting in death) Last	b	Dua to (or as											
tha death	the atter thed for a	Physician	Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I.								23b. Did	tobacco use co	contribute to the cause of death?			
, i	signed by the	by Ph								1 🗆	Yes 2K No	3 Prol	bably 4□Unk	now		
law requir	s been 2 shoul	Completed									24a. Was perfe	an autopsy ormed?	av.	ere autopsy findir ailable prior to impletion of cause death?		
		Con									10	Yas 2A No	10	□Yas 2□No		
Physician: T	is certificate director, pag	Be	25. Was casa raferred to medical axaminar?	26. Place of Deat							th (Check only ona)					
Physic	this cr	10	1 ☐ Yas 2 ☐ No	Hospital: 1 ☐ in	patiant 2 ER/	Outpatien	-	Othe	4LI NUI	rsing Ho	ma 5 Ras	dance 6 DOt	nar (Specif	y)		
	After funer	Certification:	27. Manner of Death 1 Natural 5 Panding 2 Accident Invastigation	Tima of Injury	28c.	Injury Work	at ? /as 2□t		28d. Dascribe	how injury occur	red					
5 8	rs effer deet al Director: led in by the	Certifi	3 Sulcida 6 Could not 4 Homicida datarmined	288. PI8C9 0	of Injury - At homa, g, atc. <i>(Specify)</i>	farm, str	eet, factory, of	fice				Streat and Num wn, State)	ber or Rura	al Routa Number,		
	within 24 hours effer of To the Funeral Direct completely filled in by	edical	29a. Certifying P (Check only one) 1 Certifying P 2 Medical Exa	nysician: To the b miner: On tha bas and manns	est of my knowled is of axamination a ir stated.	ga, daath and/or Inv	occurred at the astigation, in a	na tim my op	a, data and pinion, daat	d place, h occurr	and due to the red at tha tima,	cause(s) and m data and placa,	anner as si and dua to	tated. tha cause(s)		
Tot		×	29b. Signatura and titla of contries				29c. Li	cansa	number			29d. Data signe				
13	4,1		30. Nama and addrass of person who	completed cause	of death (Item 23s) (Tvre)33	280			Sept.	16,	1996		
7	1860		Dr. Sunil K. (Supta; 62	5 Kent A	venu	e; Cum	ber	land,	. MD	21502	2				
	Sta Registr	ite ar	31. Data filed (Mooth Day, Year)	996 Ju	gistrar's Signatura	Ronda	C(

State of Maryland / Department of Health and Mental Hygiene

96

28932

						Cei	tificate	of D	eath	1	Reg. No.		20932				
			1. Decedent's Name (First, Middle, Las	st)						2. Dete of Dee	eth	Vane	3. Time of Death				
	Physic /Medi		RUTH JEANE	TTE		HIL	L			Septembe	r 11,1996	Yeer	5:44 Pi				
	Examir		4a. Facility Name (If not institution, give	street end number)				4b.	City, Town, or Lo	ocation of Death	4c. Count	y of Death					
			719 Jackson St.						Salisbu	ry	Wic	omic					
	Funeral Director		222-18-1609	9x 7. Ag □ M 2 ☑ F	e (In yrs. las	t birthday) Yrs.	if Under 1 Y Months D	rear leys	f Under 24 Hrs. Hours Min.	8. Dete of Birt (Month, De) June 16			plece (State or Foreign ntry) e laware				
	and **		Usual Residence of Decedent 10a. State 10b. County		10c. City, T	Town or Lo	cation						10d. Inside City Limits				
	Mary 1 sho	ō	Maryland Wicomic	20	S	alisb	11 ° V						D☐ Yes 2☐ No				
	the recti	Director	10e. Street and Number	u1130	10f. Zip Co	de			10g. Citizen of	Whet Cou	intry?						
	3a o		719 Jackson St.		2	1803			US	A							
Baltimore, Maryland 21215-0020	permit. Pages 1 and 2 should be filled within 72 hours after death with the Maryland Department of Health and Mental Hyglene. Important: if Item 27 is marked other than "natural", or Items 23a or 28a-f show any Injury or other traumatic event, the Modical Examiner must be notified at once.	by Funeral	11. Marital Status 1 □ Never Married 2 □ KMarried 3 □ Widowed 4 □ Divorced	Armed Forces?	Armed Forces? 1 ☐ Yes 2 ☒ No th Yes, Give Yeer or Detes: Yes 2 ☒ No 1 ☐ Yes 2 ☐ Yes 2 ☐ Yes 2 ☐ Yes 2 ☐ Yes 2 ☐ Yes 2 ☐ Yes 2 ☐ Yes 2 ☐ Yes 2 ☐ Yes 2 ☐			13. Wes Decedent of Hispanic Origin? (S if Yes, specify Cuben, Mexican, Puer 1 ☐ Yes 2基 No Specify:				Rece - American Indien, Bieck, White, etc. Decity: White					
Õ	2 ho		15. Decedent's Ed	ucation				ccupati	on	vise I	16b. Kind of Business/Industry						
218	hin 7	pie	(Specify only highest gre- Elementery/Secondery (0-12)	de completed) College (1-4or:	5+)	life.	kind of work d DO NOT use r	etired)	ing most of work	ing							
7	Marie Marie	Completed	10	0		Nur	sing A	ssis	tant								
nd	a oth	Be (17. Fether's Name (First, Middle, Last)								Meiden Sumer						
yla	Men Men	2	Gilbert Tu		Ma						ole Wheatley						
Jar	2 sh and lam		19a. Informent's Neme/Reletionship (7						d Number or Rur								
é é	lealth m 27		Wilbur Roy Hill/s	pouse	look Bi-				t., Sal								
10	ges it of t		20e. Method of Disposition 1238uriel 2 Cremation 3	Removal from Stete	cem	etery, crer	sition (Neme on netory or other	r place)		Date	20c. Location	200					
tim	t. Pa tmen tant:		4 □ Donetion 5 □ Other (Specify		Pit		le Cem		-	9/16/96	Pitts	ville	e, MD				
Bal	Deparement of the property of		21. Signature of Fundament Service Licenses 22. Name and Address of Facility Holloway Funeral Home														
	20200		234 Party Enter the disease, or companyors, or heart feilure. List only	Lewen	7		501 Sn	ow F	lill Rd.	, Salis	bury, M	D 218	304				
	Physician /Medical Examiner	Examiner	Immediate Cause (Finei disease or condition resulting in death)	6	Due to (or ea	s e consec	10	lma					Onsel and Death				
oʻ	an ar		Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Ceuse (Disease or Injury		AI	Lenso	loss 4										
Box 68760,	leath certificate be executed attending physician and of or use as the burial-transit	an/Medicai	resulting in death) Lest Due to (or as a consequence of):														
	0 0 2	Physician/	Pert II. Other significant conditions co	ntributing to death b	ut not resultir	ng in the u	nderlying caus	e given	In Part I.	23b. Dtd 1	obacco use co	ontribute (to the causs of death?				
0	at the by the	Phy	Diabet						1 Yee 2 No 3 Probably 4 Unknown								
ŝ	law requires that as been signed b 2 should be deta	by			.525							_					
ord	pinor pinor		(d) (make fr ADG Shake C							an autopsy rmed?	a	/ere autopsy findings vailable prior to				
Sec	2 8 0	Completed	20	Shake (rend	und	hemys	len	6				ompletion of cause i death?				
<u> </u>	T see	Co	3/1	3,,,,,,						101	es No	1	☐Yes 2☐ No				
Vita	ysician: The	Be	25. Was case referred to medical examiner?	Maneltal				-	6. Placa of Deat	h (Check only o	ne)						
ot	2 00	To	1 1 102 500-140	Hospitel: 1 ☐ Inpatie 28e. Dete of tnju (Month, De	ent 2 EA			Other:	4 LI Nuising no		lence 8 DOt	- ' '	(y)				
Division of Vital Records,	or Attending Phater death. Director: After th	ation	27. Menner of Death 1 Netural 5 Pending 2 Accident Investigation	3b. Time of Injury	M 28c.	Injury e Work? 1 ☐ Ye	s 2 No	28d. Describe how injury occurred									
DIX	s after de Blocket	27. Menner of Death Westername								Street end Num m, Stete)	ber or Aur	al Routa Number,					
	To the Hospital or Att within 24 hours after of To the Funeral Direct completely filled in by	edicai	29e. Certifier (Check only one) Certifying Phy 2 Medical Exam	retotan: To the best iner: On the basis o and menner st	f examinetion	dge, deeth and/or inv	occurred et the estigation, in	he time, my opln	dete end plece, ion, deeth occur	end due to the cred et the time,	cause(s) end m date end plece,	enner es and due t	stated. to the cause(s)				
	1	Σ	29b. Signeture end title of parties	Jacu-	0 ~	7	29c. Li	cense r	/ 8 /	and the state of t	29d. Date signed (Month, Day, Year)						
	0		30. Neme and eddress of person-who d	completed cause of d	eeth (Item 23	Be) (Type.	Print)										
			DR. BAL AGAR				N SA	LORK	DR	SALI	s. mb	215	304				
			77411		w. 1 -1		1- 2/-	WILL	1000		7110	511	/ ~				

Registrar

State of Maryland / Department of Health and Mental Hygiene

28933

						Cei	tificate of	f Death			Reg. No.				
			1. Decedent's Neme (First, Middla,	Last)						2. Data of De			3. Time of Death		
	Physic /Mod		Harry E. Hudson	n, Jr.			Hud	Son		Septem	Day	Year	0225		
	/Medi Exami		4a. Facility Nema (If not Institution, g	give street end nu	ımber)			4b. City, Town, or		ocation of Death	th 4c. County of Death				
ď.	xam		PENINSULA REGIO	NAL MED	ICAL CE	NTER		SA	LISI	BURY	WIC	COMIC	0		
-	Funeral		5. Social Security Number 6	. Sax	7. Aga (In yrs.	last birthdey)	If Undar 1 Yas			8. Dete of Birt	h	9. Birthp	iaca (Steta or Foreign		
	Director		221-03-1197	180 M 2□ F	70	Yrs.	Months Day	s Hours	Min.	(Month, Da July 17			land		
			Usuel Rasidance of Decedent		, ,					buly 17	, 1317	Haly	Tanu		
	ylan		10a. Stete 10b. County		10c. Cit	y, Town or Lo	cation					1	Od. Inside City Limits		
	Mar Mar	to	Maryland Wicon	mico		Delmar							1 X Yas 2 No		
	1 the	Director	10e. Street and Number			DOLINGE	10f. Zip Code				10g. Citizen of	What Coun	itry?		
	3a o	0	101 Spruce Str	aat			2187	7.5			USA				
	Jeath 2	Funeral	11. Marital Status		edent Evar in U	.S. 13. V	Was Decedant of		ain? (Sp	ecify Yes or No		ce - Amaric	an Indian.		
0	Par Par	F	1 Never Merrted 2 Married	Armed Fe 1 ☐ Yes	orces? 2 1 No		Yes, specify Cu	ban, Mexican	i, Puerto	Rican, etc.)		ck, White,	atc.		
Maryland 21215-0020	a within 72 hours after death with the Maryland ilene. If then "natural", or flerne 23e or 28e-f show the Medical Examiner must be notified at	þ	3 ☐ Widowed 4 ☐ Divorced	If Yas, G Yeer or D			I□Yas 200 N	o Specify:			Specif	y: Wh	nite		
Ō	2 ho	8	15. Decedent'a	Education		16a. Deced	lent's Usuei Occ	upation			18b. Kind of B	usiness/Inc	dustry		
212	within 7 ene. then "n	Completed	(Specify only highest (Elementery/Secondery (0-12)			(Give lifa. l	kind of work don OO NOT use retii	e during most red)	t of work	ding					
21	in the state of th	E	11	College (1-4or 5+)		Insped	ctor			Rai	1road			
g	be filed tal Hygie d other avent, it	BeC	17. Fathar's Nema (First, Middle, La	st)				18. Mothe	r's Nem	e (First, Middla,	Maiden Sumer	ne)			
<u>a</u>	D 2 0 *	To B	Harry E. Hudson	. Sr.				Alfr	ceda	Reybol	d Hudson	n			
2	SPEE	-	19e. Informent's Neme/Reletionship	(Type, Print)		19b. Meitir	g Addrass (Stre						Coda)		
	CA		Laura Mae Hudson	n / Wife		101	Spruce S	St De	1ma	r Mary	land 2	1875			
ē,	tend of Health Health Item 27 in other tra		20e. Method of Disposition	/ WIII	20b. F	Piece of Dispo	sition (Name of		- III.C.	Dete	20c. Location		wn, Stata		
9	Peges nent of I ant: If its		1 X Buriel 2 ☐ Cramation 3 4 ☐ Donetion 5 ☐ Other (Spec		Steta		natory or other p	-		12 06	Do 1	Do 1			
Baltimore,	in Jun		21. Signeture of Funeral Service Lic		30		hens Cen		1	9-13-96	Delmar	, Del	Laware		
Ö	pemit. Peges Department of I important: If ite any injury or o		Short Funeral Home, Inc.												
			william	M. 8	NOW /							9940			
			23e. Pert1. Entar the diseese, or co ehock, or haart faiture. List on	mplications that of by one cause on o	caused the deet sech tine.	h. Do not ent	ar the mode of d	ying, such as	cardiac	or respiretory ar	rest,	i	Approximete Intervat Between		
	Physician /Medical		Immediate Course (Chris									1	Onset and Death		
	Examiner		Immediate Cause (Fine) disease or condition resulting in deeth) e. CORONAPY ACTURY DISERSE 1270% Due to (or es e consequence of):												
		7	·												
	po ti	Examiner		b. ATH	narosc	19051	5								
	certificate be executed ding physician and se as the burial-trensit	Xan	Sequentielly list conditions, if any, leading to immediate causa. Enter Underlying		Dua to (d	r aa e conseq	uence of):					I			
68760,	be en cian buria		Cause (Diseese or injury	c											
20	ohysi the	edical	thet initieted events resulting in death) Last	•	Due to (o	r es a conseq	uence of):								
×	ing p	Me		ı d								- 1			
9	0 2 4			0											
	0 0 2	Physician	Pert II. Other algnificant conditions	contributing to d	eath but not ras	ulting in the ur	ndarfying cause g	given in Pert I.		23b. Did 1	obacco use co	ntribute to	the cause of death?		
л. О	The law requires that the ite has been signed by the page 2 should be deteche	F.	COPD								1€ Yes 2 No 3 Probably 4				
	es tha igned be de	þ													
Hecords,	requir been s should	Completed									an autopsy med?	ave	ere autopay findings allable prior to		
ပ္	has be	ple										COI	mpletion of cause death?		
Ĩ	The late he	Ю								101	rea 28 No	10	Yes 20 No		
Vita	iclan: The certificate rector, pag	Be C	25. Was case raferred to medical					26. Ptece	of Deet	h (Check only o	na)				
>	Physician: this certific ral director,	To	exeminer?	Hospitei:	tnpatient 2	ER/Outpetien	t 3□ DOA C	ther: 4 🗆 Nu	ırsina Ha	ome 5 Resid	lance 8 DOth	ner (Specify	<i>y</i>)		
0	er this		27. Manner of Death	28a. Deta	of Injury	28b. Tima of	28c. Inj	ury et ork?		28d. Dascribe h		1,			
0	Attending Physician: The I or death. ector: After this certificate ha by the funeral director, page	atio	1 ☐Natural 5 ☐ Pending 2 ☐ Accident investigati		ith, Dey Year)	Injury		Yes 2 !	No						
DIVISION OF	or Attendi	fle	3 ☐ Suicide 6 ☐ Could not	d 288. Piece	of Injury - At he	oma, farm, str	aet, factory, office	9				ber or Rura	I Route Number,		
5	after after Direct Dire	Certification:	4 Homicide	build	ing, etc. (Specif	y)				City or Tox	vn, Stete)				
	Splts nours		29a. Certifier 1 Certifying F	Phyalcian: To the	best of my kno	wiedge, deeth	occurred at the	time, dete en	d piece.	and due to the	causa(s) and ma	anner as st	ated.		
	To the Hospital or / within 24 hours after To the Funeral Dire completely filled in b	edical	(Check only 2 Madicat Expone)	aminar: On the b	asis of examina nar statad.	tion end/or inv	estigetion, in my	opinion, deel	th occur	red et tha time,	dete and piece,	and due to	the cause(s)		
	vithir To th	Me	29b. Signetura and title of certifiar				29c. Lice	nsa number			29d. Data signe	d (Month, i	Dey, Year)		
	->-0		Day I	POL			CI	902	712	(00)	9/11	156			
			30 Name and address of passes in	o completed as	en of death /h	22a) (T				7	- / /	/			
			30. Name and address of person who complated cause of daeth (Itam 23a) (Type, Print) ROBERT FERRER MO & EAST GROVE 9T., DETMASC DE (9940)												
	Sta	to	31. Deta filed (Month, Dey, Year)		egistrer's Signe	tura o	GICOVE	7/1	11	COVIT			1740		
	عاد Registi		SEP 13	1996	egistrer's Signe	sor Rando	16								
	and the place		OLI 10	1000	-		-								

BALTIMORE, MARYLAND 21215-0020

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DIVISION OF VITAL RECORDS,	The second of the second secon
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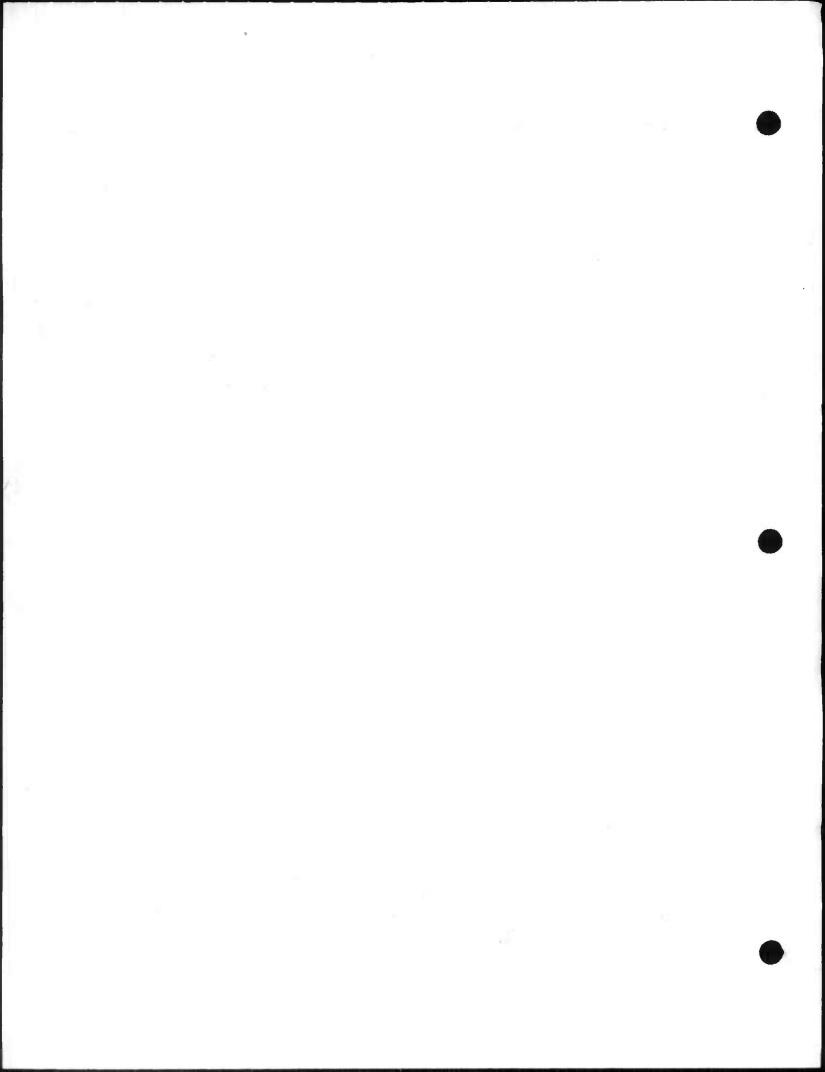
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

STATE OF MARYLAND / DEPARTMENT	OF HEALTH AND MENTAL I	HYGIENE
CERTIFICATE	OF DEATH	REG. NO.

1 - STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.														
1	1. DECEDENT'S NAME (First, Middle, Last)					2. DATE OF DEATH			3. TIME OF DEATH					
	Bertha N.	Hudson				Septembe:	r 08 1	996	4:25 p™					
			(In yrs. lest birthday)	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS.	7. DATE OF BIRTH (Month, Day, Year)			IPLACE (State or Foreign					
	221 20 0330		94 YRS.	MONTHS DAYS	HOURS MIN.	JULY 14,			NSYLVANIA					
~	Se. FACILITY NAME (If not institution, give stre				OR LOCATION OF D	EATH		NTY OF D						
DIRECTOR	BERLIN NURSING & F	REHAB CENTER	?	BERLIN			WOR	CEST	ER.					
E	RESIDENCE OF DECEDENT 10e. STATE 10b. COUNTY		10c. CITY	Y, TOWN OR LOCAT	TION				10d. INSIDE CITY					
PIN	MARYLAND WORCES	פידד		OPVILLE				LIMITS?						
	10e. STREET AND NUMBER	JIEK	101011		I. ZIP CODE		10g. CITI	VHAT COUNTRY?						
FUNERAL	13033 SELBY ROAD			2	1813		USA							
5	11. MARITAL STATUS	12. WAS DECEDENT EVER	N U.S. ARMEO			NIC ORIGIN? (Specify		14. RACE	E — American Indian,					
	1 Never Married 2 Married	FORCES? 1 YES	2 XNO	If yes, sp		an, Puerlo Rican, atc.)		Black Speci	k, White, etc.					
ВУ	3 🔀 Widowed 4 🗌 Divorced							7	WHITE					
COMPLETED	15. DECEDENT'S EDUCA (Specify only highest grade or	ATION completed)	16a. DECEDENT'S (Give kind of w	vork done during mo		16b. KIND OF I	BUSINESS/IND	USTRY						
1 4	Elementary/Secondary (0-12)	College (1-4 or 5+)	life. Do NOT us	e retired.)	-	l or Dr. Ho								
MP	8		HOMEMAK	EK	_	OWN HO								
	17. FATHER'S NAME (First, Middle, Last) TOWN NTCHOLSON				The second second	AME (First, Middle, Maid	len Sumame)							
BE	JOHN NICHOLSON			Division.		T EDWARDS								
2	19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Humber, City or Town, State, Zip Code) 13033 CET BY DOAD RICHODYTLIE MADVIAND 21813													
	BARBARA HAGER 13033 SELBY ROAD, BISHOPVILLE, MARYLAND 21813													
	20a. METHOD OF DISPOSITION 1 XI Burlet 2 Cremation 3 Removal from State 4 Donestion 6 Other (Specify) 20b. PLACE AND DATE Of DISPOSITION (Name of Cemetery, crematory or other place) BISHOPVILLE CEMETERY 9/12/96 BISHOPVILLE, MD.													
	21. SIGNATURE OF FUNERAL SERVICE LICES		LSHUPVILL		EKY O ADDRESS OF FA		BISHOPVILLE, MD.							
- 1	(1) 1	1.10/4												
HASTINGS FUNERAL HOME, SELBYVILLE, 23. PART I. Enter the diseases, or complications that caded the daeth. Do not enter that mode of dying, such as cardiac or reapiratory screat,														
	23. PART I. Enter the diseases, or conshock, or heart failure. Lie	iat dhiy one cause on a	ech line.						Approximata Interval Between					
	IMMEDIATE CAUSE (Finel	1		1	1/	11			Onset and Death					
	disesse or condition resulting in death) a.	45	20 mrs											
	IMMEDIATE CAUSE (Finel disease or condition resulting in death) a. Due to (or as a consequence of: Sequentially list conditions, if any, leading to immediate Due to (or as a consequence of: Due													
NO I	Sequentially list conditions, Due to (or as a consequence or)													
TA	If any, leading to immediate cause. Enter UNDERLYING													
임	CAUSE (Disease or Injury that Initiated events	OUE TO (OR AS	A CONSEQUENCE OF	٦٠										
CERTIFICATION	resulting in death) LAST			<i>)</i> -										
	σ,													
¥.	PART II. Other significant conditions	contributing to deeth b	out not reculting in	n the undarlying	g ceuse given in	Part I. 24a, WAS A	AN AUTOPSY ORMED?	24b.	WERE AUTOPSY FINDINGS					
	INTRAP by	10MINS/	My M	ann	2647		2 %)% 10		COMPLETION OF CAUSE OF DEATH?					
ME	Post 1.								1 TES 2 XX					
ž	DID TÓBACCO USE CONTRI	BUTE TO CAUSE &	F DEATH YE	S NO	UNCERTAI	N 🗆								
PHYSICIAN: MEDIC	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:	26. PLACE OF DEAT											
YSI	1 TES 2 X NO	1 Inpetient 2 ER/Outp	petient 3 🗆 DOA	OTHER:	e 5 🗆 Rasidenca	6 Other (Specify)								
PH	27. MANNER OF DEATH	28a. DATE OF INJURY (Month, Day, Year)	26b. TIME	E OF 28c. INJ		26d. DESCRIBE NOV	V INJURY OCC	URED						
B≼	1 Natural 5 Pending 2 Accident Investigation			M 1 🗆 1	ES 2 NO									
9	3 Suicide a Could not be	26a. PLACE OF INJURY building, etc. (Spec	— At home, farm, at city)	treet, factory, office	,	28f. LOCATION (Stree City or Town, Ste	et and Number	or Rural A	loute Number,					
ӹ╟	4 Homicide datermined													
릴		IAN: To the best of my know												
COMPL	one) 2 MEDICAL EXAMINER:) and manner as stated.					
BEC	296. SIGNATURE AND TITLE OF CERTIFIER				29c. LICENSE NU	MBER	29d. DATE	SIGNEO	(Month, Day, Year)					
	///	well			200	202/-	10	1/2	-61					
일	30. NAME AND ADDRESS OF PERSON WHO								<i>-</i> /					
	DR. FEDERICO ARTHE	ES, 1622A O	CEAN PINE	S, BERL	IN, MARY	LAND 218	11							
	31. DATE FILED (Month, Day, Year)													
SEP 091996														



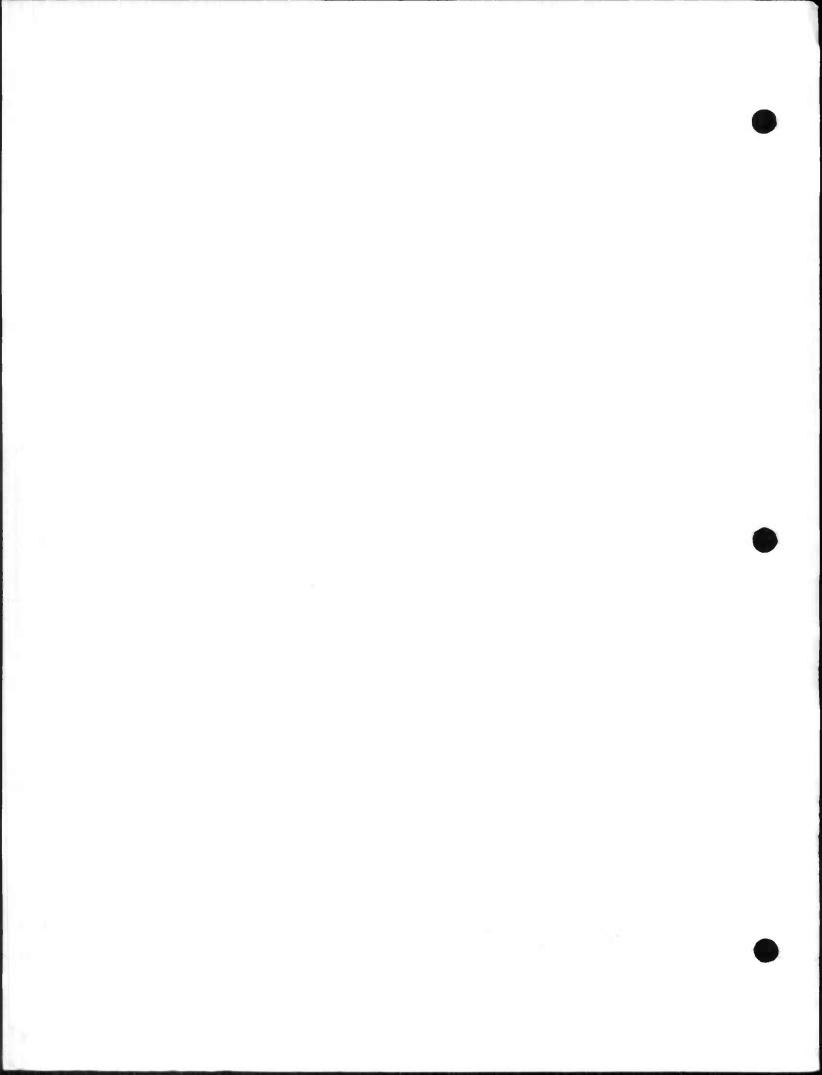
BALTIMORE, MARYLAND 21215-0020 DIVISION OF VITAL RECORDS, P.O. BOX 68760

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed with the completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

STATE OF MARYLAND / DEPARTMENT		HYGIENE
CERTIFICATI	E OF DEATH	REG. NO.

	1 - STATE REGISTRAR	STATE OF MARYL	AND / DEPARTI			MENTAL HYGIENE REG. NO.	E				
	1. DECEDENT'S NAME (First, Middle, Last)				2. DATE OF DEATH 3. TIME OF DEATH						
	Charle	es Ed	Levard	Har	rism	AUS. 2	2 1996	4:55 A			
	4. SOCIAL SECURITY NUMBER		M	F UNDER 1 YEAR	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year)	Count	NPLACE (State or Foreign ry)			
	216-07-5666 9e. FACILITY NAME (If not institution, give s	1 K M 2 🗆 F	79 YRS.				19,1917	VIRGINIA			
DIRECTOR	FOX CHASE NURSING	•		SILVER S	R LOCATION OF DI SPRINGS	EATH	MONTGON				
E I	10e. STATE 10b. COUNT		10c. CITY,	TOWN OR LOCAT	ION			10d. INSIDE CITY LIMITS?			
	TAIRCE	TGOMERY	ROCK	VILLE				1 X YES 2 □ NO			
FUNERAL	10. STREET AND NUMBER	-			ZIP CODE		10g. CITIZEN OF	WHAT COUNTRY?			
N N	1617 LEWIS AVENUE	12. WAS DECEDENT EVER I	N II S ARMED		20851	NIC ORIGIN? (Specify Yes	U.S.A.	E — Americen Indien,			
В	1 Never Married 2 Merried 3 Widowed 4 Divorced	FORCES? 1 7 YES		If yes, spe	city Cuban, Mexica 2 X NO Specif	in, Puerto Ricen, etc.)	Bled Spec	k, White, etc.			
COMPLETED	15. DECEDENT'S EDU (Specify only highest grade	iCATION e completed)	16a. DECEDENT'S US	UAL OCCUPATIO	N It of working	16b. KIND OF BUS	INESS/INDUSTRY				
	Elementary/Secondary (0-12)	College (1-4 or 5+)	life. Do NOT use r	etired.)				6 3.			
N N	17. FATHER'S NAME (First, Middle, Last)		CARPENTER		40 MOTHER'S NA	CONSTRUC					
	JAMES EDWARD HARI	RISON				ETH DODSON	sumeme)				
) BE	19e. INFORMANT'S NAME (Type/Print)		19b. MAILING AI	ODRESS (Street a		Route Number, City or Town	, State, Zip Code)				
임	JEAN E. HARRISON		1617 L	EWIS AV	E., ROC	KVILLE, MD	20851				
	20a. METHOD OF DISPOSITION 1X Burial 2 Cremation 3 Rem	noval from State cen	b. PLACE AND DATE OF	r plece)			CATION — City or To				
	4 Donestion 5 Other (Specify) MT COMFORT CEMETERY 8/26 ALEXANDRIA, VIRGINIA 21. SIGNATURE OF FUNERAL LITVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY DEMAINE FUNERAL HOMES										
		A, VA 22314									
CERTIFICATION	IMMEDIATE CAUSE (Final disease or condition resulting in deeth) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events provided in death) ACT										
PHYSICIAN: MEDICAL CE	PART II. Other algnificent conditions contributing to death but not resulting in the underlying ceuse given in Part I. PART II. Other algnificent conditions contributing to death but not resulting in the underlying ceuse given in Part I. 1 YES 2 NO 24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO										
20	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		THER:	ACE OF DEATN (Ch						
	27. MANNER OF DEATN 1 Natural 5 Pending	26e. DATE OF INJURY (Month, Day, Year)	patient 3 DOA 4	OF 26c. INJI		8 Other (Specify) 28d. DESCRIBE NOW IN	JURY OCCURED				
red BY	2 Accident Investigation 3 Suicide 6 Could not be determined	26s. PLACE OF INJURY building, etc. (Spe	Y — At home, ferm, stre			281. LOCATION (Street at City or Town, State)	nd Number or Rural	Route Number,			
COMPLET		ICIAN: To the best of my know ER: On the basis of examination						s) end manner es stated.			
BE	296. SIGNATURE AND TITLE OF CERTIFIES	Joules	m		29c. LICENSE NUI	MBER 546	29d. DATE SIGNED	(Month, Day, Year)			
임	30. NAME AND ADDRESS OF PERSON WA	IO COMPLETEO CAUSE OF OR	EATN (ITEM 27) (Type, Pr	int)							
	0 - 1	auber.	82181	WISCO	nsin	AUR BE	Thesde	- hads			
	31. DATE FILEO (Month, Day, Year) AUG 2 9 1996 32. REGISTRAR'S SIGNATURE Like Davidson-Randelle.										



Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene 96

28936

						Ce	rtificate	of	Death		Reg. No	0.			
	Physic /Medi		1. Decedent's Name (First, Middle, DOROTHY	Last)	•		HOL	.15	FIELD	2. Data of D A Month A UG US 7	Daath	ay	Year 1996	3. Tima of Death 230 Z	
7	Exami		4a. Facility Name (If not institution, Suburban Hospit		nber)	4b. City, Town, or Location of Bethesda						eath 4c. County of De Montgon		cy	
	Funeral Director		5. Social Security Number 577-20-7643 Usual Residence of Decedent	3. Sex 1 □ M 2 💢 F	7. Age (In yrs. la 74	st birthday) Yrs.		Year Days	If Under 24 H Hours Mi				9. Birthp Coun Mary]	place (Stata or Foraign etry) Land	
	the Maryland 28a-f show	ector	10a. Stata 10b. County Maryland Montgor 10e. Streat and Number	nery	10c. City,	Town or Lo	thesda							0d. Inslda City Limits 1 ☐ Yes 2 No	
	3a or	i D	5 Bolling Lane				10f. Zip Cd)81	7		10g. Citizen of V United				
020	within 72 hours effer death with the Maryland ene. "naturel", or liems 23a or 28a-f show than "naturel", or liems the notified at	by Funeral Directo	11. Marital Status 1 □ Never Married 2 □ Marrie 3 ☒ Widowed 4 □ Divorced	Armed For 1 Tes If Yas, Give	1 ☐ Yes 2 ☑ No				Ilspanic Origin? an, Mexican, Pue Specify:		14. Raca - Amarican Indian, Black, White, etc. Specify: White				
21215-0020	rithin 72 hours ne. han "naturel",	Completed	15. Decedent's (Specify only highest Elemantary/Secondary (0-12)	Education grade complatad) Collega (1-	-4or 5+)	(Give life.		done retire	eation during most of w	rorking			d of Business/Industry		
	iled w hygier her ti nt, in		10 17. Fathar's Name (First, Middla, Le			Suj	perviso	r	40 Manhada N		Telej			Company	
Maryland	s 1 end 2 should be filed within Health and Mental Hygiene, tam 27 Is marked other than ' other traumstic event, It a Me	o Be	Charles Wal	,	ev					_{ame (First, Middi} Gertrude					
ary	2 should and Men Is marks	To	19a. Informant'a Name/Relationship (Type, Print) 19b. Mailing Addrass (Street and Number or Ru									Coda)			
M	is 1 end 2 if Health ar itam 27 is other trau		Richard W. Holif											20817	
aitimore,	Pages 1 end 3 nent of Health int: if item 27 iny or other tr		20a. Method of Disposition 1 Durial 2 Cremation 3 4 Donation 5 Other (Spe	□Removal from S		ca of Disponetery, cremomac	osition (Name matory or othe United	of r place	Aug.	26,1996	20c. L	ocation	- City or To	wn, Stata	
Bait	permit. Pages Depertment of Important: If it any injury or o		21. Signature of Funeral Sarvice Licensee 22. Name and Address of Facility Robert A. Pumphrey Funeral Home Bethesda-Chevy Chase, Inc., 7557 Wisconsin Am Bethesda, Maryland 20814-3501												
2	Physician /Medical		23a. Part1. Enter the diseasa, or complications that caused the death. Do not enter the mode of dying, such as cerdiac or raspiratory arrast, shock, or heart failure. List only one cause on each line. Immediate Cause (Final disease or condition a. Yespiratory failure rasulting in death)											Approximate Intarval Between Onset and Death	
1	Examiner	М												5 days	
		ē			Due to (or a	as a consec	quence of):							5 days	
	uted d ansit	Examiner	Cognostic By list and distance	■ b	Due to (or a		unnon of):						-	sweeks	
68760,	entificate be executed Jing physician and se es the burial-transit	Medical Exa	Causa (Disease of Injury that initiated events rasulting in death) Last Due to (or as a consequence of): d.									e	years		
Box	ath o	Physician/M													
P.0	res that the de igned by the e be deteched t	hys							0	23b. Did tobacco use contribute to the cause 1 Yes 2 No 3 Probably 4					
	s that	by P	h/o Wegener's	granul	omato	sis c	hroni	4	renal	-	J 105 &	SET NO	3 F100	abiy 4 blikilowi	
Division of Vital Records,	aw requires to been a 2 should	Completed	insufficiency,	h/o co	ronary	art.	ery d	15.	ease,	24a. Wa	s an auto formed?	psy	ava	ere autopsy findings allabla prior to applation of cause daath?	
= E	The la	Con	anemia							10	Yes 1	MO No	10	Yes 2 No	
/ita	ician: The certificate rector, peg	Be	25. Was cese referred to medical axaminer?							eath (Check only	ona)				
of	Physician: this certific ral director,	ဋ	1 ☐ Yes 21 No			R/Outpatien		Oth	4 LI Nursing	Homa 5 ☐ Res				9	
ision (After fune	Certification:	27. Manner of Death 1 Naturat 2 Accident investigat 3 Suicide 6 Could not	be on Bless	, Day Year)	8b. Time of Injury	М	1 🗆	y at k? Yes 2 □ No	28d. Describe				(0	
Div	250		4 Homicide detarmine	building	g, etc. (Specify)	ry - At home, farm, straet, factory, office 28f. Location (Street and N City or Town, Stata)									
	To the Hospital or Attend within 24 hours effer death To the Funeral Director: completely filled in by the	Medical	one) 2 Medical Ex	Physician: To the baseminar: On the base and manner	is of examination	edge, death n and/or inv	estigation, In	my o	olnion, death occ	ea, and due to the curred at the time	, date an	d place,	and due to	tha causa(s)	
5	o Twit		29b. Signatura and titla of cartifiar Susaur Ba		MD		D		563			123	196)ay, Year)	
1	10		30. Name and address of person who Susan Baruch	10512 E	ernwood	od R	と母に	>0	, Beth	esdq,	hid	<	2081	7	
	Sta Registr		31. Date filed (Month, Day, Year) AUG 2 8 1990	32 Re	gistrar's Signatur	Aandel	2.								

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Ŷ			State of I	Marylan				lealth a			giene Reg. No.	96	2893
Physici /Medi	cai	Decedent's Name (First, Middle, L JIAN	HONG		AUH	1G	1			2. Date of De Month AUG •	24,	1996	3. Time of Ometh
Examir Funeral	ner		OVENTIST	HOS	PITAL	If Under			KVIL	LE 8. Date of Bir (Month, Da	MONT	GOME 9. Birthpl	RY ece (State or Foreig
Director		219-06-6094									Chin		
r 28a-f sho	Director	Maryland Montgor	nery		Gaithe						10g. Citizen of		1□Yes 2√□N
3a o		5 Hawk Run Court					20879	2			United		
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To the Hospital or Attend within 24 hours after death To the Funeral Director: completely filled in by the f		28e. Placa of injury - At home, ferm, street, factory, office building, etc. (Specify) 28e. Cartifier 1 Certifying Physician: To the best of my knowledge, deeth occurred at the time, date end piece, and due to the cause(s) end manner esc.									d @ d	70	
n 24 n 24 l	edicai	(Check only one) X Medicat Exam	niner: On the basis end menner s	of examinati	on end/or Inve	stigation,	in my op	inion, deeth	h occurred	et the time, o	late and plece,	end due to	he cause(s)
Within Toth	2	29b. Signeture end title of cartifier	Chule	uw				number .M.E			9d. Dete signe AUG • 2		
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Funerai

Director

Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible.

State of Maryland / Department of Health and Mental Hygiene

Baltimore, Maryland 21215-0020 permit. Pages 1 and 2 should be filed within 72 hours after death with the Maryland Department of Health and Mental Hygiene. Important: If fam Z7 is marked other than "natural", or Items 28e or 28e-1 show any injury or other traumetic event, its Medical Examinar must be notified at	
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Physician /Medicai Examiner Examiner sician and burial-transit The law requires that the death certificate be executed P.O. Box 68760. Physician/Medical the use as ate has been signed by the a page 2 should be detached to Records, Completed by certificate of Vital Physician: Be 10 this To the Hospital or Attending Phy within 24 hours after death.

To the Funerel Director: After this completely filled in by the funeral is Certification: Division

Certificate of Death 1. Decedant's Nama (First, Middle, Last) 2. Data of Death 3. Time of Death Month **Physician** RODGER ADDISON HORN 20, AUGUST 1996 1300PM /Medicai 4e. Fecility Nama (If not institution, give straat and number) 4b. City, Town, or Location of Deeth 4c. County of Death **Examiner** HOLY CROSS HOSPITAL SILVER SPRING MONTGOMERY if Undar 1 Yaar Months Days If Under 24 Hrs. Hours Min. 5. Social Sacurity Number 7. Aga (In yrs. last birthday) 8. Date of Birth (Month, Day, Year) Birthplace (Stata or Foreign Country) Months 1⊠M 2□ F 216-58-7781 32 Yrs 4, Maryland 1964 Aug. Usual Rasidanca of Dacedant 10e. Stata 10b. County 10c. City, Town or Location 10d. Insida City Limits Director 1 Yas 2 □ No Maryland Montgomery Silver Spring 10e. Street and Number 10f. Zio Coda 10g. Citizen of What Country? 9512 Crosby Road 20910 HSA Funeral 12. Wes Dacedant Evar in U,S. Armed Forcas? 11 Maritel Status 13. Was Dacedant of Hispanic Origin? (Specify Yes or No-If Yas, specify Cuben, Maxican, Puarto Rican, atc.) 14. Reca - Amarican Indian Black, White, atc. 1 ☐ Yes 2 ☑ No If Yas, Giva Yaar or Detes: 1 Never Marriad 2 ☐ Married 1 Tyas 28 No Specify: by 3 ☐ Widowad 4 ☐ Divorced White Completed 16a. Dacadent's Usual Occupation (Giva kind of work dona during most of working lifa. DO NOT use retired) 15. Dacedant's Education (Spacify only highast grade complated) 16b. Kind of Business/Industry Elamentary/Secondary (0-12) Collega (1-4or 5+) 12 Building Contractor 17. Fethar's Nama (First, Middla, Last) 18. Mothar's Name (First, Middla, Meiden Sumama) Be James Horn Cornelia Ruth Coffman 2 19a. Informant's Name/Relationship (Type, Print) 19b. Meiling Addrass (Street end Numbar or Rural Routa Number, City or Town, Steta, Zip Code) James E. Horn / Father 9512 Crosby Road, Silver Spring, Maryland 20b. Placa of Disposition (Name of cematary, crematory or other placa) 20a. Mathod of Disposition 20c. Location - City or Town, Stete 1 Burlai 2 ☐ Cramation 3 ☐ Removel from Stata 8/24/96 Rockville, Maryland 4 ☐ Donation 5 ☐ Othar (Spacify) Parklawn Memorial Park 22. Nama and Addrass of Facility Hines-Rinaldi Funeral Home 21. Signatura of Funeral Sarvica License 11800 New Hampshire Avenue Silver Spring, Maryland 2 23a. Part1. Entar the disaasa, or complications that causad products. Do not antar the mode of dying, such as cardiac or respiratory errest, shock, or heart failure. List only one cause on each line. Approximate Interval Between Onset end Death Immediata Causa (Final disaasa or condition resulting in daath) Due to (or as a consequenca of). Sequantially list conditions, if any, laading to Immadiata causa. Entar Undarlying Cause (Disaasa or injury that initiated events resulting in daath) Lest Due to (or es a consequence of): Dua to (or as a consequanca of) Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part i. 23b. Did tobacco use contribute to the cause of death? 1 Yes 2 No 3 Probably 4 Unknown 24b. Wara autopsy findings available prior to completion of cause of death? 24a. Was an autopsy performed? 1 Yas 2□ No 2 No 25. Was casa referred to medical 26. Pleca of Death (Check only ona) 1 Yes 2 No Othar: 4 ☐ Nursing Homa 5 ☐ Rasidanca 6 ☐ Othar (Specify) 1 ☐ inpatient 2 ☐ ER/Outpetient 3 ☐ DOA 27. Mennar of Death 28a. Data of injury (Month, Dey Year) 28c. injury at Work? 28d. Dascribe how injury occurred 28b. Tima of 1 Accident 5 Panding invastigation 1 Yas 2 No 6 Could not be datarmined 3 Suicida 28a. Place of Injury - At homa, farm, streat, factory, office building, etc. (Specify) 28f. Location (Street and Number or Rural Route Number, City or Town, Stata) 4 Homicide 1 Certifying Physician: To the best of my knowledge, daath occurred at tha tima, data and place, and due to tha causa(s) and menner as stated.

2 Medical Examiner: On the basis of axamination and/or invastigation, in my opinion, daath occurred at the time, data and place, and due to the causa(s) and manner stated. Medical 29a. Cartifian (Check only one) 29b. Signature and title of certifier 29c. License number 29d. Dete signed (Month, Day, Year) Medday O.C.M.E. AUGUST 23, 1996 10 30. Name and addrass of person who complated causa of death (Item 23a) (Type, Print) EUDORE M.K 111 Penn Street, Baltimore, Maryland 21201 31. Data filed (Month, Day, Year)

. Registrar's Signatura

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State Registrar

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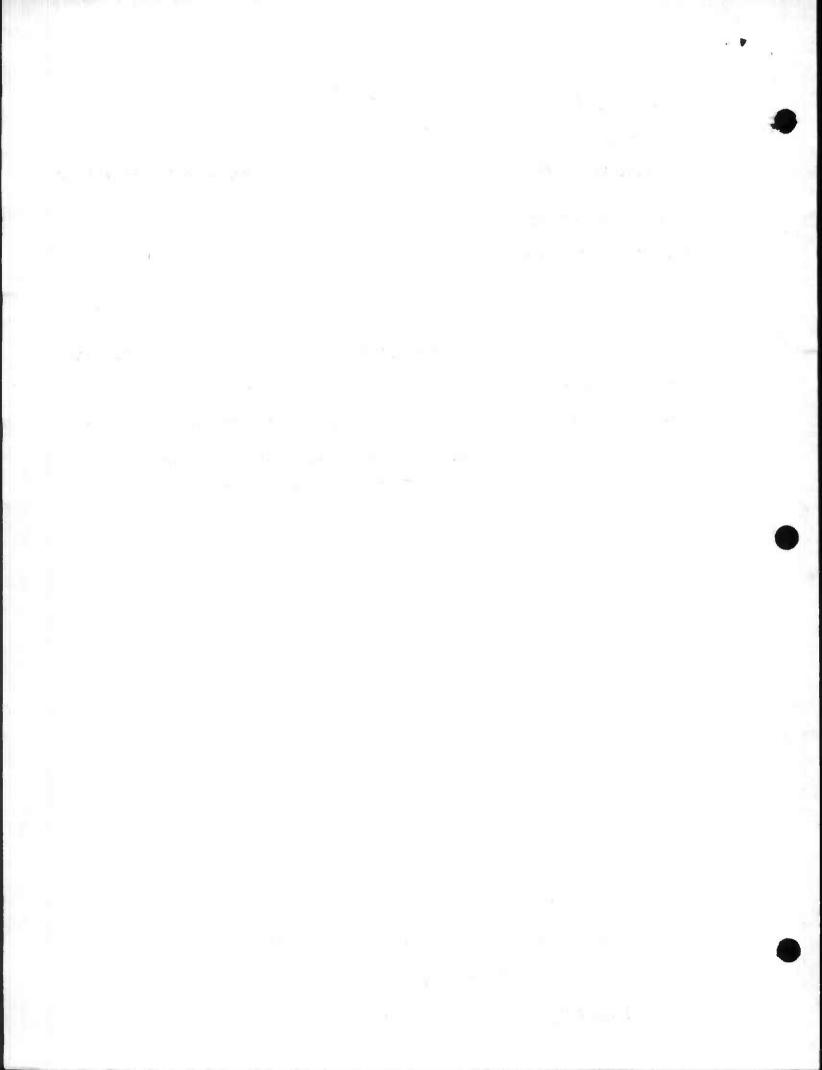
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le T		30. Name and eddress of person who BINU CHACKO	300/ 5/H	deeth (Item ANOV	23a) (Type, F	Print) BALTI	more	MD	_					
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State of Maryland / Department of Health and Mental Hygiene Q 6 2891. 0

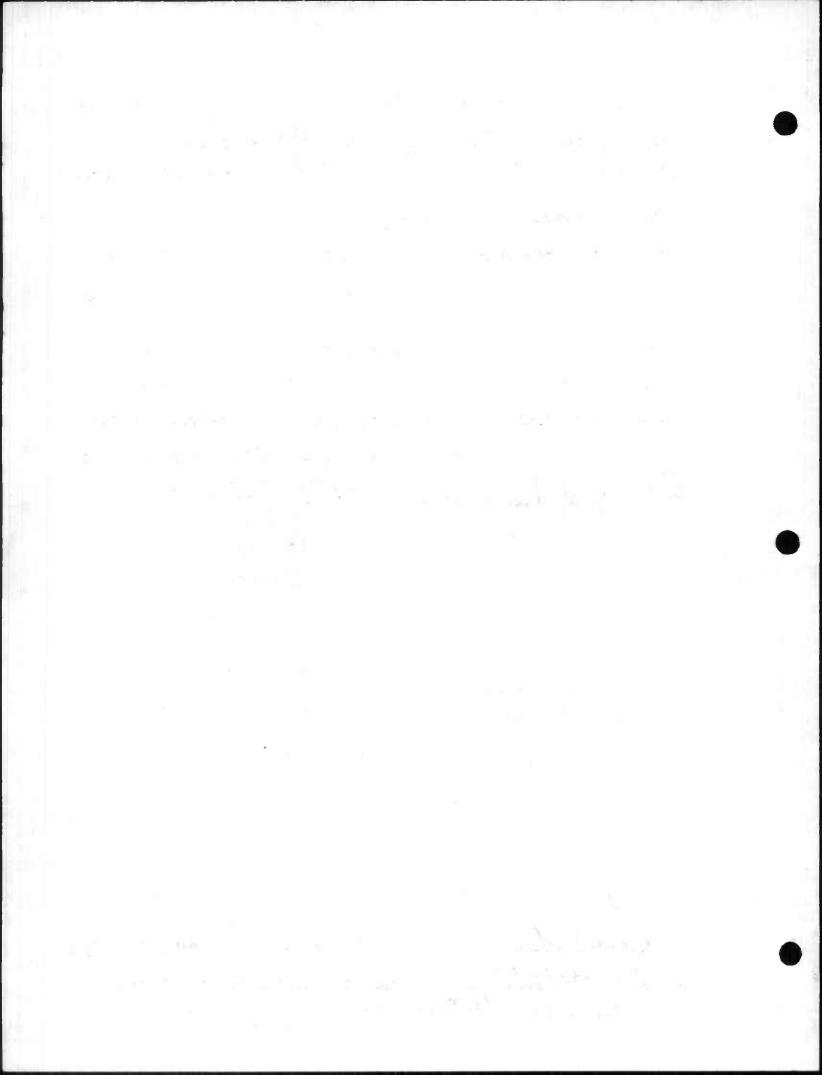
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and		Usual Residence of Decedent 10a. State 10b. County		10c. City, Tow	vn or Loc	ation							10	d. inside City Limits
the Mary 28a-f sho	Director	Maryland Montgon	nery		(Gaith		burg						1 ☐ Yes 2 ☐ No
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Aaryla 2 should and Men 1s marks		19a. Informant's Name/Relationship (Type, Print) 19b. Mailing Address (Street and Number or Fig. 19b. Mailing Address)							er or Rui	ral Route Numb	er, City	or Town,	State, Zip	Code)
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Baltimore, pemit. Peges 1 an Department of Heel Important: if item 2 any injury or other		20a. Method of Disposition 1 ☐ Burial 2 ☑ Cramation 3 ☐			ry, crema	atory or oth	er pla	,		Date			City or Tov	
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State of Maryland / Department of Health and Mental Hygiene 0.5

			otate of Maryland	Certificate of Death	Reg. No	20 60341								
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	Funeral Director		5. Social Sacurity Number 214-36-3211 Usual Rasidance of Decedant 6. Sax 7. Age (In yrs. las	Months Days Hours Min.	8. Dete of Birth (Month, Day, Year) May 8, 19	9. Birthplace (Stata or Foreign Country) Nartkabd								
	e Manyland Se-f show	ctor	10a. Steta 10b. County 10c. City, 7	Town or Location Jaurel		10d. insida City Limits 1 ☐ Yes 🏖 📉 o								
	h with th	al Dire	10e. Street and Number 9311 All Saints Road	10f. Zip Coda 20723		tizen of What Country?								
020	urs after deal al', or items	by Funeral Director	11. Marital Status 1 Navar Married 2 Married 1 Navar Married 2 Married 3 Widowad 4 Divorced 12. Was Dacedent Evar in U,S. Armed Forcas? 1 Yas 2 No if Yas, Giva Year or Datas:	13. Wes Decedant of Hispenic Origin? (Speif Yes, specify Cuban, Maxican, Puarto F	cify Yas or No- Rican, etc.)	14. Race - Amarican indien, Bleck, Whita, atc. Specify: Black								
Maryland 21215-0020	within 72 ho iene. then "netur ne Medicel	Completed	15. Decedent's Education (Specify only highast grada complated) Elemantary/Sacondery (0-12) Collaga (1-4or 5+) 12th	Decedant's Usual Occupation (Giva kind of work dona during most of workin ilfa. DO NOT usa retired) Housewife		(ind of Business/Industry None								
and	permit. Pages 1 and 2 should be filed within 72 hours after death with the Maryland Department of Health and Mental Hyglene. Important: if item 27 is marked other than "natural", or items 23a or 28a-f show any injury or other traumatic event, fre Medical Examine trains be notified at once.	Be	17. Fether's Nema (First, Middla, Last) John Bishop	18. Mother's Nama	(First, Middla, Maiden	Sumame)								
, Mary		To	19a. Informent's Name/Reletionship (Type, Print)	19b. Mailing Address (Street and Number or Rural 9311 All Saints Rd.	I Route Number, City of	or Town, Stata, Zip Code)								
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Balt	permit. Departmingorta		21 dignature of Funeral Service Aconsold 22. Nama and Address of Facility SNOWDEN FUNERAL HOME, P.A. ROCKVILLE, MD 20850											
68760,	Physician be executed by Physician and Physician and Physician and Physician and Physician are the purial-transit	edical Examiner	Sequentially list conditions, if any, laading to immediate ceuse. Entar Underlying Cause (Disaasa or injury	not Failure s a consequence of): A g c / + 15 s a consequence of): s a consequence of):	raspiretory errast,	Approximate interval Batween Onset end Death 4 days								
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Division of Vital Records,	To the Hospital or Attending Physician: The is within 2 hours after death. To the Funeral Director: After this certificate ha completely filled in by the funeral director, page	Certification: To Be	27. Mennar of Death 1 Netural 5 Panding (Month, Dey Year) 2 Accidant invastigation 3 Suicida 6 Could not ba detarmined 28e. Place of Injury - At homa	bb. Tima of Injury at Work? M 1 Yas 2 No	ne 5 Rasidance in Red. Describe how injur	ry occurred and Number or Rural Route Number,								
בֿ	Hospital or 4 hours aft Funeral Dit ely filled in	edical Cert	29e. Cartifiar (Check only 20 Medical Examiner: On the basis of examination	dge, daath occurred at tha time, date end place, ar	City or Town, State	and manner se stated								
	To the I within 2 To the I complet	Med	29b. Signetura and title of certifiar	29c. Licansa number D 4 30 55		ta signed (Month, Day, Year) 9.27, 1996								
	/ O Sta Registra		30. Name and address of person who completed cause of deeth (Item 23 N. H. Habashi, M.D. University Hospital, 22 S. 31. Data filed (Month, Day, Year) AUG 3 0 1996	Greene Street, Balt	imore, M	MD 21201								

DHMH 16 Rev 6/95



State of Maryland / Department of Health and Mental Hygiene 96

28942

						Cert	tificate o	of Death			Reg. No.		40046
	6		1. Decedent's Nama (First, Middle, La	ist)						2. Dete of Dee		Vens	3. Time of Death
	Physici /Medi		Lucille	Craig	Hickli	n			A	August	1 7 ay	1996	6:20 PM
	Examir		4a. Fscility Nama (If not institution, gh	ve street end number)				4b. City, To	wn, or Loc	ation of Desth	4c. Count	y of Death	
			Wilson Health N	ursing Home	2				nersb	urg		tgome	ry
	Funeral Director			Sex 7. Age 1 □ M 2 ☑ F	(In yrs. lest bir	thday)_ Yrs.	Months De		Min.	6. Deta of Birt (Month, Day	y, Year) 1907	9. Birthpi Coun Virgi	lece (Stete or Foreign (ry)
			Usuai Rasidence of Decedant							.p	, 1507	1118	
	yland		10a. Stata 10b. County		10c. City, Town	or Loc	ation					10	0d. Insida City Limits
	Me Me	ctor	Virginia		Richmo	nd							1X Yas 2 No
	or 28	Director	10e. Street and Number				10f. Zip Code	0			10g. Citizen ol	What Coun	try?
	th w		4203 Dover Road				23	221			USA		
	r de	Funeral	11. Maritel Status	12. Was Decedent E Armed Forcas?		13. W	as Decedent of Yes, specify C	of Hispanic On uben, Maxica	igin? (Spec n, Puarto R	ity Yes or No- ican, atc.)		ca - Americ	
Baltimore, Maryland 21215-0020	d within 72 hours after death with the Meryland jiene. I than "natural", or items 23s or 28s-f show the Modical Examiner must be notified at	þ	1 ☐ Nevar Married 2 ☐ Married 3 ☑ Widowed 4 ☐ Divorced	1 ☐ Yas 2X N If Yas, Giva Yaar or Datas:	0	1	□Yas 2√□N	No Specify:			Specia	6.a	ite
5-(natu Alca	Completed	15. Decedent's E (Specify only highast gra	ducation ada completed)	16a.	(Give k	int's Usuai Oci Ind of work do	na durina mos	at of working	9	16b. Kind of B	usinass/Inc	lustry
12	Page	mp	Elementary/Secondary (0-12)	Coilega (1-4or 5-	+)		O NOT usa ret	area)			то1	ephon	0
d 2	- 1 mm		17. Fathar's Nama (First, Middle, Last	')		ria	nager	18. Moth	ar's Nama	(First, Middle,	Melden Surnai		5
an	ges 1 and 2 should be filed t of Heelth and Mental Hyg If filem 27 is marked other or other treumetic event,	o Be	William Henry Cr	•						Garland		,	
N.	2 should be and Mental is marked reumatic sv	To	19a. Informant's Name/Ralationship		19b	Malling	Addrass (Stre				er, City or Town	State, Zio	Code)
Ž	nd 2 aith a 27 is r tree		Jacquelyn Dodge-	Womble / Da	ughter								
re,	es 1 and 2 of Heelth Item 27 I		20a. Mathod of Disposition		20b. Piace of	Dispos	ition (Nama of atory or other)			Data	20c. Location		
mo	permit. Pages Department of I Important: If the any injury or of pages.		1 ☐ Burlai 2 ☑ Cramation 3 ☐ 4 ☐ Donation 5 ☐ Other (Special				oln Cre		8/	21/96	Brentwo	ood, M	Maryland
alti	Departmen Important: any injury		21. Signature of Funeral Service Lice		-						ldi Fur	neral	Home
m	Dept.		1///	11/11	w.	1 5	1800 Ne ilver S	ew Hamp	shire	Avenu	20904		
			23a. Part1. Enter the disease, or com shock, or heart feliure. List only	pilcations that caused	tha daath. Do r	not anta	r the mode of	dying, such as	cardiac or	raspiratory ar			Approximeta Intarval Between
Y	Physician		or near teneral Electory	_									Onset and Death
4	/Medical Examiner		Immediata Causa (Final diseasa or condition	Contra	l her	inu	o M	otens	ne	slass	n	1	claus
п	Examine	L.	rasulting in death)	a. Centra	Dua to (or as a	onsequ	anca ol):	1		1	-		weekers
	be at	line		b. ——————	Cerel	ON	No well	1 1	Vus	lend			veeles
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9	be e sician buris		Sequentially list conditions, if sny, leading to immediate cause. Enter Underlying Cause (Disease or Injury that initiated events	c			Citie Program						
68760,	artificete ing phys e as the	edicai	resulting in deeth) Last	D	ua to (or as a c	onsequ	ance of):						
Box	nding use a	N/		d									
	that the deeth ce ed by the attendi deteched for use	Physician/	Part II. Other eignificant conditions of	contribution to death but	not resulting in	the unc	dartvino causa	niven in Part	1	23h Did i	obacco usa co	ontribute to	the cause of death?
P.O.	by the teched	hys	mand and a	1	+		/ -				Yee 2 No		bebly Unknown
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/ita	certificate irector, pag	Be	25. Was casa rafarred to medical examinar?					26. Place	a of Death	(Check only o	na)		
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N N	Ing P	lon:	27. Mannar of Death 1 □ Natural 5 □ Panding	28a. Date of Injury (Month, Day	Year) 28b. T	ima of njury		njury st Vork?		6d. Dascribe h	now injury occu	rred	
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Division of Vital	of Attending effer death. Director: After in by the fune	Certification:	4 Homicida datarmined	28a. Placa of Inju- building, atc.	(Specify)	rm, strat	at, ractory, one	sa .	20	City or Tow	m, Stete)	Der Or Hura	l Route Number,
	To the Hospital or Attending Ph within 24 hours efter death. To the Funeral Director: After th completely filled in by the funeral		29a. Certifiar 4 Certifying Pt	ysician: To the best of	my knowledge	death (occurred at the	time date ar	nd niaca ar	nd dua to tha	cause(s) and m	anner as at	ated
	Ho Fur Jetely	edical	(Check only 2 Medical Exar	minar: On the besis of a	examination and	Vor Inva	istigation, in m	y opinion, das	th occurred	d at the time,	data and piace,	and dua to	the causa(s)
	Within To the Comp	Σ	29b. Signature and title of pertilier	M	,		29c. Lice	ensa number			29d. Data signe	ed (Month,	Day, Year)
	W. P. C. S. S.		I geliat X	It still	IN N	20	100	351	07		81	19/	96
			30. Nama and addrass of person who				rint)				1	11	W
			Elliot R. Goldste	in, M.D. 9	410 Old	Geo	rgetow	n Road	, Bet	hesda,	Maryla	nd 2	0814
	Sta	-	31. Data filed (Month, Day, Year) AUG 2 6 1996	3. Registra	rs Signature	nd. 80							
	Registr	CII	1996 B 1996	1	- 1 mm - A free	-							

State of Maryland / Department of Health and Mental Hygiene 96 28943

						C	ertifica	te of	Death	7		Reg. No.			
			1. Decedent's Name (First, Middle,	Last)	- 11						2. Date of De		V	3. Time	of Deeth
	ysici: Nedic		FLOYD	GILBER	RT	HEN	IRY				Month Septemb	er 15,	Year 1996	10:3	BO AM
	nedic amin		4e. Facility Name (If not Institution,						4b. City, To	own, or Le	ocation of Deeth	1	y of Death		
LAC	amm	Ç!	College View N	Jurcina Ca	nter			T	reder	rick			erick		
Firm						. last birthde	y) If Unde	r 1 Yeer		r 24 Hrs.	8 Date of Bird				o or Foreign
Fune Direc			239-20-0945	1 M 2 □ F		Yrs.	Months			Min.	8. Date of Bird (Month, Da	y, Year)	Cou	ntry)	e or Foreign
Direc	2101		Usual Residence of Decedent		75						Feb. 3	,1921	N.	Carol	ina
72 hours efter death with the Maryland nature!", or items 23s or 28s-f show	***		10a. Stete 10b. County		10c. C	ity, Town or	Location						1.	10d. Inside	City Limits
lahow	2	5	Maryland Fre	derick		New M	larket								es 2 No
288	DE CO	Director	10e. Street and Number				401 7	0.1	,			40.0000			
0	8							p Code				10g. Chizen of			
a within 72 hours effer ceath with the maryla liene. Than "naturel", or items 23s or 28s-f ahov		Funeral	10917 Rawley				_	2177					ed St		
95 E	2	-F	11. Meritel Stetus	12. Was Deced	lent Ever in i es?	U,S. 13	It Yes, spe	dent of t	Hispenic Or an, Mexica	rigin? (Sp in, Puerto	ecify Yes or No Rican, etc.)	- 14. Ra	ce - Americack, Whita,		
8			1 Never Merried 2 Married	HVas Give			1 ☐ Yes				•				
	2	d by	3 Widowed 4 □ Divorced	Year or Det	es: W.W	.II			-,,			Speci	y: Whi	te	
Tatu	85	Completed	15. Decedent's (Specify only highest)	Education		16a. Dec	edent's Usu	al Occup	pation	st of work	ina	16b. Kind of E	Business/In	dustry	
Hygiene. ther than	N N	ğ	Eiementary/Secondary (0-12)	Cotlege (1-4	tor 5+)	tife.	DO NOT	se retire	d)	0. 0/ 110///	n.y				
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= 0	event,	Be (17. Father's Neme (First, Middle, La	st)					18. Moth	er's Nam	e (First, Middle,	Meiden Sume	me)		
5 B		2	Grady	W .		Henry	7		l N	linni	.e	Low		Powe	rs
S man	traumatic		19a. Intormant's Name/Relationship	(Type, Print)		19b. Ma	lling Addres	s (Street	t and Numb	er or Run	al Route Numbe	er, City or Town	n, State, Zit	Code)	
27 is	t t		Joseph Henry /	con		4313	Flow	or C	'+ / N	(1441	etown,	Md. 2	1769		
P E	other	ŀ	20e. Method of Disposition	son	20b.	Pleas of Die	ocition (Ne	me of		IIddi	Date	20c. Location		own. Stete	
H	ठ		1 Buriai 2 ☐ Cremation 3		ate	cemetery, cr									
Department of important: If it	injury is		4 □ Donation 5 □ Other (Spe	•	M	lount C					-18-96	Frede	rick,	Maryı	and
npor	ony i		21. Signature of Funeral Service Lic	ensee			22. Neme e	nd Addre	ess of Facil	^{ity} Sta	uffer F	uneral	Home		
Departr	· a		Kamand	Keter	Tan	_ 1	621 0	poss	sumtov	vn Pi	ke/ Fre	derick	.Md.	21702	
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Medi	_	_	Immediate Cause (Finel	A.	7	5 1	WFA	/	0				į	2-	
camir	ner		disease or condition resulting in death)	e. Con	Celler	-	-	nu	JC -					0/	nos
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F 400	Insit	Examiner		b	Durate		, , ,						1		
n an		X	Sequentially list conditions, if any, leading to immediate		Due to (or as a cons	equence or)						1		
physician and			cause. Enter Underlying Cause (Disease or injury that initiated events	C											
pho	8	Medical	resulting in death) Last		Due to (or as a conse	equence of):						1		
d builbu	808	Š		d											
etter	101	Clar													
e of the e	ched	Physician	Part It. Other significant conditions	contributing to deal	th but not re	sulting in the	underlying	cause gh	ven in Part	i.	23b. Dld 1	obacco uee c	ontribute t	o the caus	e of death?
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should !	DINO	e										an autopsy med?	av	ere autops reilable pric	or to
SC	S	be											CC	ompletion of death?	of cause
2 8	page	Completed									101	es 20 No	11	□ Yes 2	No
	lor, F	Be .	25. Was case reterred to medical						28 Plea	e of Dact	h (Check only o			-/	~
	De C		axaminer?	Hospital:	nation! OF	TER/Ortes	ant all a	OA Oth	non A				has /De-ch	4.1	
	a	2	27. Menner of Death	28a. Dete of		28b. Time				-	me 5 Resident			(y)	
leath. for: After th	T I	Certification:	1 Neturat 5 ☐ Pending	(Month,	Day Year)	Injury	м	28c. Inju Wo 1 □	rk? Yes 2□			,.,,	100		
offer death. Director: A	95	Ca	3 Suicide 6 □ Could not	be 290 Place of	t Indiana - At h	ome form			100 2		29t Location /	Street and Alum	har or Bus	al Pouto M	umbar
Direct	5	Ē	4 ☐ Homicide determine	28e. Place of building	, etc. (Spec	ify)	ireet, tactor	y, onice		İ	28t, Location (S City or Tox	m, Stete)	Del Ol Hull	mi Houte iv	umber,
Within 24 hours east of To the Funeral Direct completely filled in the	9										-				
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To the	bid		one)	and manne	r stated.	,	1							- (N. T) N. C.	- 17/
0 0	3	Σ	29b. Signature end title of certifier	000) 29	c. Licens	se number			29d. Date sign	ed (Month,	Dey, Year)
			KAL	CHA			6	ו ת	3971			Sept.	16	1006	
			30. Name and address of person wh	completed cause	of-death (Ite	m 23a) (Type	e, Print)	ו ע				bept.	10,	1770	
			Robert Kaufma					t /	Frode	rich	, Maryl	and 2	1701		
	Stat	0	31. Date filed (Month, Dey, Year) SFP 18				7	C . /	rreue	LICK	, naryl	and Z.	1/01		
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State of Maryland / Department of Health and Mental Hygiene

Sept. 13, 1996

			Otate of Mar		Certificate				Reg. No.	90	20944
Physic /Medi			ltzler		HOOPER				12, 1996	THE RESERVE AND ADDRESS OF THE PARTY OF THE	3. Time of Death 8:50 PM
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Funeral Director	Г	5. Sociel Security Number 6. 5		n yrs. lest biri	thdey) If Under 1 Months	Yeer Deys	If Under 24 Hr Hours Min	8. Dete of E	3irth 4, 1925	9. Birthple Mary 1	ce (Stete or Foreign
Maryland a-f show fred at	tor	Usuel Residence of Decedent 10e. Stete 10b. County Maryland Frederi		oc. City, Town Wall	or Location kersville	e				100	d. Inside City Limits
h with the 23a or 28	Funeral Director	10e. Street end Number 16 Georgetown R	oad		10f. Zip 0 2:	Code 1793	3		10g. Citizen of U.S.		n
172 hours after death with the Maryland "neturel", or itema 23a or 28a-f show digal Examinet must be mortified at	by	11. Meritel Stetus 1 □ Never Merried 2 🛣 Marriad 3 □ Widowed 4 □ Divorced	12. Was Decedent Eve Armed Forces? 1XXYes 2 \(\text{No}\) No if Yes, Give Yeer or Detes:		13. Was Decede If Yes, specif	_		Specify Yes or North Rican, etc.)	Ble	ce - Americer eck, White, etc fy: White	c.
within ene. than	Completed	15. Decedent's E (Specify only highest gr Elementery/Secondery (0-12) 12	ducetion ede completed) College (1-4or 5+)		Decedant's Usuel (Give kind of work life. DO NOT use ab Tech			orking	16b. Kind of E		ernment
should be filed ad Mental Hygi marked other matic event, I	To Be C	17. Fether's Neme (First, Middle, Last George Wi	lliam HOOP	ER			18. Mother's No Ann	2.6	le, Maiden Sume SIMMON	,	
s 1 and 2 should if Health and Mer Item 27 is marks other traumatic		19e. informent's Name/Relationship (per, Wife			etov		Walker	sville,	Maryla	and 21793
permit. Pages 1 Department of H mportant: If her iny injury or oth		20e. Method of Disposition XXBuriel 2 ☐ Cremetion 3 ☐ 4 ☐ Donellon 5 ☐ Other (Special	Removel from State	cemeter	Disposition (Nemo y, cremetory or off Dlivet Ceme	etery	7, Sept. 1	Dete 16, 1996	Freder		n, State Maryland
Depart Depart Import any in		21. Signeture of Funerel Service Licer	Draf MO	0255	106 Eas	and t Cl	Basford hurch St	t., Fred	uneral l lerick, l		701
Physician		23e. Pert1. Enter the disease, or com shock, or heert feilura. List only	plicetions that caused the ona ceusa on each lina.	deeth. Do n	ot entar the mode	of dyin	g, such es cardi	ac or respirelory	errest,	A	opproximete hterval Between Onset end Deeth
/Medical Examiner	Ļ	immadiate Ceusa (Finel disease or condition resulting in deeth)	e	to (or es e o	consequence of):		for	10- €		3	. 1
and il-transit	Examiner	Sequentially list conditions, if env, leading to immediate			consequence of):	20		109	7	2	9-
ortificate be executed ing physician and a as the bunal-transit	ledical	Sequentially list conditions, if eny, leeding to immediate cause. Enter Underlying Cause (Disease or injury thei intilleted evants resulting in deeth) Lest		to (or es e c	onsequence of):						
es that the death cer gned by the attendir be detached for use	Physician/N	Pert ii. Other significant conditions of	ontributing to death but no	ot resulting in	the underlying cer	use giva	an in Pert I.				he cause of death'
requires that the neen signed by the hould be detache	þ	136420016	hea	-6	digen	5 <		- 18	Yes 2□ No		bly 4 Unknow
28 1	Completed	hypr- o	-245/09					24e. We per	s an autopsy formed?	eveile	e autopsy findings eble prior to oletion of ceuse ath?
Da ate	Be Co	25. Wes cese referred to medical	II.				26 Place of De	ath (Check only	Yes 2 No	101	Yes 2□ No
40 17	TOE	exeminer?	Hospital: 1 ☐ Inpatient	2□ ER/Out	patient 3 DOA	Othe			sidence 6 □Ot	her (Specify)	
After fune		27. Manner of Death 1 Neturei 5 Pending 2 Accident investigation		28b. T	ime of 28 njury M	c. Injury Work	et :? /es 2 \(\text{No} \)	28d Describe	e how injury occu	rred	
3 . 0 2	Certification:	3 Suicide 6 Could not b 4 Homicide determined	28e. Plece of Injury - building, etc. (S	At home, fer specify)	m, street, fectory,	office		28f. Location City or To	(Street and Num own, State)	ber or Rural F	loute Number,
To the Hospital or Att within 24 hours after of To the Funeral Direct completely filled in by	edical (29a. Certifier (Check only one)	ysician: To the best of m niner: On the basis of exe end menner steted	minetion end	death occurred et	the tim	e, dete end plea Inion, deeth occ	e, end dua to the curred et the time	a causa(s) and m a, date end place,	ennar as state end due to th	ad. ne ceuse(s)
Vithi To the Comp	×	29b. Signeture end title of contiline		/	29c.	License	number		29d. Dete signe	ed (Month, De	y, Year)

State Registrar

31. Dete filed (Month, Day, Year)

SEP 1 6 1996

501 West Seventh Street, Frederick, Maryland 21701 Dr. P. Gregory Rausch MD 32. Begistrer's Signature

30. Name end eddrass of person who completed ceusa of daeth (Itam 23a) (Type, Print)

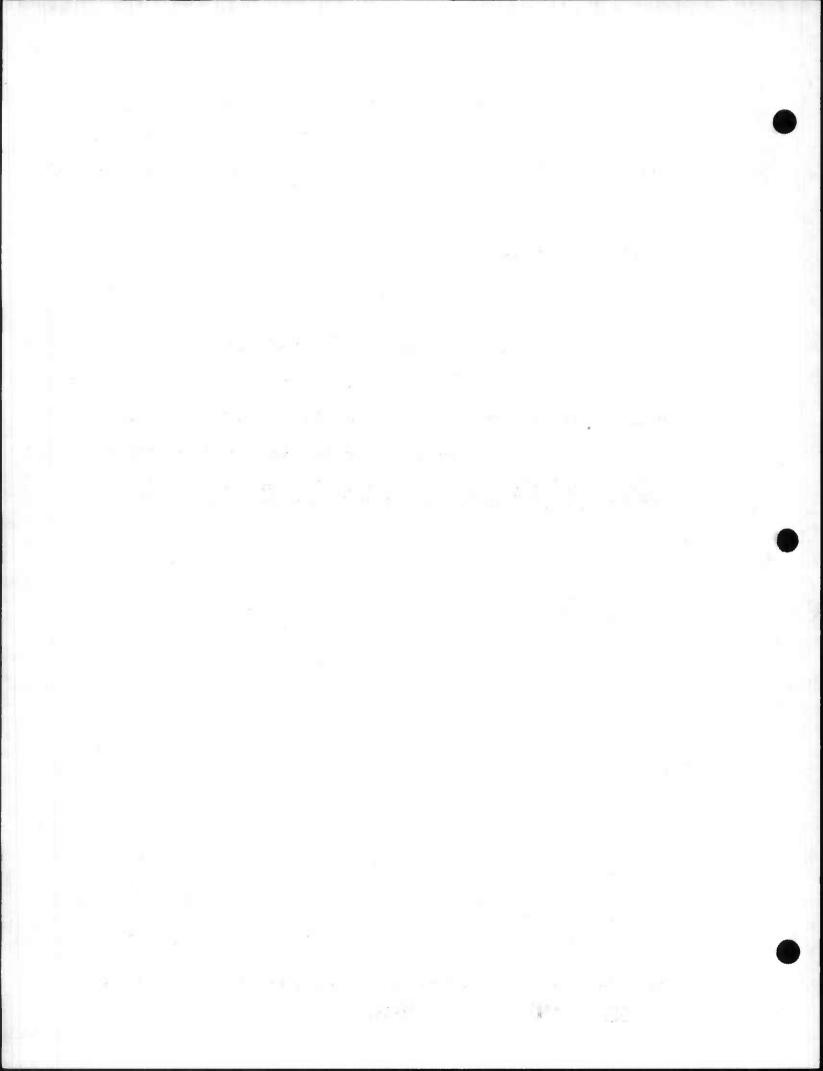
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State of Maryland / Department of Health and Mental Hygiene 96

28945

					C	Certificate o	f Death		Reg. No.							
	JUST.		1. Decedent's Neme (First, Midd	le, Last)			K.F.	2. Date of De	ath	Wiss	3. Time of Death					
	Physic		John	Lowe	11	HUMPHRE	YS	Sept	5, 19	96	12:00pm					
	/Medi Exami		4a. Facility Name (If not institution	n, give street and number)			4b. City, Town,	or Location of Dee								
П	LAUIIII	1101	Frederick Men	orial Hospita	1		Frede	rick	Fre	Frederick						
	Funerai Director	Г	5. Sociel Security Number 026-24-6496		(In yrs. last birtho	Months Day		Hrs. 8. Date of Bi (Month, D Jan 3	rth ay, Year) 1931	9. Birth	nplace (State or Foreign unity) St Virginia					
			Usual Rasidence of Decedent						,							
	Manylan Fi show	tor	Maryland Fred	lerick	10c. City, Town o Frede:						10d. Inside City Limits t X Yes 2 ☐ No					
	r 284	rec	10e. Street and Number			10f. Zip Code			10g. Cltizen of	Whet Cou	untry?					
	h with	Funeral Director	14 East Patri	ck Street			21701		U.S	A.						
	dead	ner	11. Marital Status	12. Wes Decedent Ev Armed Forces?	ver in U.S.	13. Was Decedent of	Hispenic Origin	(Specify Yes or N	o- 14. Rec		rican Indian,					
21215-0020	within 72 hours effer death with the Maryland ene. than "natural", or items 23s or 28s-f show tra Modical Examiner must be notified a	by	1 ☐ Never Married 2 Ă Mar 3 ☐ Widowed 4 ☐ Divorced	TIEC 1 Mary 1 M	1954	1 May yes 2 No		dento rican, etc.)	Specif	ck, White y: Wh	nite					
2-0	2 ho	Completed	15. Deceder	nt's Education	16a. De	cedent's Usual Occ	upation	····	16b. Kind of B	usiness/i	ndustry					
21	thin .	pie	Elamentary/Secondary (0-12)	st grade completed) Collage (1-4or 5+	1	ive kind of work don a. DO NOT usa reti			n 1 n							
	yd wi	Con		4	Con	sultant -	Gettler	Assocs.	Fund R	aisi	ng					
pu	2 should be filed within end Mental Hygiene. Is marked other than aumatic event, it is Mental than the Mental	Be	17. Father's Name (First, Middle,	Last)				Nama (First, Middle	, Maiden Sumar							
yla	should the should the	0	Henry	M	HU	MPHREYS	Edi	.th			LANGLEY					
Maryland	s 1 and 2 should be filed with f Heelth end Mental Hygiene. tem 27 is marked other than other traumatic event, I.a.M.		19a. Intormant's Neme/Relations			ailing Addrass (Stre										
	s 1 and if Heelth item 27 other tr		Anthony M. Hun	nphreys/Son	14½	East Pat	rick Str	eet, Free	derick,	MD 2	.1701					
Baltimore,	Pages 1 nant of He nt: If iten		20a. Method of Disposition 1 ☐ Burial 2 ☐ Cremetion 4 ☐ Donation 5 ☐ Other (5		cemetery.	isposition (Name of crematory or other p urg Crema	tory Sep	Dete 6, 1996	20c. Location Smiths		rown, Stete					
Balti	permit. Pages Department of Important: If It any injury or once.		21. Signature of Funeral Service Licensee M00703 22. Name end Address of Fecility Keeney & Basford P.A. Funeral Home 106 East Church St, Frederick, Maryland 2170.													
			Muon 1	1.1.1						ryla						
			23a. Part1. Enter the disease, or shock, or heart tailure. List	only one cause of the line	he death. Do not	enter the mode of d	ying, such as car	diac or respiratory a			Approximate Interval Between					
	Physician		Immediate Course (Class)	80					MU	/	Onset and Death					
	/Medicai Examiner		Immediate Ceuse (Final disease or condition resulting in daath)	a. Subdura	1 Hemate	oma			Ank	A	24 hours					
8				D	ua to (or as a cor	saquence of):		al	NASO							
Т	bed is	je P		Fall Fall				KO	MATE D.		24 hours					
90,	erificate be executed ling physician and se as the buriel-trensit	i Examiner	Sequentially list conditions, if eny, leading to Immediate cause. Enter Underlying Cause (Disaasa or Injury that initiated events resulting in death) Last Part II. Other significant conditions.	Platlet	ue to (or as a con Insuff	iciency		Cartification Fort R. R. Redical	Its Mirer	-	3 days					
68760,	ding physics as as the t	Medical	that initiated events resulting in death) Last	Di	ue to (or as a con	sequence of):	- 1.5	20 0. PO	Bar							
9 ×	ing e a	Me		Lymphon	na		1 K/2	of R. William			1 year					
Bo	death cer e attendir ed for use	lan/		d			Diedica	STAY								
		sic	Part II. Other significant condition	ons contributing to death but	not resulting in th	e underlying cause (given in Pert I.	23b. Did	tobacco use co	ontribute	to the cause of death					
л О	= > º	Physician						1 🗆	Yes 2 No	3 Pr	obably 4 Unknow					
Records,	5 6 8	by								T						
0	been signal	ete						24a. Was	an autopsy ormed?	240. V	Vere autopsy findings vallable prior to ompletion of cause					
ec	S 00 CA	Completed								0	f death?					
<u></u>	in: The litticate he tor, page	S						1 🗆	Yes 2X No	1	☐ Yes 2☐ No					
Vital	Physician: this certific ral director,	Be	25. Was case raferred to medica examiner?				26. Place of	Death (Check only	ona)							
o	nysk I dire	9	¥ Yes 2 No	Hospital: 1 Inpatiant	2 ER/Outpe	tient 3 DOA	thar: 4 Nursin	g Homa 5 □ Res	dence 6 Oth	ner (Spec	ify)					
Division	ding After fune	Certification:	27. Mannar of Death 1 Natural 5 Pandir 2 Accident Investi		28b. Tim 100 2:00	ry W	uryat ork? ⊒Yes 2. No		how injury occur while wa		g					
N N	Attender death ector: by the	tific	3 Suicide 6 Could 4 Homicide determ	ined 26a. Place of injury	- At home, farm,	street, factory, office	9				ral Route Number,					
	s after ii Dire	Ser l	4 D Homolde	At home	(Specify)				t Patri							
	To the Hospital or A within 24 hours after To the Funeral Dire completely filled in b	edicai (29a. Certifier (Check only one)	g Physician: To the best of a Examiner: On the basis of ea and manner state	xamination and/o	eath occurred et the r investigation, in my	time, date and pi opinion, death o	ace, and due to the	ck, Mar cause(s) and m date end place,	annar as	stated.					
	vithin 2 To the	Me	29b. Signeture and title of certifie	- //		29c. Licer	nse number		29d. Date signe	ed (Month	, Day, Year)					
	F 3 F ŏ		D 7/ A.	som	8		+213		Sept 5,							
			lan	000					Depe 5,							
	3		30. Name and address of person					_								
			Ravi Yalamanc			as Johnson	n Dr, #6	, Frederi	ck, MD	2170	2					
	Sta		31. Date filed (Month, Day, Year)		Signature Rucker R											
	Registi	aı	SEP 0 9	1000	- whiteh.	votatel										

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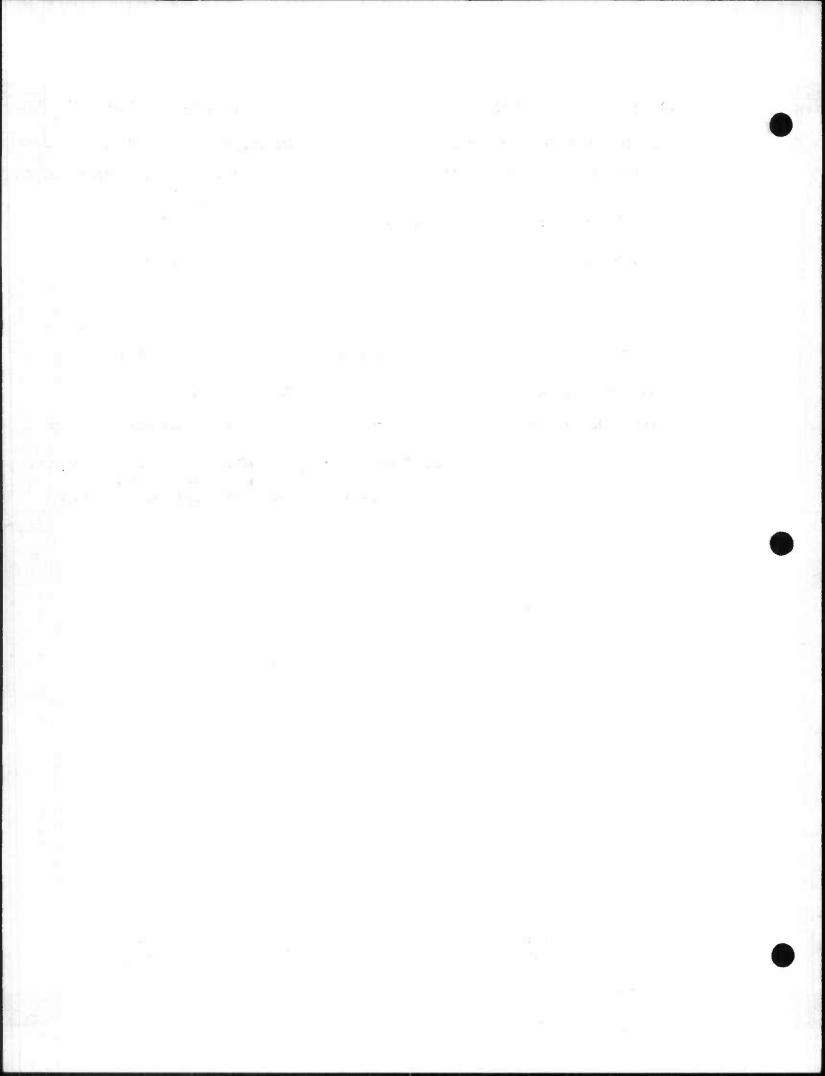


State of Maryland / Department of Health and Mental Hygiene Q C

						Certif	ficate of	Death	R	leg. No.	O	20340
	81		1. Decedent's Name (First, Middla, La	st)					2. Date of Dea Month		Year	3. Time of Death
	Physici /Medi		Donald	Howard		HILTN.	ER	Sr	Septemb		1996	10:58 pm
5	Exami		4a. Facility Name (If not Institution, given	re street and number)				4b. City, Town, or L	ocation of Death	4c. County	of Death	
	8 5		Atlantic Genera					Berlin			este	
	Funeral Director		217-10-9204	Sex 7. Ag	e (In yrs. last b		Undar 1 Yaar lonths Days		8. Data of Birth (Month, Day Dec 13,	, Year) 1921		place (State or Foreign http) yland
	and **		Usual Residence of Decedent 10a. State 10b. County		10c. City, Tov	wn or Locati	on				1	0d. Inside City Limits
	Mary!	ō	Maryland Freder	ick	Fre	deric	k					X□Yas 2□No
	urs after death with the Marylar al', or items 23a or 28a-1 show Exeminar must be notified at	I Director	10e. Street and Number 128 Fairview Aver	nue	<u> </u>		10f. Zlp Code	21701	1	10g. Citizen of \	What Cour	itry?
	death me 2:	Funeral	11. Marital Status	12. Was Decedent Armed Forces?	Ever in U,S.	13. Was	Decedent of	Hispanic Origin? (Sp pan, Mexican, Puerto	pecify Yas or No-		e - Amaric	can Indian,
21215-0020		þ	1 ☐ Never Married 2 ☑ Married 3 ☐ Widowed 4 ☐ Divorced	1 X Yes 2 1 If Yas, Giva Year or Dates:	942-45 951-81		Yes 2012 No		Hican, atc.)	Specify	ck, Whita,	hite
5-0	n 72 hours "natural", ed cal Ex	eted	15. Decedent'a Ed (Specify only highast gra	ducation		. Decedent	's Usual Occu	pation during most of work	king	16b. Kind of B	uainass/Inc	dustry
121		Completed	Elementary/Secondary (0-12)	College (1-4or :	i+)					n1		
	T Co. be		12 17. Fathar's Nama (First, Middla, Last	2		Store	Owner,	Operator 18. Mother's Nam				iture Sale
Maryland	S as D	o Be	Howard	Shafer		HILTN	ER	Rosalin	io (i noi, modic,			ERSHELL
ary	SPEE	To	19a. Informant's Name/Relationship (t and Number or Ru	ral Route Numbe			
Baltimore, Ma	jes 1 and 2 of Health a of Itam 27 is or other train		Mrs. Winifred L. 20a. Method of Disposition 1XI Burial 2 □ Cremation 3 □		20b. Place (of Disposition	on (Name of	Avenue,	Data	20c. Location -	City or To	own, State
Itim	Department Department Important: If any Injury o		4 □ Donation 5 □ Other (Special		Mount							, Maryland
Ba	permit. Pag Department Important: I any injury o		21. Signature of Funeral Service Licar	Sen !	M00706	106	East (ess of Facility Basford Church St	reet, Fr	ederick	me , MD	21701
ı			23a. Part1. Enter the disease, or com shock, or heart failure. List only	plications that caused one cause on each li	the death. Do	not enter th	ne mode of dy	Ing, such aa cardiac	or respiratory arr	rest,		Approximate Interval Between Onset and Death
	Physician /Medical		Immediata Cause (Final	P	-1 *			//	15-	-	1	onset and Death
	Examiner		disease or condition resulting in death)	a	rdior		me st	1 and	1/ Rund	<u> </u>		1.11/2
		Jer		120	Due to (or as a	consequer	fce of):	4 - 5 - 0	· ·		1	YEARS
	outed nd ransit	Examiner	Sequentially list conditions	b	Due to (or as a	consequen	nce of):	ca se			1	,
o,	e exe lan al		Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause Disease or Injury	/.	nort	Ins.	2000				į,	reant
68760,	cate be executed physician and s the burial-transit	Medical	that initiated events resulting in death) Last	c.	Due to (or as a	consequen	ca of):				!	
	n certific anding p	/Me		d								
Box	eath ce attendi	Physician/	Don't Ohne of military and state of			to the control of		DESCRIPTION OF THE PARTY OF THE	Ant Dista		- 4-12 - 4-1	
P.0.	res that the designed by the a	hys	Part il. Other significant conditions o	oninduling to death b	ut not resulting	in the unde	riying cause g	ven in Parti.	230. Did to			o the causs of death? bably 4☐ Unknown
	s tha	by P								oo ayanto		
of Vital Records,	aw requi	Completed I							24a. Was a perfor		av	ara autopsy findings aliable prior to impletion of cause death?
m m	The lay ate has page 2	E O							1 🗆 Y	as 200 No	10	□Yas 2□ No
/ita	ysician: The scartificate director, pa	Be	25. Was casa rafarred to medical examiner?					28. Place of Dea	th (Check only or	na)		
7	S 0 0	10	1 Yas 2 No	Hospital: 1 ☐ inpatie	nt alsiervo	utpatient	3□ DOA Ot	her: 4 Nursing H	ome 5 Resid	ance 6 Oth	ar (Specif	YI HOTE!
ion o	Attending Phirdeath. sctor: After thi		27. Manner of Death 1 Natural 5 Pending 2 Accident Invastigation	/		Time of Injury	28c. inju Wo M 1	ork? Yes No	28d. Describe h	ow Injury occur	chag	t pain
Division	X 2 5 C	Certification:	3 Suicide 6 Could not b 4 Homicide determined	28e. Placa of Inj building, et	c, (Specify)	arm, street,			281. Location (S City or Tow	treet and Numb n, State)	er or Rura	al Route Number,
	To the Hospital of within 24 hours a To the Funeral D completely filled I	edical	29a. Certifier (Check only one) Certifying Ph	ystcian: To the best of the basis of and manner sta	examination at	e, death oc nd/or invest	curred at the ti lgation, in my	ime, date and place, opinion, death occur	and due to the d red at the time, o	ause(s) and ma late and place,	anner as s and dua to	tated. the cause(s)
	To the Company	M	29b. Signature and title of certifier	D Cor	ZCIN	m	29c. Licen	se number 1 44	108	29d. Date signe	d (Month,	Day, Year) -96
			30. Name and address of person who	completed cause of d	eath (Item 23a)	(Type, Prin	11) 2.	Atlant	to la	creal	' H	- ,
	Sta Registr		31. Date filed (Month, Day, Year)	32. Registr	ar's Signature	Reda	4		Be	erlin	N	
	J		DEF U 3 k	()			4.8					

State of Maryland / Department of Health and Mental Hygiene 96

						Cer	uncate of	Death			Reg. No.		
	Dhuaici	0.00	1. Decedent's Name (First, Middle, La	*					T I	2. Date of De		. Year	3. Time of Death
	Physici /Medi		Clara F.	Himes						Septem	ber ^{pey} 5,	1996	9:30 P.M.
	Examir		4e. Fecility Neme (If not institution, giv	e street and number)			4b. City, To	wn, or Lo	cation of Deat	h 4c. County	of Death	
		13 1	Frederick Memo	rial Hosp:	ital		-		eder:	ick		Frede	rick
П	Funerai		5. Social Security Number 8. S		ge (In yrs. last b		If Under 1 Yes		24 Hrs. Min.	8. Date of Bir	th ay, Year) 1904	9. Birthr	place (State or Foreign
	Director		219-54-0806	□M 2X F	92	Yrs.	monano ocy	110010		Feb. 7	, 1904	Pe	ennsylvania
	pu ,		Usuai Residence of Decadent		40. 03. T.								
	anyla	<u>_</u>	10a. State 10b. County		10c. City, To							1	10d. Inside City Limits Xi Yes 2 □ No
	Ba-f	S	Maryland Freder	ick	Fre	derí	ck						Z44N Yes 2 No
	F 22	Director	10e. Street and Number				10f. Zip Code				10g. Citizen of	What Cour	ntry?
	23a		423 North Bent	z Street			217	702			Unite	d Sta	ites
	de la la la la la la la la la la la la la	Funeral	11. Maritei Stetus	12. Was Decedent Armed Forces	Ever in U.S.	13. W	es Decedent of Yes, specify Cu	Hispenic Ori	igin? (Spe	ecify Yes or No Rican, etc.))- 14. Rac	ce - Americ	can Indian,
2	or H		1 Never Married 2 Married	1 ☐ Yes 2X If Yes, Give	No		□Yes 2√□N				Specif		
00	be filed within 72 hours after death with the Maryland is! Hygiens. Id thygiens did nother than "natural", or items 23s or 28s-f show event, the Medical Examinat must be notined as	d by	3ÃOWidowed 4 □ Divorced	Year or Detes:							Specif	y. WII	nite
5	72 h	Completed	15. Decedent's Ed (Specify only highest gra	ducation ide completed)	16	(Give k	ent's Usuel Occi	e durina mos	t of worki	ing	16b. Kind of 8	usinaas/In	duatry
121	E B B	ם	Elementery/Secondery (0-12)	College (1-4or	5+)		O NOT use retir						
12	Mygie V		7th			1	Homemake	1				wn	
and and	be file d othe event,	8	17. Father's Neme (First, Middle, Last)								, Maiden Sumar	ne)	
3	should be filed withind Mental Hygiena. marked other than imatic event, market	9	Calvin Carmac							e Brig			
Maryland 21215-0020	2 4 4 5		19e. Informant's Name/Relationship (er, City or Town		
	1 and 2 Haalth am 27 i		David L. Himes,	son			nes Stre	eet A	pt.		ederick		21701
0	H ita		20a. Method of Disposition 1 ØBurial 2 ☐ Cremetion 3 ☐	Removel from State		ery, crem	ition (Name of etory or other p	lace)	i	Dete	20c. Location	- City or To	own, State
Baitimore,	permit. Pages 1 and Department of Haalth Important: If itam 27 any injury or other ti 2008.	- 5	4 Donation 5 Other (Specif	y)		Olive	et Cemet	ery	9	/9/96	Frede	rick,	Maryland
a	Departiment Import		21 Signature of Funeral Service Licer	koo		22.	Name and Add	ress of Facili	∀Staι	ıffer F	uneral	Homes	, P.A.
Ш	897 5 9		Atums of	X	-0	16	621 opos	sumto	wn P	ike Fr	ederick	, MD	21702
		i	236. Part1. Enter the disease, or com shock, or heart failure. List only	plications that cause	d the death. Do	not ente	r the mode of d	ying, such as	cardiec o	or respiratory a	rrest,		Approximate Interval Between
	Physician	8	and the state of t	une cause un eaur s	ar Age.							1	Onset and Deeth
ш	/Medical		Immediate Cause (Finel disease or condition		150.0	A Sept 6 and	u Pr	014	~	^		ŧ	. D
В	Examiner		resulting In death)	a	Due to (or as			007-0	0 ~ 11				- fore any
-	D #	ner			Dem	SUT	10						~ fine day
	nd	Examiner	Sequentially list conditions,	D	Due to (or as a		-						y
0	e axe fan a urial-		Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or Injury									į	
68760,	certificate be axecuted nding physician and usa as the burial-transit	Physician/Medical	thet initiated events resulting in death) Lest	C	Due to (or es e	consequ	enca of):						
	ng p	Mec										ŀ	
Вох		an/	_	d							-		
	that the death ed by the atta detached for	Sici	Pert II. Other significant conditions of	ontributing to death b	out not resulting	In the un	derlying cause g	given In Part	l.	23b. Dld	tobacco uss co	ntributs t	o the causs of death?
P.0	ras that tha de ligned by the a l be detached t	Phy								10	Yes aKINO	3 Pro	bably 4 Unknown
	gned be de	by	Awt	E MYOU	RDIAL	125	SPICTION					т—-	
Vitai Records,	v requiras been sign should be	8	4								en eutopsy ormed?	24b. W	fere autopsy findings vaileble prior to
00	S S S	pie		UTE UT	1						2.4	CO	ompletion of cause death?
Œ.	g - 0	Completed								1 🗆	Yes 25 No	1	□Yas 2□No
ita		Bec	25. Wes case referred to medical					26. Plece	of Deeth	Check only	one)		
1		To	examiner? 1 ☐ Yes 2 ☐ N o	Hospitel:	ent 2 ER/C	Outpatient	3□ DOA C	Mh ar			denca 6 □Oth	ner (Speci	(v)
ا م	g Phys er this naraf d		27. Menner of Death	28a. Dete of Inju	ury 28b	. Time of Injury	28c. Inj				how Injury occur		<i>"</i>
Division	Attending in death.	atio	1 → Netural 5 Pending 2 Accident Investigetion		y reary	mijury		Yes 2	No				
<u>×</u>	or Attendation of Director:	ti ii	3 ☐ Suicide 6 ☐ Could not be determined	206. Place of in	jury - At home, tc. (Specify)	førm, stre	et, fectory, office	9		28f. Location (Street end Numi wn, State)	ber or Run	al Route Number,
۵	s aftar M Direct	Certification:		bulluling, bi	ic. (Specify)					Ony or 10	with Otaley		
	To the Hospital or Attending within 24 hours after death. To the Funeral Director: After complately filled in by the Iuna		29a. Certifier 1 Certifying Ph	ysician: To the best	of my knowledg	e, death	occurred at the	time, dete en	d placa,	and due to the	cause(s) and m	enner as s	iteted.
	n 24 n 24 ne Fi	edical	(Check only 2 Medical Examone)	niner: On the basis of pand menner st	of examination e ated.	nd/or inve	estigetion, in my	opinion, dea	th occurr	ed at the time,	date end piece,	and due to	o the cause(s)
	Withi To th	2	29b. Signature and title of certifler	V			29c. Licer	nse number			29d. Dete signe	d (Month,	Day, Year)
				11 m			07	3217	l		91	1/9,	
			30. Name and address of person who	completed cause of o	death (Item 23a) (Type. P			,		V (1 6	
			R. GONGH POR	VA 325 /	ALKOOS	1116							
	Sta	te	31. Date filed (Month, Dey, Year)	32. Registi	ray's Signature	0							
	Registr		31. Date filed (Month, Dey, Year) SEP 0 9 198	6 Atra	divoler	rada	4						



State of Maryland / Department of Health and Mental Hygiene

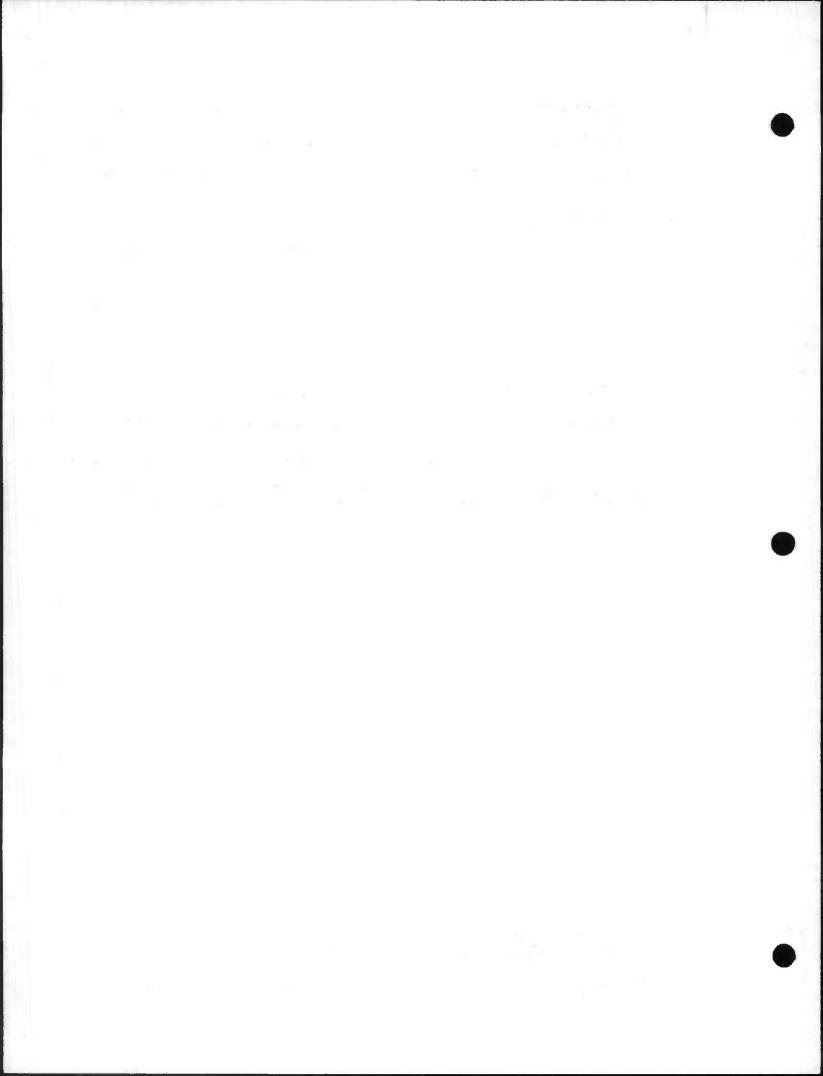
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						Certi	ificate of	Death		Reg. No.		L. 0 5 7 0
			1. Decedant's Nama (First, Middla, L	est)					2. Date of D	aeth	Valar	3. Time of Death
	Physici /Medi		Roy Webster	Houser					Sept.	3, 1996	Year	9:07 PM
	Examir		4a. Fecility Name (If not Institution, g.					4b. City, Town,	or Location of Dea		of Death	
			Colton Villa No	ursing Cente	er			Hagers'	town	Wash	ingto	on
	Funeral Director		5. Social Security Number 6. 212-24-2974 Usual Rasidance of Decedent	Sax 7. Age 1)X M 2□ F 104	(In yrs. lest bi		If Under 1 Yae Months Deys		Irs. 8. Deta of Bi (Month, D April t		Cou	nplaca (State or Foreign intry) Cyland
	land w		10a. Stata 10b. County		10c. City, Tow	wn or Local	tion					10d. Inside City Limits
	r 28a-f show	to	Maryland Washing	nton	Sharps	shura						1 ☐ Yas 2 💢 No
	r 28a	Director	10e. Street and Number	300.	0.1a. pc	3.5 4. 3	10f. Zip Coda			10g. Citizen of	Whet Cou	untry?
	death with the Maryland me 23a or 28a-f show	alD	1811 Back Road				21782			USA		
		Funeral	11. Marital Status	12. Was Decedant Ev Armed Forces?	ver in U,S.	13. Wa	s Dacedent of	Hispanic Origin? oen, Maxican, Pu	(Specify Yes or N		ce - Amer	ican Indien,
Maryland 21215-0020	a 9	by	1 ☐ Never Merried 2 ☐ Married 3 🛱 Widowed 4 ☐ Divorced	1 ☐ Yes 2 🕅 No if Yas, Give Year or Delas:			Yes 2)(1) No		orto ritouri, ato.,	Specif	v:	nite
5-0	natural,	Completed	15. Decedant's E (Specify only highest of	ducation rade completed)	16a	a. Deceder	nt's Usuai Occu	pation during most of	working	16b. Kind of B	usiness/li	ndustry
121	within ene. then	mpi	Elementery/Secondary (0-12)	Collega (1-4or 5+				during most of a		Farmi		
2	77 75 15 16	S	17. Esthada Nama (First Middle Las	45	1	Farme	r	40.44-4-4-4	to a different del della	Farmi		
and	tal H	Be	17. Fether's Nama (First, Middla, Las	_					Nama (First, Middle		ne <i>)</i>	
2	d 2 should be filed th and Mental Hyg 7 Is marked othe traumatic avant,	2	Jacob Tilghman 19a. Informent's Neme/Ralationship		101	h Mallina	Address /Street		a Jane Ha		Chata 7	in Codel
E S	d2s than 7 lar		Kathy D. Gay - G						arpsburg.			p Code)
a,	of Health Item 27 I	1	20a. Malhod of Disposition	anddaugnter	20b. Place o	of Dispositi	ion (Nama of		Dete	20c. Location		Town, Stata
Baltimore,	Pages ment of I ant: If Its ury or o		1 X Buriel 2 ☐ Cramation 3 I 4 ☐ Donetion 5 ☐ Other (Spec				tory or other pla 2007 Cel	netery	9/6/96	Sharps	burg	, Md.
Balt	permit. Page Department of Important: If any Injury or once.		21. Signeture of Funarai Sarvice Lice	nsee		Ea		pencer	Funeral H	Home		
			23a. Part1. Enter tha disaasa, or cor shock, or haart feilura. List only	nplications that caused the	ha daeth. Do	not entar	rpers f tha moda of dv	erry, W	V 25425 fiec or respiratory	arrest.		Approximata
	Physician		shock, or haart feilura. List only	ona causa on aach lina							1	Intarval Between Onset and Death
4	/Medicai		Immediata Cause (Final	At	heros	11					1	E
п	Examiner		disaasa or condition rasulting in death)		ua to (or as a							5 years
	~ *	Je l		-	ou 10 (0) uo u	oonooquo	1100 017.					
	outed nd trans	Examiner	Sequentially list conditions,	b	ua to (or as a	consequa	nce of):					
Ő,	e exe		Sequentially list conditions, if any, leading to immedieta causa. Enter Underlying Cause (Disaasa or injury								ì	
68760,	physic the b	edical	thet initiated evants rasulting in daath) Lest	C. Di	ue to (or as a	conseque	nce of):				†	
Box 6	eath certificate be executed attending physician and for use as the burial-transit	2	·	d							į	
m	that the death cer ed by the attendin detached for use	Physician/	Doet II. Other also Manat and Manat	and the standard state had		to act the ac	na ao amin'ny faritr'i Stat	to the Brown	not Du	1444		
P.0.	t the d	hys	Pert II. Other significant conditions	contributing to death but	not rasulting i	in tha unda	anying causa g	ven in Pert I.		Yes 2 No		to the cause of death? obably 4 Unknow
	that and be detected	y P		0-0					_ 'L	THE ZOUNO	3 P16	JOEDIY 4 ONKNOW
Records,	w requires that the been signed by th should be detach	Completed by								s an autopsy	24b. V	Vara autopsy findings
00	_ 00	Det							pen	formed?	0	vallable prior to completion of cause of death?
R	The law ate has page 2	E							10	Yas 200 No		☐ Yes 2☐ No
ta		BeC	25. Was casa rafarred to medical					26 Place of I	Death (Check only	70	<u> </u>	
>	Physician: this certific ral director,	TO B	examiner? 1 ☐ Yas 2 ☑ No	Hospital:	2 ER/O	utoatient	3 DOA O		g Homa 5 ☐ Ras		ar (Snac	rifu)
Division of Vital	Physer this seral di	ü	27. Mannar of Death	28a. Data of Injury (Month, Day)	28b.	Time of	28c. Inju			how injury occur		.,,,
Ö	Attending in death. Sector: After by the fune	atio	1 Netural 5 Pending Investigation		r oar)	Injury		Yas 2 No				
N. N.	Atte er de by ti	1110	3 Suicide 8 Could not datermine		y - At homa, fa	arm, street	, factory, office	1	28f. Location	(Street and Numi	ber or Rui	ral Route Number,
Ö	s after selection of the selection of th	Certification:		bollarig, etc.	(Opecity)				Oily or re	,,, Olata,		
	To the Hospital or Attending Phiwitin 24 hours after death. To the Funeral Director: After thicompletely filled in by the funeral	edicai	29a. Cartifiar (Check only one) Certifying P 2 Medicat Exa	hysician: To the best of mtner: On tha basis of e and menner state	xaminetion ar	a, deeth oo nd/or invas	ccurred at tha t stigation, in my	ima, date and ple opinion, deeth o	ece, end due to the ocurred at the time	ceuse(s) and m , date and place,	anner as and dua	stated. to the cause(s)
	To the within 2 To the comple	X	29b. Signatura and titia of certifier	. /			29c. Licen	sa number		29d. Dele signa	d (Month	, Dey, Year)
			11/1/3/	erm	m	1)	2	385/7		9/	4/5	1
		-	30. Nama and addrass of person who					0 ' '				
			William Kerns,					Smit	hsburg,	MD 21783		
	Sta	te	31. Data filed (Month, Day, Year)	32. Registrar	Signatura	p.						
	Registr	ar	SEP 0 5 19	96 11 d	inneren-	vardal	51					

State of Maryland / Department of Health and Mental Hygiene 96 28949

_						Ce			Death		Reg. No.		.0343	
Physici	an	Decedent's Neme (First		•						2. Dete of De Month	eth Day	Year	3. Time of Deat	
/Medi		Millie Ma								9	20	96	09151	
Examir	er	4a. Fecility Neme (If not in 22 Redwood I		e street end numb	er)				4b. City, Town, or Hagersto			ty of Death	3.00	
		5. Sociei Security Number	6. 9	ex 7	Ane (In vrs	last birthdey)	If Und	er 1 Year	~			hingto		
Funeral Director		214-74-6849 Usuel Residence of Deced	1		95	Yrs.	Months	Deys	Hours Min		1900	West	virginia Virginia	
/land			County		10c. Ci	ty, Town or Lo	ocation					1	0d. fnside City Lim	
r 28a-f show	tor	MD Was	shingt	on	H	agerst	nwc						1 Yes 2	
ith with the 23a or 28	Funeral Director	10e. Street and Number 22 Redwood I	rive		<u>'</u>		10f. Z	p Code	1740		10g. Citizen d	f What Coun	ntry?	
or Nems	by	11. Meritel Stetus 1 Never Merried 2[3 Widowed 4 Di		12. Wes Decede Armed Force 1 Tes 2 If Yes, Give Yeer or Date	is? ŽINo				dispanic Origin? (Sen, Mexican, Puer Specify:	Specify Yes or No to Rican, etc.)		14. Rece - American Indian, Bleck, White, etc. Specify: white		
within then	To Be Completed	15. De (Specify only Elementery/Secondery (lucation de completed) College (1-40	or 5+)				pation during most of wo d)	orking	16b. Kind of	Business/Ind		
	ပိ	17. Father's Neme (First, M	fiddle, Last)			Homer	naker		18. Mother's Ne	Own Home ne (First, Middle, Melden Surneme)				
s 1 and 2 should be filed I Health and Mental Hyg tem 27 is marked other other traumatic event,	o B	Samuel Wilbe	ert Li	vengood					Aletha	Maude Si	nith	·		
2 should and Men is marks	j	19e. Informant's Neme/Re				19b. Melli	ng Addre	s (Street	(Street end Number or Rural Route Number, City or Town, Stete, Zip C					
alth a		Eleanor Swau	ger,	daughter		22 I	22 Redwood Dr			rstown,	MD 21	740		
ermit. Pages 1 ar Department of Hea mportant: If Item in In Injury or other MCS.		20e. Method of Disposition		D	20b.	Plece of Dispo	osition (No	me of other ple	ce)	Dete	20c. Location	- City or To	wn, State	
Page nent of ant: If I		1 ☑ Buriel 2 ☐ Crem 4 ☐ Donetion 5 ☐ O			Tel I		-		, Sept 23, 1996 Brandonvi					
permit. Pages 1 and 2 Department of Health s Important: If Item 27 is any injury or other tra once.		21. Signeture of Funerei S	ervice Licer	Deur	a ,,)		22. Name and Address of Facility Newman Funeral Homes, P.A., P.O. Box 2 179 Miller St., Grantsville, MD 21536							
		23a. Pert1. Emer the dise shock, or heart failure	se, or com	plications that caus	sed the dee	th. Do not en	ter the mo	de of dyl	ng, such es cardie	c or respiratory	rrest,	21536	Approximate Interval Between	
Physician /Medical Examiner		immediate Cause (Final disease or condition resulting in death)		. 6	angh		af		fat				Weeks Superis	
and transit	kamine	b. fur plant											s years	
ufficate be executed g physician and as the burial-transit	edical Examiner	Sequentially list conditions if eny, leeding to immediat cause. Enter Underlying Cause (Disease or Injury that initiated events resulting in deeth) Lest				1								
E 00 6	~		L	d										
es that the death cert igned by the attendin be detached for use	by Physician/	Pert li. Other significant c	onditions o	ontributing to deeth	but not res	suiting in the u	nderlying	cause gi	ven in Pert i.		tobacco use o		the cause of dea	
igned be de	by													
law requires that the as been signed by th 2 should be detach	Completed									24a. Wes	an autopsy ormed?	COL	ere autopsy finding ellable prior to mpletion of cause death?	
The ate h	Con									10	Yes 2 No	10	Yes 2□No	
clan: entific ector,	Be	25. Wes case referred to n	nedical							eth (Check only	one)			
Physician: this certific	2	1 ☐ Yes 2 ☑ No		Hospitel: 1 ☐ Inpe		ER/Outpatier		OA		Home 5 PAes			y)	
After After	Certification:	2 ☐ Accident 3 ☐ Suicide 6 ☐	Pending nvestigation Could not be		Dey Year)	28b. Time of finjury	М		ry et rk? Yes 2 □ No		how Injury occ		J. Paula Mumbar	
vital or A urs after rai Direc		4 Homicide	determined	building,	etc. (Special	(y)				City or To	wn, Stete)		I Route Number,	
To the Hospital or Attand within 24 hours after death To the Funeral Director: completely lilled in by the	ledical	one)	Idical Exam	ysician: To the be liner: On the besis and menner	of examine	owledge, deetl otion end/or in	vestigetlo	n, in my c	pinion, deeth occ	e, end due to the urred et the time,	ceuse(s) end i dete and place	manner as st e, and due to	teted. the cause(s)	
With To Toon	W	29b. Signeture and title of	29c. License number 29d. Date signed (Month, Dey, Year) 9/20/96				Dey, Year)							
	2	30. Neme end eddress of p	erson who	pleted cause o		n 23a) (Type,	Print)	P AC: -	Ave	Hagesto.	n md			
Sta	te	31. Dete filed (Month, Dey,			strer's Signa	ature				0				

DHMH 16 Rav 6/95



				State of M	aryland /	-	artment o <i>rtificate d</i>	f Health and I of Death		giene (96	28950
		1. Decedent's Name	(First, Middle, La	st)					2. Dete of De			3. Time of Death
hysician /Medical	_	JOHN CA	ARL HOWE	LL					Month SEPTEME	BER 26.	1996	3:05 AM
Examine	-	4a. Facility Name (If	not institution, giv	e street end number)				4b. City, Town, or I			y of Death	0.00
		1363 SWA	ANTON ROA	AD .				SWANTON		GAI	RRETT	
ineral rector		5. Social Security Nu 217-14-4 Usual Residence of I	258	ex 7. Ag	e (in yrs. last i	birthday) Yrs.	If Under 1 Ye Months Da		8. Date of Bird (Month, De JAN 27,	th y, Year) 1922	9. Birthplace (State or Foreig Country) MARYLAND	
# as	1	COLUMN TO STATE OF THE PARTY OF	10b. County		10c. City, To	wn or Lo	cation				10	d. Inside City Limits
Examiner must be notified at	2	MD	GARRE	TT	5	CIANG	ON					1 ☐ Yes 2X No
Si Si	5	10e. Street and Num	ber				10f. Zip Cod			10g. Citizen of	Whet Counf	ry?
ra les	6	1363 SWA	ANTON ROA	D			2156	1		USA		
examiner must be notified by Funeral Director	of ruing	11. Marital Status1 ☐ Never Marrie3 ☐ Widowed 4	-	12. Wes Decedent Armed Forces? 1 X Yes 2 ☐ I If Yes, Give Year or Dates:		,	Was Decedent of Yes, specify C	of Hispanic Origin? (S Juban, Mexican, Puert No <i>Specify:</i>	pecify Yes or No o Rican, etc.)		ce - Americe ick, White, e	tc.
Pa	3		15. Decadent's Ed			a. Deced	lent's Usual Oc	cupation		16b. Kind of E		
Completed	in the second		fy only highest gra		i+)	(Give life. L	kind of work do OO NOT use rei ER OPERA	ne during most of wor tired)	king	PAPER		20119
0	5	17. Father's Name (F	First, Middle, Last)			JO LLII	III OI BIQ	18. Mother's Ner	ne (First Middle			
To Be	5 1		ARRISON	HOWELL				MART			BRUER	
To		19a. Informant's Nan			15	9b. Mailin	g Address (Str	eet end Number or Ru				Code)
	-		W. HOWEI	LL - SON			H STREE		KE PARK			<u> </u>
		20a. Method of Disposition 1 Burial 2 XI Cremation 3 Removal from State 4 Donation 5 Other (Specify) 20b. Place of Disposition (Neme of cametery, cremetory or other piece) OMEGA CREMATORY 20c. Location - City or To cametery, cremetory or other piece) OMEGA CREMATORY										
any injury or other to once.		21. Signature of Pury	aral Service Licen	1 1	M00167			dress of Facility	P.O.	BOX 2	43	
ian	1	23a. Part1. Enter the shock, or heart	e disease, or comp failure. List only	olicetions that caused one cause on each lin	the death. Do			dying, such es cardiac				Approximete Intervel Between Onset and Death
cal ner	١	Immediate Cause (F disease or condition resulting in death)	inal	a. Ke	SPIVA	ky	F	ailure,				
Examiner				Par	Due to (or as	t conseq	uence of):	ancer				- 10
		Sequentially list cond if any, leading to immoduse. Enter Underly Cause (Disease or in	ying		Due to (or es	e conseq	uenca of):					
edic		that initiated events resulting in death) La		4	Due to (or as e	consequ	uenca of):					- 27
etached for use as Physician/Mec		Part II. Other signific	ant conditions co	entributing to death bu	ut not resulting	in the ur	iderlying cause	given in Part I.	23b. Did t	obacco use co	entribute to	the cause of death?
by Physic				Troster	te	Ca	ncer	·-	10	Yes 2□ No	3 Probe	ably 4 Unknown
z snoug										en autopsy med?	aval	e autopsy findings lable prior to pletion of ceuse eath?
									1 U Y	es 2 No	10	Yes 2□ No
Be		25. Was case referre examiner?		Hospitel:			-	28. Place of Dee				
T.		1 ☐ Yes 2 🛣 N 27. Magner of Death	0	1 L Inpatie			3LI DOA		ome 5 Resid			
the fune		1 Natural 2 Accident	5 Pending investigation	28e. Date of Injur (Month, De)	Year) 280.	Time of Injury	28c. Ir V M 1	liury et Vork? ☐ Yes 2 ☐ No	28d. Describe h	ow Injury occu	rred	
ed in by the funer Certification:		3 ☐ Suicide 4 ☐ Homicide	6 ☐ Could not be determined	28e. Place of Injubulding, etc.	iry - At home, (Specify)	ferm, stre	et, factory, office	De la companya de la companya de la companya de la companya de la companya de la companya de la companya de la	28f. Location (S City or Tow	Street end Num. m, Stete)	ber or Rurai	Route Number,
dical d		29a. Certifier 1 (Check only 2 one)	Certifying Phy Medical Exam	sician: To the best of iner: On the basis of and manner sta	examinetion a	e, death nd/or inv	occurred at the estigation, in m	time, date end pieca, y opinion, death occur	end due to the orred at the time, or	cause(s) and m dete end place,	anner as sta and due to t	ted. he ceuse(s)

ROBERT A. GORALSKI, M.D. State Registrar



person who completed ceuse of death (Item 23a) (Type, Print)

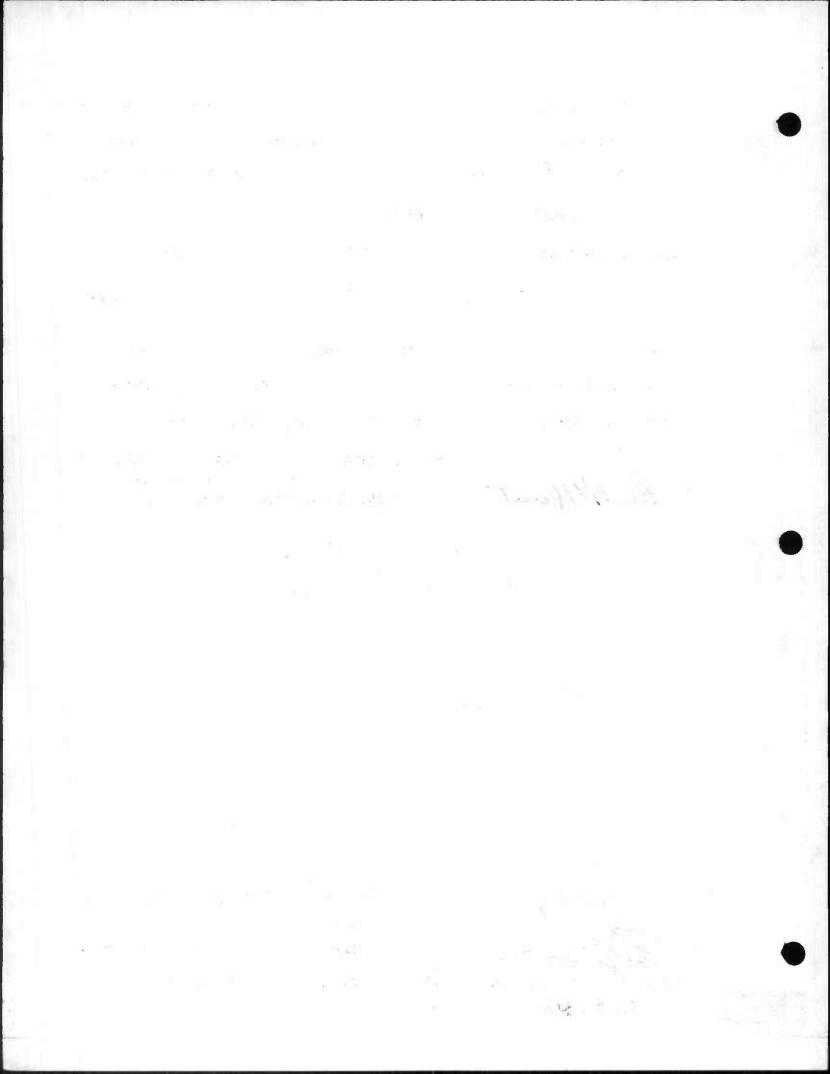
29c. License number

D23979

29d. Dete signed (Month, Day, Yeer)

OAKLAND, MD 21550

SEPTEMBER 26, 1996



Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene

				State of IVI	aryland /	Certificate of			eg. No.	6 2	8951
j)	TI Zaliyi		1. Decedent's Nema (First, Midd	fle, Last)				2. Dete of Deet	h	W.S.	3. Time of Death
	Physici		MARY	ELIZABETH		JONES		Month September	Day 10, 1996	Year	8:25 A.N
	/Medic Examir		4e. Fecility Neme (If not institute	on, give street end number)			4b. City, Town, or I		4c. County		0.00 111
			Waterview	Healthcare C	enter		Salisb	ury	Wi	comic	0
	Funeral Director		5. Sociel Security Number 219-18-3205		je (In yrs. lest b 72	Yrs. If Under 1 Year Months Deys	If Under 24 Hrs.		Year) 924		ace (Stete or Foreign y) land
П	pug *		Usuel Residence of Decedent 10a. Stete 10b. Count	<i>y</i>	10c City Tox	wn or Location				10	d. inside City Limits
	Aaryte	ō	THE STATE OF THE S	comico		lisbury				10	1X Yes 2 □ No
	18 th	Director	10e. Street and Number	Conico	- Ja	10f. Zip Code		10	0g. Citizen ot \	Whet Countr	v?
	3a or	Ö	105 Times Sq	uare		2180	1		USA		
	death	Funeral	11. Meritel Stetus	12. Wes Decedent	Ever in U,S.	13. Wes Decedent of	Hispanic Origin? (S)	pecify Yee or No-	14. Rec	e - America	
Baltimore, Maryland 21215-0020	permit. Pages 1 and 2 should be filed within 72 hours after death with the Maryland Department of Health and Mental Hyglene. Important: if item 27 is marked other than "natural", or itema 23a or 28a-f show any injury or other traumatic event, the Modical Examination must be intiffed at 2006.	by	1 ☐ Never Merried 2 ☐ Me 3 ☑ Widowed 4 ☐ Divorce	If Yes, Give	No	1 ☐ Yes 2 ☑ No	ban, Mexican, Puerti Specify:	o Mican, etc.)	Specify	ok, White, e	ite
2-0	72 ho	eted	15. Decede	nt's Education est grade completed)	16	a. Decedent's Usuei Occu (Give kind of work done life. DO NOT use retin	pation during most of wor	kina	16b. Kind of B	usiness/Indu	ustry
121	ithin	Completed	Elementery/Secondery (0-12)	College (1-4or 5	5+)		9d)	9			
7	her ti		17. Fether's Neme (First, Middle	0		Clerk	10 Mathada Nas	ne (First, Middle, A	Dry C		ng
and	d od in the first of od of od of od od od od od od od od od od od od od	Be	Charles Jos				Unknot		neiden Süttien	16)	
2	should Me Me mark matic	To	19e. Informent's Neme/Reletion	*	19	b. Meiling Address (Stree			City or Town	State 7in (Code)
X	nd 2 selfth ar 11th ar 177 is			red Saunders		8775 Bi-St					,
re,	f Heart tam other		20a. Method of Disposition		20b. Pieca	ot Disposition (Neme of ery, cremetory or other plant			20c. Location -		m, Stete
MO	Page nent o mr: If ry or		1 ☐ Buriei 2 A Cremetion 4 ☐ Donetion 5 ☐ Other (3 ☐Removel from Stete Specify)		sbury Cremat		9/11/96	Salisb	urv. l	MD
alt	permit. Departmimporta		21. Signature of Funerel Service	Licansee M	0/05/	22. Neme end Addr	ess of Fecility			,	
m	88 E 8 8		De Constant	Compon			ay Funera ow Hill Ro		hurv	MD 21	804
			23e. Pert1. Enter the disease, of shock, or heart tellure. Lis	r complications that caused t only one cause on each li	d the deeth. Do	not enter the mode of dy	ring, such as cardied	or respiratory arre	est,		Approximate interval Between
i	Physician				1	. 0					Onset and Death
	/Medicai Examiner		Immediate Cause (Final disease or condition resulting in death)	· land	liano	22 26	seone			19	Mer.
		P	,	A	Due to (or es e	consequence of):					
	petr s insit	Examiner		b. Duffe	14					4	Aug.
Ć	ficate be executed physician and as the burial-transit	Еха	Sequentielly list conditions, if eny, leeding to immediate cause. Enter Underlying	D	Due to (or es e	consequence of):					
68760,	ysicie	edicai	Cause (Disease or injury that initiated events	c.	Due to (or es e	consequence of):				9	14.
	32 00 65		resulting in deeth) Last	Dele	rosso	~				4	
Вох	ath ce thendi	Physician/M		1	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,					1	70-7
Ö	the a	sic	Pert ii. Other significant conditi	ons contributing to death b	ut not resulting	in the underlying cause g	iven in Pert I.	23b. Dld to	bacco usa co	ntributs to	the cause of death?
о. О.	hat the							1 🗆 Yı	88 2 No	3 Probe	ably 4 Unknown
ds,	The law requires that the death certifule has been signed by the attending page 2 should be detached for use a	d by						24e. Wes at	n autoney	24b. Wer	e autopsy findings
000	been shou	Completed						perform		com	lable prior to pletion of cause
Re	has be has	дшс						4 🗆 V	a office		eath?
Division of Vital Records,	delan: The		25. Wes case reterred to medical				00 Place of Page	1 Ye	/-	10	Yes 2□ No
5	sicia cert	o Be	exeminer?	Hospitel:	ent 2 ER/O	Outpatient 3 DOA	ther	oth (Check only on ome 5 - Reside		er (Specific	
0	Attending Physician: or death. ector: After this certific by the funeral director,	n: T	27. Manner of Deeth	28e. Dete of Inju	ry 28b.	Time of 28c. Inju		28d. Describe ho			
0	ath.	atio	1 Professional 1 Pendi 2 Accident 5 Pendi invest	igetion (Moriti, Da	y rear)		Yes 2 No				
>	or Attending after death. Director: After in by the fune	Certification:	3 ☐ Suicide 6 ☐ Could 4 ☐ Homicide detern			ferm, street, fectory, office		28f. Location (St. City or Town		per or Rural	Route Number,
	urs after rai Dir illed in	1									
	To the Hospital or Attending Physician: The law within 24 hours after death. To the Funeral Director: After this certificate has completely filled in by the funeral director, page 2	edical	29e. Certifier 1 Cartifyi (Check only one) 2 Medical	ng Physician: To the best of Examinar: On the basis of end menner sto	examinetion e	e, death occurred at the t nd/or investigetion, in my	lme, date end plece opinion, deeth occu	, end due to the ca rred at the time, do	ause(s) end ma ate and pieca,	anner as ste and due to	the cause(s)
	o the o the omple	Med	29b. Signeture and title of applications	end menner ste	eted.	29c. Licer	ise number	2:	9d. Dete algne	d (Month, D	lay, Year)
	F 3 F 8		1////	1-		0	2934	9	9/10	191	
			30. Neme end eddress of person	who completed cause of d	eeth (item 23e)) (Type, Print)	/ /		-17	10	
	1		Dr. William H			ealthway Dr.	, Salisbu	ry,MD			
	Sta		31. Dete tiled (Month, Dey, Year	32 Registr	ar's Signeture	and It					
	Registr	ar	SEP 11	. 1996 Jula	Authoritor a.						

DHMH 16 Rav 6/95

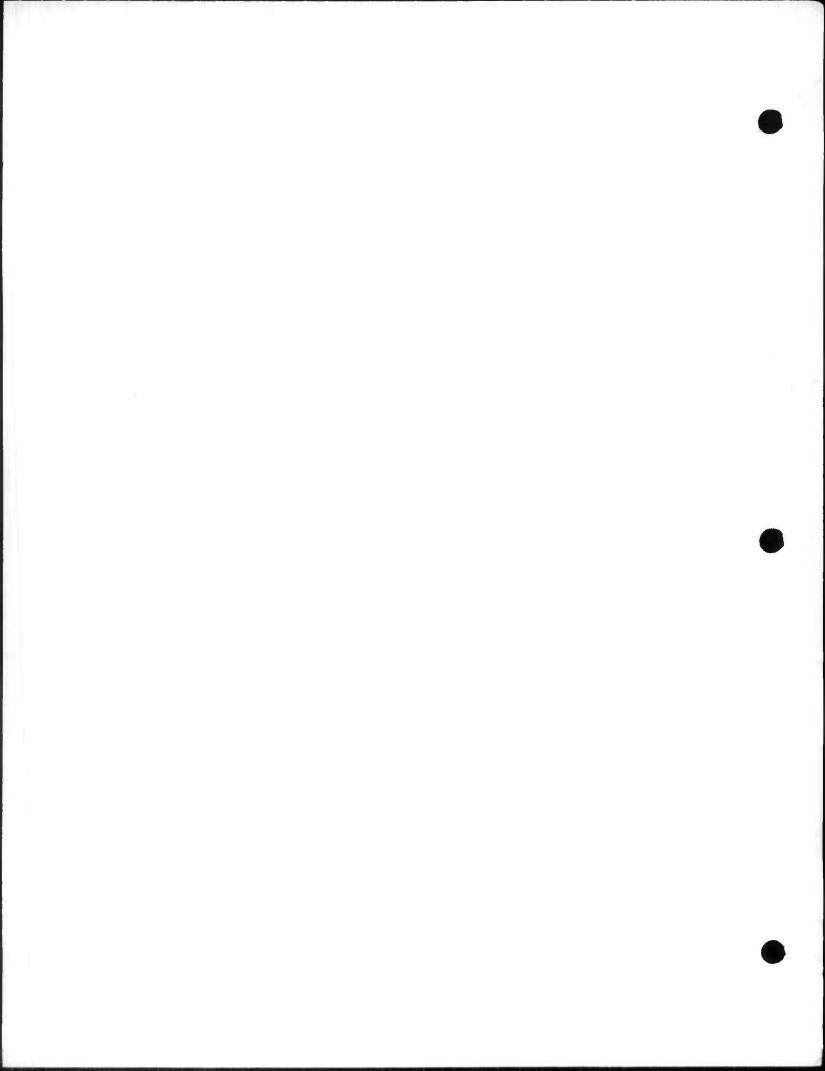
BALTIMORE, MARYLAND 21215-0020

DIVISION OF VITAL RECORDS, P.O. BOX 68760 TO THE HOSPITAL OR ATTENDING PHYSICIAN: TH
TO THE FUNERAL DIRECTOR: After this certificate
be filed within 72 hours after death with the State
IMPORTANT: If item 28 is marked or line

	filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should non-normal.	
	ages 1.	
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physicia	burial-tr	
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pital	Pd F	
The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending	etach	
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es ca	e has been signed by the attending physician and completely filled is te Deot, of Health and Mental Hydiene prior to burial, cremation, or	
edulic	en Si	
SW F	s be	
Je B	te De	-

1 - FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.

	ı.	1. DECEDENT'S NAME (First	t, Middle, Last)								2. DATE OF	DEATN			3. TIME OF DEATH
	ľ	John Mark	James								Sept	18 🖺	1996	YEAR	12:05 P M
	1	4. SOCIAL SECURITY NUMBER	1.77	5. SEX	6. AGE (In	n yrs. last birth		R 1 YEAR	IF UNDER		7. DATE OF	BIRTN		a. BIRTI	PLACE (State or Foreign
		203-12-1637		1 XM 2 ☐ F	70	Y	RS. MONTHS	DAYS	HOURS	MIN.	July .	1, 19	926	Penr	sylvania
1.	.	9a. FACILITY NAME (If not in							OR LOCATI		EATH		9c. COL	NTY OF E	DEATH
	5	The Johns H		Hospita	1		Ba.	Ltimo	ore C	ity					
1		10a. STATE	10b. COUNTY	Y	-	100	c. CITY, TOWN	OR LOCAT	TION						10d. INSIDE CITY
DIRECTOR		PA	Some	erset		- 1	Sali	sbur	v						LIMITS?
4	۱ ی	10e. STREET AND NUMBER						_	. ZIP COD				10g. CIT	IZEN OF	WHAT COUNTRY?
FLINERAL		163 W. Ord	St.						15	558			J	JSA	
1 2	5	11. MARITAL STATUS	S-et-like	12. WAS DECEDEN			13.	WAS DEC	ENDENT C	F HISPAN	NIC ORIGIN? (S	pecify Yes	or No-	14. RAC	E — American Indian, k, Whita, atc.
<u>~</u>		1 Never Married 2 2 3 Utilities 1 Dive		IF YES, GIVE Y	WAR OR DAT				2 XNO		n, Puerto Rica y:	n, etc.)			White
	- 11	15. DEC	EDENT'S EDU	CATION 2		16 DECEDE	INT'S USUAL C	00010471	201						Murce
COMPLETED		(Specify onl	y highest grade	College (1-4 or 5		(Give kin	nd of work done IOT use retired.)	during mo	st of working	g	160. KH	NO OF BUS	SINESS/IN	DUSTRY	
. 4		12	,	Conege (1-4 of 5	"	Insur	ance A	Agent			Ins	surar	nce		
		17. FATHER'S NAME (First, M	liddle, Last)						18, MOTI	ER'S NA	ME (First, Midd	lle, Maiden	Sumame)		
TO BE COM		Luke James							Jea	n Fa	arner				
0		19a. INFORMANT'S NAME (ILING ADDRES								3.555
		Ruth James,				163	W. Or	a St	., E	OX 3	88, Sa.	Lisbu	ry,	PA	15558
		20a. METNOD OF DISPOSIT 1X Burial 2 Crematic	on 3 🗆 Reme	oval from State	ceme	tery, cremator	y or other place	1			OATE		CATION -		
5		4 ☐ Donation 6 ☐ Other 21. SIGNATURE OF FUNERA		ENSEE	_ ISaJ	Lisbur	y Cem.		O ADDRE			Sali	sbur	у, Р	'A
	Ì	1 4	X)								s, P.	Α.,	P.O.	Box 275
_	4	22 PART I Franchis	u()	Jeuna			17	79 Mi	ller	St.	, Gran	ntsvi	lle	MD	21536
			eart failure.	List only one cau	ise on aa	the death. ch line.	Do not ente	r the mo	de of dy	ng, suci	h aa cardiac	or respi	ratory ar	rest,	Approximate Interval Between
	ı	IMMEDIATE CAUSE (Fir disease or condition	nal	Multip	lo Ms	roloma									Onset and Death 3 Weeks
	ı	resulting in death)	7			CONSEQUEN		_							3 weeks
Z															
				D.											
		Sequentially list condit if any, leading to imme-	diate	DUE TO	(OR AS A	CONSEQUEN	CE OF):								
CATIO		If any, leading to imme- cause. Enter UNDERLY! CAUSE (Disease or Inju	diate ING	с											
RTIFICATIO		If any, leading to imme- cause. Enter UNDERLY!	diate ING Iry	с		CONSEQUEN				·					
CERTIFICATION		If any, leading to imme- cause. Enter UNDERLY! CAUSE (Disease or Inju- that initiated events resulting in death) LAS	diate ING Iry	DUE TO	(OR AS A C	CONSEQUEN	CE OF):								
		If any, leading to imme- cause. Enter UNDERLY! CAUSE (Disease or Inju- that initiated events	diate ING Iry	DUE TO	(OR AS A C	CONSEQUEN	CE OF):	nderlying) ceuse (liven in	Part I. 24	n. WAS AN		246	WERE AUTOPSY FINDINGS
		If any, leading to imme- cause. Enter UNDERLY! CAUSE (Disease or Inju- that initiated events resulting in death) LAS	diate ING Iry	DUE TO	(OR AS A C	CONSEQUEN	CE OF):	nderlying) ceuse (ilven in		. WAS AN PERFOR	MED?	24b	WERE AUTOPSY FINDINGS AMILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
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Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible.

State of Maryland / Department of Health and Mental Hygiene 96 28953

					000	Cer	tificate	of	Death		Reg.	No.		
	Dharain		1. Decedent's Neme (First, Middle, L	ast)						2. Dete of Month		Dey	Yeer	3. Time of Deeth
Ų	Physiç /Medi		0da	M. Ki	ng					Septer			1996	10:10PM
2	Exami		4a. Facility Name (If not institution, g					4	b. City, Town,	or Location of D	eath	4c. County	of Death	
	2011		Shady Grove Adv						Rockv				tgome	-
	Funeral Director		5. Social Security Number 6. 213–40–9992 Usual Residence of Decedant	Sex 1□M 2⊠F	7. Age (In yrs. lest	Yrs.	If Under 1 Months	Year Days	If Under 24 H	in. 8. Dale of (Month), May	Birth Dey, Ye	1902	9. Birthp Cour	place (State or Foreign ntry)
	dand dand		10e. Stete 10b. County		10c. City, T	own or Lo	cation						1	Od. Inside City Limits
	Mary	tor	Maryland Monts	gomery		llark	sburg		-					1 ☐ Yes 2 🖺 No
	or 28	Director	10e. Streef and Number				10f. Zip C	ode			10g.	Citizen of	What Cour	nfry?
	th will	aic	Stringtown	Road				208	71			Amer	ican	
	r dea	Funerai	11. Marifel Status	12. Wes Dec	adent Ever in U,S. prces?	13. V	Vas Decede Yes, specif	nt of H	ispenic Origin? n, Mexican, Pu	(Specify Yes or erto Rican, etc.)	No-		ce - Americ	
21215-0020	72 hours after death with the Maryland natural; or items 23a or 28a-f ahow dical Examiner must be notified at	by	1 ☐ Never Married 2 ☐ Married 3 ☑ Widowed 4 ☐ Divorced	Armed For 1 Yes If Yes, Gir Yeer or D	V O		☐ Yes 2	_	Specify:				y: Whi	
5	72 h netu	etec	15. Decedent's I (Specify only highest g	ducetion ede completed)	1	6a. Deced (Give I	ent's Usual kind of work	Occupa done	ation duning most of a	vorking	16b	o. Kind of B	usiness/In	dustry
121	filed within Hygiene. Ither than ont, tre No	Completed	Elementary/Secondary (0-12)	College (1-4or 5+)				1)			0		
	Hygie Hygie ont, II	ပိ	17. Father's Name (First, Middle, Las	()		Hom	emakeı		18 Mother's N	lame (First, Mid	Idle Mai		home.	
Maryland	should be to and Mental I is marked of umatic even	o Be	Ora Cline	•							Mox1		10)	
37	2 shoul end Me is mert	1º	19e. Informant's Name/Reletionship	(Type, Print)	,	19b. Mailin	a Address (Street		Rural Route Nu			State. Zin	(Code)
nore,	permit. Peges 1 and 2 should be filed within 72 hours after death with the Marylan Depertment of Heelih and Mental Hygiene. Important: If item 27 is marked other than "natural", or items 23a or 28a-f ahow with injury or other traumatic event, the Medical Exprintment from profiled at Once.		Peggy N. Cramer 20a. Method of Disposition 1 Burial 2 Cremation 3 4 Donetion 5 Other (Spec	□Removel from ify)	aughter	2611 o of Dispos etery, crem m Cen	1 Corresition (Nemenetory or other netery	Or of er plec	Drive,	Damascr Date 9/16/9	200 200 06 Ge	Maryl Location	and City or To	20872 own, State Maryland
,	Physician /Medical Examiner	Jer.	23a. Part1. Let the disease, or conshoot, of leaf failure. List only immediate Ceuse (Final disease or condition resulting in death)	nplications that convolue on early one cause on e	caused the death. Deach line.	Do not enfe	5401 R or the mode	Cide of dyin	ge Road , g, such es card	ch, P.A. Damascollec or respirator	y arrest,	Mary	land	20872-01 Approximate Interval Between Onset and Death
Box 68/60,	leath certificate be executed attending physicien and I for use as the buriel-transit	an/Medicai Examiner	Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or Injury that initiated events resulting in death) Last	bd	Due to (or as			1	PYC					1110
	0 0 2	Physician/	Part II. Other significant conditions	contributing to de	eath but not resultin	g in the un	derlying ceu	ıse give	en in Pert I.	23b. E	oid toba	cco use co	ntribute to	the cause of death?
О	res that the designed by the a									1	☐ Yes	2□ No	3 Prol	bably 40 Unknow
Division of Vital Records,	aw requi	Completed by								24a. W	√as an a ertormed	utopsy †?	av co	ere autopsy findings ailable prior fo mpletion of cause death?
ř	The law ate hes pege 2	E O								1	☐ Yes	2 No	10	Yes 20 No
ıta	ysician: The la s certificate he director, pege	Be	25. Was cese referred to medicel examiner?						26. Place of D	eath (Check on	ily one)			
> >	Physic this ce al dire	2	1 ☐ Yes 25 No		Inpatient 2 ER/	Outpatient			4/2 Nursing	Home 5□R	esidence	e 8 🗆 Oth	er (Specif	y)
sion	ner ner	Certification:	27. Manner of Deeth 1 Matural 5 ☐ Pending 2 ☐ Accident Investigation	on	of Injury 281 th, Dey Year)	b. Time of Injury	M 280	Vori U □	yat k? Yes 2 □ No	28d. Descri	be how I	Injury occur	red	
Ž D	7 7 5 6	Certifi	3 Suicide 6 Could not a determined	288. Place	of injury - At home, ng, etc. (Specify)	, farm, stre	et, factory, o	office		28f. Locatio City or	n (Stree Town, S	t end Numt itete)	per or Rure	of Route Number,
	To the Hospital of within 24 hours of To the Funeral D completely filled in	edicai	29a. Certifier (Check only one) Certifying P 2 ☐ Medical Exa	miner: On the ba	best of my knowled asis of examination ner stated.	ige, deeth and/or inve	occurred at estigetion, in	the tim	e, dete and pla pinlon, deeth oc	ce, and due to t curred at the tin	the caus ne, date	e(s) and me and place,	anner es si and due to	ated. the ceuse(s)
	Vith Tota	Σ	29b. Signature and title of certifier	00	0	1	-		number			Dete signe		
			- Lwan	DK. 07.	ragn	N)	1	13	5792	_	Ser	ptembe	er 13	, 1996
			30. Name and address of person who Swaroop G. Rao, I	M.D.	50 We	st Ed	dmonds	ton	Dr	Suite 5	04	Rocky		20850
	Sta	_	31. Date filed (Month, Day, Year)	32. R	egistrar's Signature	W.Rad	2.12.							
	Registr	ar	SEP 16 1	396	man water	a a confi	and !							

DHMH 16 Rev 6/95



State of Maryland / Department of Health and Mental Hygiene

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					Cei	uncate	OIL	Jeali			Reg. No.			9 1
Physic /Med		1. Decedent's Neme (First, Middle, Vic	last) la May Ko	ogle						2. Date of Do Month Sept.	10°,	198	3. Time 6	of Death
Exami		4a. Facility Name (If not institution, g Frederick Hea		Center	ŗ		4		own, or Lo	cation of Deel LCK		red e	Death Erick	
Funeral Director		213-74-9938	· Day office	e (In yrs. last bii 4	rthdey) Yrs.	If Under	Yeer Deys	If Under Hours	24 Hrs. Min.	8. Date of Bi (Month, D	25,	1901	Birthplece (Stete Country)	or Foreign
deeth with the Maryland ms 23a or 28s-f ehow	tor	Usual Residence of Decedent 10a. State 10b. County Md • Fred	erick	10c. City, Tow Br		cation wick							10d. inside C	ity Limits
th with the 23a or 28	al Director	10e. Street and Number 619 Brunswic	k St.			10f. Zip (ode 171	6			10g. Citize	n of Wha		
P 2 2	by Funeral	11. Maritel Stetus 1 Never Married 2 Married 3 XWidowed 4 Divorced	12. Was Decedent E Armed Forces? 1 Yes 2 XN If Yes, Give Year or Dates:			Vas Decede Yes, speci				ecify Yes or No Rican, etc.)		Biack, 1	American Indian, White, etc.	
withir ene. then	Completed	15. Decedent's (Specify only highest of Elementary/Secondary (0-12)	Education grade completed) Coilege (1-4or 5		(Give I	ent's Usuai kind of work NOT use home	done d	turing mos)	et of work	ing			home	
should be filed id Mental Hygie marked other imatic event, to	o Be	17. Father's Name (First, Middle, La William Gre						18. Moth		e (First, Middle ather:	, Meiden Si	imeme)		
A THE PART AND	-	19a. informant's Name/Relationship Elaine M. Bowe				_		and Numb	er or Rur	al Route Numb	er, City or 1	own, Ste	ete, Zip Code)	1
Semit. Pages 1 an Department of Heal mportant: If item 2 any Injury or other ance.		20a. Method of Disposition 1 Buriai 2 □ Cremetion 3 4 □ Donation 5 □ Other (Special Control of	☐Removal from State	20b. Piace o cemete	t Dispos	stion (Nem netory or ott	of er piec	e)	ì	Date / 1 4	20c. Loca	tion - Clt	y or Town, State	
permit. Departi Importu eny Inj		21. Signeture of Funeral Service	W125		D		d B	. Th	omp	son Fu				769
Physician /Medical Examiner	16	23a. Part 1. Enter the disease, or co shock, or heart fallure. List on Immediate Cause (Final disease or condition resulting in death)	actie	the death. Do	le	w						Zas	Approxima Interval Be Onset and	
certificate be executed ding physician and use es the burial-transit	VMedical Examiner	Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or injury that initiated events resulting in death) Last	C	Due to (or as a										
		Part il. Other algnificant conditions	d.	ub mat sa sultima li	n tha um	dad da a sa		on in Dort		22h Did	tohann u		buts to the causs	and and a section 2
v requires that the deeth been signed by the etter should be detached for	y Phys	Kypetersion	atria			- /	_				Yee 22			Unknow
	Completed by Physicia										an autopsy ormed?	2	24b. Were autopsy available prior completion of of death?	to
Physician: The lew this certificate has trial director, page 2 s	Be Com	25. Was case referred to medical exeminer?						28. Piac	e of Deat	1 □	Yes 250	No	1 Yes 2) No
> 000	To	1 ☐ Yes 2 No	Hospitel:	nt 2 ER/OL	utpatient	3 DO	Oth	er: 40 N	ursing Ho	me 5□Res	idence 6 l	Other ((Specify)	
To the Hospital or Attending Physwithin 24 hours after death. To the Funeral Director: After this completely filled in by the funeral di		27. Manner of Death 1 Natural 5 Pending 2 Accident investigat			Time ot injury	M 28	c. Injun Work			28d. Describe				
ital or Attures after de ral Directe	Certification:	3 Suicide 6 Could not determine	building, etc	. (Specify)						City or To	wn, Stete)		or Rural Route Nur	nber,
the Hosp in 24 hot the Fune ipletely fil	edical	one) 2 Medical Ex	Physician: To the best of aminer: On the basis of and manner sta	examination an	e, death nd/or inv	occurred e estigation,	the tim	e, date ar pinion, des	nd placa, ith occurr	and due to the red at the time	causa(s) a , date and p	nd manna aca, snd	ar as stated. I due to the cause(s)
To To To To To To To To To To To To To T	Σ	29b. Signature end title of certifier				-	235	number	3		9	1/16	Month, Day, Year)	
		30. Name and address of person wh	completed cause of de	path (ftem 23a)	(Type, F	Print)	1	Bruj	25 u	rick.	mo	2	1716	

State Registrar

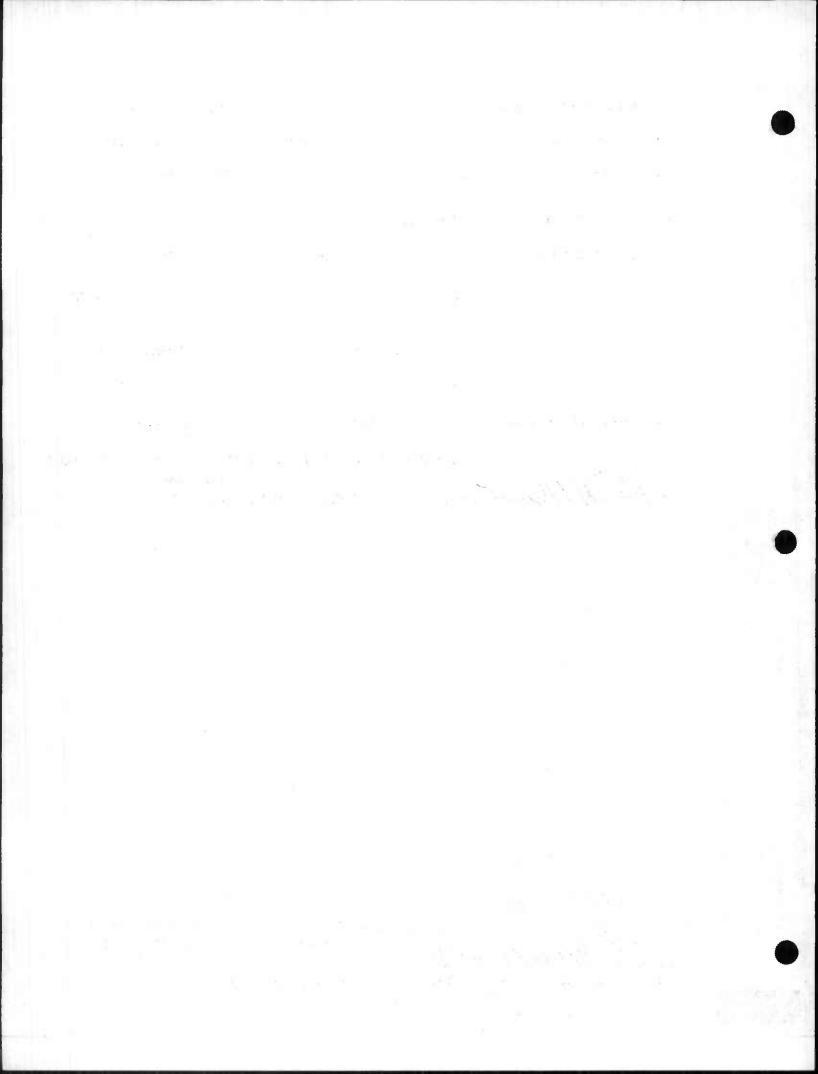
State of Maryland / Department of Health and Mental Hygiene

						Cer	tificat	e of	Death			Reg. No.		2000
			1. Decedent's Neme (First, Middle, Las	t)							2. Dete of De	eth	V	3. Time of Deeth
	Physic /Medi		JACK DEMPSEY	KUHN							SEDY.	7 19	96	9:00 A.1
	Exami		4a. Fecility Neme (If not Institution, give	street and number)				-	4b. City, To	wn, or Lo	ocation of Death	4c. County	of Deeth	
			4539 Foxville Ro	oad					Sabi	llas	ville	Fre	derio	:k
	Funeral Director		5. Social Security Number 6. Security Number 212–24–3382	7. Age	e (In yrs. lest l	oirthday) Yrs.	If Under Months	1 Yeer Deys	If Under Hours	24 Hrs. Min.	6. Dete of Birt (Month, De Jan 22	y, Year) 1928	9. Birthp Coun Mary	place (State or Foreign offy) Tand
	pu x		Usuel Residence of Decadent 10a. Stete 10b. County		10c. City, To	um or l or	etion							
	sho	5											1	0d. Inside City Limits 1 ☐ Yes 2 No
	the N	ect	Maryland Frederic	ck	Sabi	.11as						40	450	
	with or	늅	4539 Foxville Road				10f. Zlp	2178	0			10g. Citizen of V	S.A.	Ary r
	eath ma 23	eral	11. Meritei Stetus	12. Wes Decedent (Ever in II S	13 W				oin? /Sn	ecify Yes or No		e - Americ	en Indien
21215-0020	s 1 and 2 should be filed within 72 hours efter death with the Maryland Health and Mental Hygiena. fem 27 is marked other than "natural", or frems 23s or 28s-f show other treumstic event, the Medical Examiner mast be notified as	by Funeral Director	1 Never Married 2 Merried 3 Widowed 4 Divorced	Armed Forces? 1 X Yes 2 1 If Yes, Give V Yeer or Dates:	₩II &	If	Yes, spec	oify Cube	Specify:	, Puerto	Rican, etc.)		k, White,	
5-0	72 ho	Completed	15. Decedent's Edu		Korea 16	a. Decede	ent's Usue	Occup	etion during mos	t of work	ina	16b. Kind of Bu	usiness/ind	dustry
21	thin an	npie	(Specify only highest grad Elementery/Secondery (0-12)	College (1-4or 5	+)	life. D	O NOT us	se retired	d)	O WOIK	mg			
	or th	00	8			L	abor					Maint	enano	e
pu	2 should be filed withing and Mental Hygiena. Is marked other than aumatic event, the Mental Committee Menta	Be	17. Fether's Neme (First, Middle, Last)									Meiden Sumer	10)	
yla	Meni Meni Meni Meni Meni Meni Meni Meni	To	Frank Henry Kuhn						Rena	Ann	Buhrma	in		
, Maryland	and 2 sh aalth and n 27 is m		19e. Informent's Neme/Rejetionship (T Helen L. Kuhn/Wif		19							or, City or Town, Ville,		
ore			20e. Method of Disposition		20b. Pieca cemer	of Dispos	Ition (Nen	ne of ther plea	ca)		Dete	20c. Location -	City or To	wn, Stete
Ĕ	Pages nent of I int: If its		1 Mariel 2 Cremetion 3 ☐ I 4 ☐ Donetion 5 ☐ Other (Specify,		Blue	Ridg	e Cer	nete	ry	9	/10	Thurmon	t, Ma	aryland
Baltimore,	permit. Page Department of Important: If any Injury or once.		Signeture of Funeral Service Licens Service Licens Service Licens Service Licens Service License or composition of the List conty of th	24 Ja. V	Marth. D	RO	BERT	Ε.	SS OF FECILITY DAILE AIN S TO SUCH SE	Y &	SON FUN	IERAL HO	MES, D 217	P.A. 788 Approximete
	Physician /Medical Examiner	er	Immediate Cause (Finel disease or condition resulting in death)	· PROSHA		NCE	e li	141.	i M	TAS			5	Interval Between Onset and Deeth
o,	icata be axecuted physician and s the burial-transit	Examiner	Sequentielly list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or injury that initiated events	b/ /ETHE	Due to (or es	5 +consequ	1		- Ax	، در	LUN6S	S	1	
ox 68760,	ding sa a	//Medical	that initiated events resulting in deeth) Last	d	Due to (or as e	consequ	ence of):							
ă	daath e atter ed for u	clai	Doe II Other des March and March			1 4 2011			110 -					
s, P.O.	y the	by Physician	Part II. Other significant conditions co	ntributing to death bu	ui not resulting	In the un	derlying c	ause giv	en in Part I			Yes 2□ No	3 Prot	the cause of death?
Records	aw requii	Completed b									24e. Wes perfo	an autopsy rmed?	SVE	ere autopsy findings ellable prior to mpletion of cause death?
ď	g - 0	E									101	res 2 No	10	Yes 2□ No
Vital	cartificata	Bec	25. Wes case referred to medical						26. Place	of Deet	h (Check only o	ne)		
1	2 00	0	exeminer? 1 Ves 2 No	Hospitel: 1 ☐ Inpatie	nt 2 ER/C	Outpatient	3 DO	A Oth	or:	rsing Ho			er (Specif)	נע
Jol		n: T	27. Menner of Deeth	26a. Dete of Injur (Month, Day	y 26b	. Time of	2	8c. Injur				now injury occur		
Ö	Attending ir death. ector: Affai by the fune	atio	1 ☑ Neturel 5 ☐ Pending 2 ☐ Accident investigation	(Month, Day	/ Gar/	Injury	М		Yes 2 □ I	No				
Division		Certification:	3 Sulcide 6 Could not be determined	26e. Pleca of Injubulding, etc.	ry - At home, :. (Specify)	ferm, stre	et, fectory	, office			26f. Location (5 City or Tox	Street end Numb vn, Stete)	er or Rura	n/ Route Number,
	he Hospital or in 24 hours afti he Funeral Dir pletaly filled in	edical	29e. Certifier (Check only one) 1 Certifying Phy 2 Medicat Exami	sician: To the best o ner: On the basis of end manner ste	examinetion e	ge, death and/or inve	occurred estigetion,	et the tin	ne, dete en pinion, dee	d plece, th occurr	and due to the red et the time,	cause(s) and ma date end plece,	inner as st and due to	ated. the cause(s)
	To the within 2 To the comple	2	29b. Signeture and fittle of certifier				290	Licens	e number	46		29d. Dete signe	01	
_			30. Neme and eddress of person who co	empleted cause of de	382	(Type, P	KVE.	bu	DA	15	HASE	4-4-	Mo	21740
	Sta	ite	31. Dete filed (Month, Dey, Year)	32. Registra	r's Signeture	-						7		
	Regist	ar	SEP 1 0 1996	Jakad	avelon-1	andall								

15. The St. 15.

State of Maryland / Department of Health and Mental Hygiene

					Ce	rtificate o	f Death		,	Reg. No.	96	6	8956
Dhue!	.!	Decedent's Neme (First, Middle, L.	est)					2	Dete of De	eth	. Vos		3. Time of Deeth
Physic /Med		FRANKLIN NICOL	A KNOX					S	EPT.	19,	1996	ar	5:47 p.m
Exam		4e. Fecility Neme (If not institution, gi	ve street end number)				4b. City, To	wn, or Loca	tion of Deet		County of De	eath	
		597 LYNNDALE RO.	AD				OAKL	AND			GARRET'	\mathbf{T}	
Funera Directo	_		Sex 7. Age 1 I M 2 □ F 76	e (In yrs. lest L	oirthday) Yrs.	Months Day		Min.	Dete of Bir (Month, De UNE 1	y, Year)	9. E		ce (State or Foreign AND
p >	7	Usual Residence of Decedent 10a. Stete 10b. County		10- Ch. T-									
show	2			10c. City, To		ocation						10d	I. Inside City Limits
he M	Director	MD GARRET	ľ	OAKLA	AND	1							1 ☐ Yes 2 No
ath with t		10e. Street and Number 597 LYNNDALE RO	AD			10f. Zip Code 215				US A	zen of Whet	Country	n
d within 72 hours efter death with the Maryland giene. If then "natural", or flems 23a or 28a-f show, he Maryland frammer man be notified at	d by Funeral	11. Marital Stetus 1 Never Married 2 Married 3 Widowed 4 Divorcad	12. Wes Decedent I Armed Forces? 1 X Yes 2 ☐ N If Yes, Give Yeer or Detes:	lo		Was Decedent o If Yes, specify Co 1 ☐ Yes 2 ☒ N		gin? (Speci , Puerto Ri	fy Yes or No can, etc.)		14. Race - Ar Bleck, W Specify:		
	Completed	15. Decedent's E (Specify only highest gr		16	e. Dece	dent's Usuel Occ	cupetion ne duning most	t of working		16b. Kli	nd of Busines	ss/indus	stry
filed within Hygiena. ther then	Jdu	Elementary/Secondary (0-12)	College (1-4or 5	+)		kind of work dor DO NOT use reti	ired)						
filed w Hygies ther th		/			FA	ARMER	T				ERAL FA	ARMI	NG
nd 2 should be file the end Mantal Hy 27 Is marked other traumatic event	Be	17. Father's Name (First, Middle, Las	,						First, Middle	, Meiden	Sumeme)		
should be nd Mantal marked o	10	JONAS		10X			Е	STHER			TI	EETS	
s 1 and 2 should be filed within if Health end Mantal Hygiena. Item 27 Is marked other than other traumatic event, the Mantal Hygiens.		19e. Informent's Name/Reletionship				ng Address (Stre						, Zip C	ode)
Haalth Haalth Jem 27 I		GERALDINE KNOX -	- WIFE	_		LYNNDALE osition (Name of	ROAD		LAND,			-	
Pages nent of h int: If ite		20e. Method of Disposition 14 Burial 2 Cremation 3	Removal from State	cemet	ery, crei	metory or other p			Dete	20c. Lo	cation - City	or Town	n, State
Demit. Pages 1 are Department of Haa mportant: If item 5 any Injury or other once.		4 Donetion 5 Other (Speci	fy)	PLEAS	ANT	VALLEY	CEMETE	RY 9/	21/96	OA	KLAND,	, MA	RYALND
permit. Pages 1 ar Department of Haa Important: If item 2 any Injury or other		21. Signature Buneral Service Lipe	10 4	0167		2. Neme end Add		1			243 MD 21	1550	
		23a. Part1. Enter the disease, or con shock, or heart feilure. List only	plications that caused	the deeth. Do								A	pproximate iterval Between
Physician													nset end Death
/Medical		Immediate Cause (Finel diseese or condition	CA	RCINOM	ATOS	SIS						6	MONTHS
Examiner		resulting In deeth)	e	Due to (or as a	a consec	quenca of):						1	1101(1110
D ==	Ine		CA	RCINOM	A OF	BLADDE	R					2	YEARS
execute in and riel-trens	Examiner	Sequentially list conditions, if any, leeding to immediate cause. Enter Underlying	D	Due to (or as a	conseq	quenca of):							
eath certificate be executed ettending physician and for use es the buriel-trensit	Medicai	Ceuse (Diseese or Injury that initieted events resulting In deeth) Lest	C	Due to (or es e	conseq	uence of):				-			
thet the death cer hed by the ettendir detached for use	Physician/	Pert II. Other significant conditions of	d	t not resulting	In the u	nderlying cause	given In Pert I.		23b. Did	tobacco	use contribu	ite to th	ne cause of death?
es thet the igned by the be detacht	by Phy									Yee 2		Probat	37
aw requir	Completed b								24e. Wes	an autop rmed?	sy 24t	avalla	autopsy findings able prior to letion of cause ath?
9 4 6	10								10	Yes 20	ON Ž	1 🗆 Y	es 2□ No
ysician: The l s certificata he director, page	Be (25. Wes case referred to medical exeminer?					26. Place	of Deeth (6	Check only o	one)			
Physician: rthis certific rral director,	To	1 ☐ Yes 2 No	Hospitel: 1 Inpatier	nt 2 ER/C	utpatien	nt 3 DOA	Other: 4 Nu	rsing Home	5XX Resid	dence 6	Other (St	pecify)	
D 0 5		27. Manner of Deeth 1 K Neturel 5 Pending 2 Accident investigatio	28a. Dete of Injun (Month, Day	Year) 28b.	Time of Injury	W		280	d. Describe				
7 7 5 6	Certification:	3 Sulcide 6 Could not be determined	e 28e. Plece of Inju- building, etc.	ry - At home, f (Specify)	erm, str	eet, fectory, offic	a	281	Location (Rural R	loute Number,
Hospita 14 hours Funera tely fille	Medical C	29a. Certifier 1 ☐ Certifying Ph (Check only one) 1 ☐ Certifying Ph	ysician: To the best of onliner: On the basis of onliner stet	e noitenimaxe	je, death nd/or inv	n occurred et the vestigetion, in my	time, dete end opinion, deat	d plece, end h occurred	due to the et the time,	ceuse(s) date and	end manner placa, end d	as state ue to th	ed. e cause(s)
To the Within 2 To the	Me	29b. Signature and title of certifler		-		29er Lice	nse number			29d. Dete	e signed (Mo	nth, Da	y, Year)
		A511.		11	\	DO.	7258						61
10		30. Neme and eddress of person who	completed cause of de	eth (Item 23e)	(Tunn	978	1055365			10	Del	/_	160
41		A.E. MANCE, M.D.		THIRD S			LAND, M	m 215	50				
- 04	210	31. Dete filed (Month, Day, Year)	32. Registre		J. 1 •	UAKI	ם לתואחי	w 410	.50				
ા Regist	ate rar	SEP 23		March	or Bo	dell-							



State of Maryland / Department of Health and Mental Hygiene

Certificate of Death

28957

					Certii	ricate of	Death		Reg. No.		
	Physic	ian	Decedent's Nama (First, Middle, Last)					2. Data of D Month	Day	Year	3. Tima of Death
¥	/Medi		ETHEL LLEWELLYN					SEPT.			12:45 a.m
ľ	Exami	ner	4a. Facility Nama (If not institution, giva street and number)				4b. City, Town, or Lo				
_			MORAN MANOR NURSING HOME		Laste at a set N	f Undar 1 Yaa	WESTERNPO			EGANY	
	Funeral		1□M 2₹0 E	(In yrs. last bi		fonths Days		8. Data of 8 (Month, D	ay, Year)	9. Birthp Cour	iaca (Stata or Foreign try)
21	Director		217-28-2319 Usual Rasidance of Decedant	93				NOV.	25 1902	MARY	LAND
	fand w			10c. City, Tov	wn or Locati	ion				1	Od. Insida City Limits
	Mery	ğ	MARYLAND ALLEGANY	BART	ON						1 ☐ Yas 2 🛣 No
	the poor	Director	10e. Streat and Number	DIMIT		10f. Zip Coda			10g. Citizan of	What Cour	itry?
	3a o	0	STAR RT. BOX 16, FLATROCK B	RRIDGE		2152	21		UNITED	CTATE	'C
	4 within 72 hours after death with the Meryland ilene. Then "natural", or items 23a or 28a-f show the Medical Examiner rust be notified at	Funeral	11. Marital Status 12. Was Dacedent Ev.		13. Was		Hispanic Origin? (Sp ban, Maxican, Puarto	ecify Yas or N		ce - Amaric	an Indian,
5	or he		Armed Forcas? 1 Nevar Married 2 Married 1 Yas 2 No If Yas, Giva	î.		Yas 2 No		Hican, atc.)		ck, White,	atc.
2	al, c	by	3 X Widowed 4 □ Divorced Yaar or Datas:		10	Yas 2LO-No	Specify:		Specil	y: WH	ITE
ה ה	72 ho	Completed	15. Decedant's Education (Spacify only highast grada completed)	16a	a. Decedant	t's Usuai Occu	upation a during most of work	ina	16b. Kind of 8	usinass/In	dustry
7	5 2	g	Elementary/Secondary (0-12) Collega (1-4or 5+))	lifa. DO	NOT usa retin	ed)	N'IS			
V	al Hygiene. other than	3	UNKNOWN		HOM	EMAKER-			HOME		
	d off H	Be	17. Father's Nama (First, Middle, Last)				18. Mothar's Name	a (First, Middle	a, Maiden Sumar	na)	
N N	should be and Mental marked or umatic eve	2	MATTHEW JONES				MARY WA	DDELL			
Ja	VI m 'm		19a. informant's Name/Relationship (Type, Print)	190			et and Number or Run			, Stata, Zip	Code)
20	of Health Item 27 i		MARY LOU PRESTON	-0.01			8, BARTON,				
0			20a. Mathod of Disposition 1 ☒ Burial 2 ☐ Cramation 3 ☐ Ramoval from State	20b. Place o	ary, cramate	on (reama or ony or othar pl	ace)	Data	20c. Location	- City or To	wn, Stata
Baitimore, maryland 21215-0020	men tant:		4 ☐ Donation 5 ☐ Othar (Spacify)	LAUR	EL HI	LL CEM	ETERY 9+1	2-96	BARTO	N, MD	•
20	permit. Page Department of Important: If i any injury or once.		21. Signature of Funaral Sarvice Licansee				rass of Facility NERAL HOM	7			
_	00 % a 0		Walke Boal		1	11 CHU	RCH ST., V	VESTERN	PORT, M	D. 21	562
			23a. Part 1. Entar tha discussion or complications that caused the shock, or haart tellum. List only ona cause on each line.	na death. Do	not antar ti						Approximate Interval Between
1	Physician							_			Onsat and Death
1	/Medicai Examiner		immediata Cause (Fine) disaasa or condition resulting in daath) a.	Scul	n	Moco	rtial .	Infar	ction	i	1 hour
	-Xuilliici	L.	Di	ua to (or as a	consequer	nce of):	teny Dis	0		I	
	pa ii	ie e	D .	00	n wry	AN	teny Is	ensp		1	0 years
	and	Examiner	Sequantially list conditions, if any, leading to immediate	ua to (or as a	conseque	nce of):	(0
00/00	be ed ician burie		Sequantially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disaasa or injury c.							i	
0	certificate be executed ding physician and use as the buriel-transit	edical	that initiated events rasulting in daath) Last	ua to (or as a	consequan	ica of):				į	
XO	ding ding	M	d								
0						. Will recomme	ver ele	1			
5.	ires that the death signed by the atte d be detached for	Physicia	Part ii. Other significant conditions contributing to death but r	not rasuiting i	in tha unda	nying causa g	IVan in Part I.				the cause of death?
	that hed b	by Pt	by pertension					1	Yes 2 No	3 Pro	bably
	law requires as been sign 2 should be		1 0					24a. Wa	s an autopsy		ara eutopsy findings
3	v require been sig should t	lete						peri	ormed?	co	aliable prior to mpletion of cause
ב	0 5 5	Completed							· •		death?
0	certificate rector, pag		25 Was case referred to medical						Yas 2 No	11.	Yas 2□ No
>	ysician: is certific director,	Be c	25. Was casa rafarred to medical axaminar? 1 ☐ Yas 2 No Hospital: 1 ☐ Inpatient				26. Place of Deat				
5	Phys r this aral di	To To	1 ☐ Yas 2 ☐ No 1 ☐ Inpatiant 27. Mannar of Death 28a. Date of Injury		Tima of	3LI DOA	4 Nursing Ho		how injury occu		y)
DIVISION OF VITAL RECORDS,	or Attending Physician: after death. Director: After this certific I in by the funeral director,	tlor	Tenatural 5 ☐ Panding (Month, Day Y	Year)	Injury	28c. Inju	onk? ⊒Yas 2⊒No				
2	Attendi death ctor: /	flca	3 Suicida 6 Could not be 28a. Place of injury	v - At homa, fa	arm, streat,	factory, office	•	28f. Location	(Street and Num	ber or Rura	Il Routa Number,
5	affer Direct	Certification:	4 Homicida building, atc. ((Specify)		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			iwn, Stata)		
	To the Hospital or Attending Ph within 24 hours after death. To the Funeral Director: After thi completely filled in by the funeral		29a. Certifiar 1 Certifying Physician: To the best of r	my knowledge	a, daath oc	curred at tha t	time, dete and piaca,	and dua to the	causa(s) end m	anner as s	teted.
	Ho Ho	edical	(Check only 2 Medical Examinar: On the basis of a) and mannar state	xamination ar	nd/or invast	tigation, in my	opinion, death occur	red at the tima	, data and placa,	end due to	tha cause(s)
	within 2 To the complet	Σ	29b. Signatura and titla of certifier	2		29c. Licer	nsa number		29d. Data signe	ed (Month,	Day, Year)
	Q		-19m	/		0	21244		Cl	0/91	1
	18		30. Nama and addrass of person who complated causa of deel	th (item 23e)	(Type, Prin	nt)	1/		710	- ()	
	MA		JESUS TAN M.D.	FROS	TRUI	76 P	2A2A . A	ROSTA	URC I	md	2/532
	Sta	ite	31. Deta filed (Month, Day, Year) SEP 11 1996 Registrar's	s Signatura	A			, , , , ,	116		
	Regist	ar	SEP 1 1 1996 Sales Pawel	un Rard	all						

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within without hours after death. Page 6 may be retained by the hospital or attending physician.

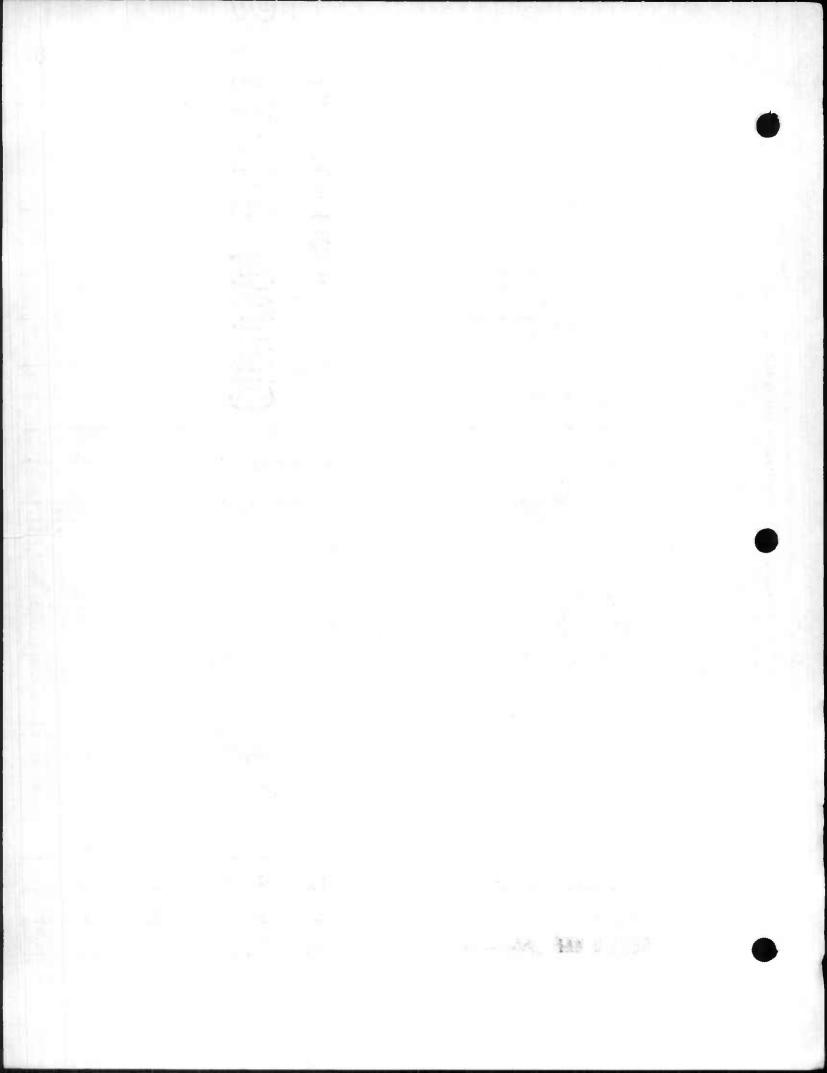
TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

BALTIMORE, MARYLAND 21215-0020

	1. DECEDENT'S NAME (First, Middle, Last)	0					- DEA		2. DATE	OF DEATH			3. TIME OF DEATH
	LAUDER	. H91	nes						Sept		996	YEAR	5:30 A. M
	4. SOCIAL SECURITY NUMBER	S. SEX 46. A	GE (In yrs. lest	birthday)	IF UNDER			R 24 HRS.	7. DATE C	OF BIRTH		B. BIRTH	PLACE (State or Foreign
	217-28-7535		88	YRS.	MONTHS	DAYS	HOURS	MIN.	pri	1 16,	190	8 Ma	ryland
	9a. FACILITY NAME (If not institution, give atr							ON OF DE	ATH			NTY OF DE	
6	Egle Nursing Ho	me			Lona	cor	ning				ALL	egan	ny
ᇤ	RESIDENCE OF DECEDENT 10a. STATE 10b. COUNTY		1	10c. CITY	, TOWN O	R LOCAT	ION				-	T	10d, INSIDE CITY
DIRECTOR	Maryland Allega	nv		Lona									LIMITS?
7	10e. STREET AND NUMBER						. ZIP COD	E			10g. CIT	ZEN OF W	THAT COUNTRY?
FUNERAL	12 West Florid	a Wav				21	.539				U	SA	
3	11. MARITAL STATUS	12. WAS DECEDENT EVE								? (Specify Yes	or No-	14. RACE	- American Indian,
BY F	1 Never Married 2 Married 3 Widowed 4 Divorced	FORCES? 1 Y)			ecify Cub 2 NO		n, Puerto A	lican, etc.)			, White, alc.
								-16				Wh	ițe
H	15. DECEDENT'S EDUC (Specify only highest grade of		(GM	EDENT'S	rork done o	CCUPATIO	ON ast of work	ing	16b.	KIND OF BUS	INESS/IND	DUSTRY	The second of
COMPLETED	Elementary/Secondary (0-12)	College (1-4 or 5+)		nci						Scho	ol		
NA I	17. FATHER'S NAME (First, Middle, Last)	4				-	10 MOT	MED'S NA	ME /Clast A	fiddle, Maiden	Company)	-	
	David Laude	~~					Mary	A		Eilbe			
BE	19a. INFORMANT'S NAME (Type/Print)	21	19b.	MAILINO	ADDRESS	(Street a				er, City or Town		Code)	
2	George Lauder		12										21539
	20a, METHOD OF DISPOSITION		20b. PLACEA	ND DATE O									
	1 Buriel 2 Cremation 3 Remo	val from State	aurel		her place)	Cem	ete:	rv S	ent	1996	Mosc	OW I	Mills, Md.
	21. SIGNATURE OF FUNERAL SERVICE LICE	INSEE			22.	NAME A	D ADDRE	SS OF FAC	CILITY			7	
	+ James Mil				E	1ch	nori	n-Mc	Kenz	zie F	uner	al	Home
	23. PART . Enter the diseases, or co	opplications that cau	sed the dea	th. Do n	ot enter	the mo	acor de of dy	nng. such	h as card	215	ratory an	rest.	Approximate
	ahock, or heart failure. L	only one cause of	n each line.				,						interval Batween Onset and Death
	disease or condition	Coad.	10 -	111	1 - 10 10	-4	H						6 mos.
	resulting in death)	DUE TO (OR A	AS A CONSEOL	UENCE OF	2	100	INFO						6 1103.
z		COLON DUE TO (OR A	vary	2	<i>nsu</i>	Lh	cio	MC	4				3 years
읦	Sequentially list conditions, if any, leading to immediate	DUE TO (OR A	IS A CONSEDI	JENCE OF):	00			1				7
2	CAUSE (Disease or Injury	Garrer	S A CONSES	09 (en	en	050	les	051	5			10 years
CERTIFICATION	that initiated events resulting in death) LAST	DUE TO (OR A	IS A CONSEGU	UENCE OF	7):								
빙	d												
	PART II. Other aignificant conditions	contributing to deat	h but not re	eulting i	n the un	derlyin	cause	given in	Part I.	24a. WAS AN PERFOR		24b.	WERE AUTOPSY FINDINGS
MEDICAL	Dement	a								1 YES 2	1.0		COMPLETION OF CAUSE OF DEATH?
NE NE													1 YES 2 NO
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:	-		OTHER		ACE OF E	DEATH (Che	ock only one) _			
YSI	1 TES 2 NO	1 Inpatient 2 II ER/0			4 Z-Nun	ing Hor	• 5 □ R	aaldence	6 Other	(Specify)			
	27. MANNER OF DEATH No Natural 5 Pending	(Month, Day, Yes		26b. TIME	URY		HK?		28d. DES	CRIBE HOW I	NJURY OC	CUREO	
B√	2 Accident Investigation	20. BL 405 OF WAL	LIENY As b	4			YES 2 [_ NO					
	3 Suicide 8 Could not be determined	28e. PLACE OF INJ building, etc. (Specify)	16, Term, S	treet, fact	ory, offic	•			ATION (Street of or Town, State)	and Number	or Rumi A	oute Number,
	29a. CERTIFIER			_									
COMPLETED	(Check only	IAN: To the best of my ki											
		On the bear of examine	ation and of the	rvotigation		pirnon, c				and place, en			
B	296. SIGNATIONS AND TITLE OF CERTIFIER	J. SEY	m				29c. LIC	ENSE NUN	ABER	1	29d. DAT	E SIGNED	(Month, Day, Year)
2	30. NAME AND ADDRESS OF PERSON WHO	COMPLETED CASHE OF	DEATH (ITEM	27) (Type	Print)		200	,, 0		1			100
	L.R. MILESUR.		57 JA	CKS	NO	ST	, L	4110	CON	SING	M	0	21539
	31. DATE FILED (Month, Day, Year)	32. REGISTRAR'S S	IONATURE			_		-	- 1				
	SEP 1 0 1996	Jalia Davels	or Ravela	16									
			17.00										

DIVISION OF VITAL RECORDS, P.O. BOX 687604



State of Maryland / Department of Health and Mental Hygiene

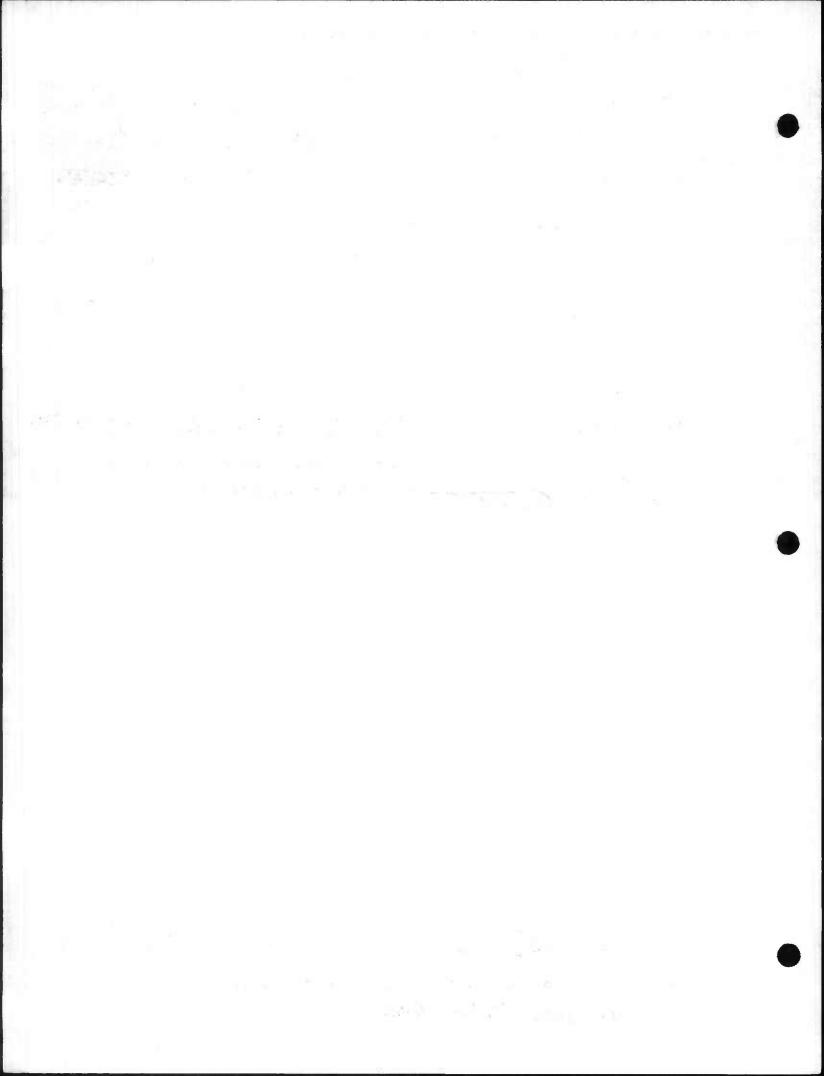
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28959

				Cei	uncate	OI L	Jealii			Reg.	No.		
sician	1. Decedent's Name (First, Middle Edna M. Linton	, Last)							2. Date of D Month		Day	Year	3. Tima of Death
ledical					_				8-31		_		8:00 AM
aminer	4a. Facility Name (If not institution Salisbury Center			care			b. City, To Salis		ocation of Dea	ith	4c. County Wicon		
	5. Sociel Security Number	6. Sex	7. Age (In yrs.	last birthday)	If Under 1 '	Year	If Under Hours	24 Hrs. Min.	8. Date of B (Month, L	irth	nes)	9. Birthplec	e (State or Foreig
	227-20-3112	1□M 2⊠F	84	Yrs.	MOTHE	Joys	riours	IVIIII.	7-25-1	91.	2	Virg:	inia
	Usual Residence of Decedent 10a. Stete 10b. County		10c. Cit	y, Town or Lo	cation							10d.	Inside City Limits
lor	MD Wico	mico	g,	alisbur	37								1 Yas 2□No
Director	10e. Street and Number	IIIICO	1 50	1113041	10f. Zip Co	ode				10g.	Citizen of 1	What Country	7
	200 Civic Ave.				2180)4				U	S.A.		
Funeral	11. Maritel Status	12. Wea De Armed F	cedent Ever In U	,S. 13. V	Vas Deceden	t of His	ispanic Ori	Igin? (Sp	ecify Yes or N Rican, etc.)		14. Red	e - American	
			21 No		☐ Yes 2K				1110411, 010.7		Specify	v 27 .	
AG D	3 ☑ Widowed 4 ☐ Divorced	Yeer or	Dates:							1			
lete	15. Decedent (Specify only highes	t grade completed		16a. Deced (Give	ant's Usual C kind of work of OO NOT usa i	occupa done d retired	ation Ju <i>ring mo</i> s	t of work	ing	181	o. Kind of B	uainess/Indus	try
Completed	Elementary/Secondary (0-12)	College	(1-4or 5+)		emaker		,				Homen	aking	
Be C	17. Father's Name (First, Middle, I	_ast)		11011	icinaire i		18. Moth	ar'a Name	e (First, Middl				
To B	Edward Hundley						Rat	chel	Johns	on			
	19a. Informant's Name/Relations! Estelle H. Col	ip (Type, Print)		19b. Mailin	g Address (S	treet a	and Numb	er or Run	al Route Num	ber, C	ity or Town,	Stata, Zip Co	de)
V	Pauline Britti	ngham		10	18 Fai	rgr	cound	Dr.	, Sali	sbu	rv. M	narles, D 2180	VA 2331
	20e. Method of Disposition 1 ☐ Burial 2 ☑ Cremation	3 Removal from	20b. F	10 Place of Disposementery, crem	sition (Name natory or othe	of or place	e)	i	Date	200	. L'ocation -	City or Town	State
	4 □ Donation 5 □ Other (Sc	ecify)		cohanno	ck Cre	emai	tory	9	/3/96		xmore		
	21. Signeture of Funeral Service I	lcansee			Neme and A				lome, I	nc.			
	yery)	Wace	alely		POF	ROV	633	Farm	oro W	2	22250		
	23a. Part . Enter the 2 ease, or sh / k, or heart failure. List	complications that only one cause on	caused the Cat each line.	h. Do not ente	ir the moda o	of dyling	g, such as	cardiac (or reaplratory	arrest,		Int	proximata larval Between
n il	Immediate Cause (Final		1	2	- ()						O	nset and Death
	Immediate Cause (Final diaease or condition resulting in death)	. 14	none	PS,	all	in	ord	7			-	y,	71
ē	123-1700-1	1	Dum to (c	r as a cophec	uence of):								
Examiner	Commission of the state of the	r b	Dog to lo	r as a conseq	wasen off:							cp	top,
	Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disaase or injury that initiated events			and to conseque	our out	٠.		>	Rese				
edical	Cause (Disease or injury that initiated events resulting in death) Last	c	Due to (o	r as a consequ	sence of):		-	10 7	CTE			9	47.
Med	raduling in dealing East	L.										1	
lan/M		- 0											
Physiclar	Part II. Other significant condition	ns contributing to	death but not res	ulting in the ur	darlying caus	sa giva	an in Part	1.	23b. Die	toba	cco use co	ntributa to th	e cause of death
/ Ph									1	Yes	2□ No	3 Probab	ly 4 d Unknow
d by									24a. Wa	sana	utopsv	24b. Were	autopsy findings
lete	4.55 5									formed		availa	ble prior to letion of cause
Completed									10	Yes	2 No	1 🗆 Y	
Be C	25. Was case referred to madical	_					26 Place	of Dogs	h (Check only		2 100	101	62 ZLINO
0	examiner? 1 ☐ Yes 2 ☑ No	Hospital:	inpatient 2	ER/Outpatien	3□ DOA	Othe	ar:		me 5 Res		e 8 DOth	er (Specify)	
n: T	27. Manner of Death	28a. Date		28b. Time of		Injury			28d. Describe				
atio	1 ☑ Natural 5 ☐ Pending 2 ☐ Accident investig		nin, Day 1 ear)	Injury	М		Yes 2	No					
Certification:	3 ☐ Suicide 6 ☐ Could n 4 ☐ Homicide determi	ned 200. Plac	a of Injury - At he	ome, farm, stre	eat, factory, o	ffica			28f. Location City or To	(Stree	t and Num (per or Rural R	oute Number,
Ce													
edlcai	(Check only 2 Medical E	Phyalcian: To the kaminer: On the l	e bast of my kno pasis of examina	wladga, daath tion and/or Inv	occurred at t	he tim	e, data an	id placa, ith occurr	and due to the	a caus	a(s) and ma	annar as state	d. e cause(a)
Med	one) 29b. Signature and title of coefficient	and mai	nner steted.		-		number					d (Month, Day	
	255. Signature and title or commit	1	985		200.0		0.7	10		1	/9 .	01	T. J. SHIPLY
	11/1/				0	2)	157	1		1	134)	6	
	30. Name and address of person v		-			C.	.1.4.51	/	MD 21	204	1		
	Dr. William H.		1104 Flo	earthwa	y DI.,	, 58	allst	ury,	rw ZI	004			

Registrar

SEP 091996



State of Maryland / Department of Health and Mental Hygiene 96

28960

3. Tima of Death

10d. fnslda City Limits

1 ☐ Yes 2 【No

4:32 AM

96-209 Certificate of Death 1. Decedant's Nama (First Middle Last. 2. Date of Deeth **Physician** Month TIMOTHY **EDWARD** LONG 15, 1996 SEPT. /Medical 4a. Facility Nama (If not institution, give street and number) 4b. City. Town, or Location of Death 4c. County of Deeth Examiner CHARLES 1659 BRAWHER CT. WALDORF If Under 24 Hrs. 8. Data of Birth
Hours Min. (Month, Dey, Year) 6. Sex 1 M M 2 ☐ F If Undar 1 Yeer 5. Social Sacurity Number 7. Aga (In yrs. last birthday) 9. Birthplace (State or Foreign **Funerai** Deys Yrs. Director 215-19-9794 20 AUGUST 26,1976 MARYLAND Usual Rasidanca of Deceden the Maryland 10a. Stata 10b. County 10c. City, Town or Location 7 is marked other than "natural", or items 23a or 28a-f show traumatic event, the Medical Examiner must be notified at MARYLAND CHARLES WALDORF Directo 10e. Street and Number 10f. Zip Coda 10g. Citizan of What Country? with 426 UNIVERSITY DRIVE 20601 UNITED STATES deeth 1 Funeral 12. Was Dacadant Evar in U,S. Armed Forcas? 1 ☐ Yas 2 Ø No If Yes, Giva Yaar or Datas: Was Dacedant of Hispanic Origin? (Specify Yas or No-If Yes, specify Cuban, Maxican, Puerto Rican, etc.) Raca - American Indien, Bleck, White, etc. permit. Pages 1 and 2 should be filed within 72 hours efter Department of Health and Mental Hyglene. Important: If item 27 is marked other than "natural", or ite any follory or other traumatic event, I'm Medical Examine. 1 Navar Married 2 Marriad Baltimore, Maryland 21215-0020 Specify: WHITE 1 ☐ Yas 2 No Specify: þ 3 Widowed 4 Divorcad Completed 15. Decedent's Education (Specify only highest grade completed) 16a. Decedant's Usual Occupation 16b. Kind of Businass/Industry (Give kind of work done during most of working life. DO NOT use retired) Elementery/Secondary (0-12) College (1-4or 5+) 12 SHIPPING MANAGER GLASS COMPANY 17. Fether's Nema (First, Middle, Last) 18. Mothar's Nama (First, Middle, Maiden Sumame) Be LAURA 2 GARY J. LONG, SR. ETTA SWEET 19e. Informant's Name/Ralationship (Type, Print) 19b. Mailing Address (Street end Number or Rural Route Number, City or Town, State, Zip Code) 426 UNIVERSITY DRIVE WALDORF, MARYLAND 20601 GARY J. LONG, SR./FATHER 20a. Mathod of Disposition 20b. Placa of Disposition (Name of cemetery, cremetory or other place) 20c. Location - City or Town, Stete 1 Burial 2 Cremation 3 Ramoval from Steta 4 Donetion RINITY MEMORIAL GARDENS SEPT.19 WALDORF, MARYLAND Qthar (Specify) rvice Licens 22. Name and Addrass of Facility THE HUNTT FUNERAL HOME, INC. P.O. BOX 156 WALDORF, MARYLAND 20604 MATTHEWS M-00698 23a. Part1. Inter the disease, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory errest, shock, or heart failure. List only one cause on each line. **Physician** Immadiata Causa (Final disaasa or condition rasulting in death)

/Medical Examiner

sician and burial-transit

98 ŏ

signed by the el

peeu has

certificate

this

in by

i or Attending P. efter death.

Director: After ti

24 hours Hospital

To the within 2 To the

Box 68760.

P.O.

Records,

Division of Vital

Examiner physician street street Physician/Medical by Completed Be Certification: To

Sequentielly list conditions, if any, leading to Immadiata causa. Entar Undarlying Causa (Diseasa or Injury that Initiated events rasulting in death) Lest

25. Was casa referred to medical exeminar?

81. Data filad (Month, Dey, Year)

5 Panding

Invastigation

6 ☐ Could not be detarmined

SEP1 9 1996

XXYas 2 No

27. Mannar of Death

XX Accident

3 Suicida

29b. Signature

4 Homicide

1 Neturel

a MULTIPLE INJURIES Dua to (or as a consequence of):

Dua to (or as a consequence of):

Due to (or as a consaguance of):

Part II. Other significant conditions contributing to death but not resulting in the underlying ceuse given in Part I.

23b. Did tobacco use contribute to the cause of death?

1 Yes 2 No 3 Probably ∳CMInknown

24a. Wes en eutopsy performed?

24b. Wara autopsy findings available prior to complation of causa of daeth?

Approximete Intarval Batwean Onsat and Death

XXYas 2 No

tXiXas 2□ No

26. Placa of Death (Check only one)

Othar: 4 Nursing Homa 5 Rasidanca Nother (Specify) SCENE 28d. Describe how Injury occurred Driver

Branker

28b. Time of 28c. Injury at Work? 28e. Deta of Injury (Month, Dey Year) Injury 9-15-96 0336

1 ☐ Inpatiant 2 ☐ ER/Outpatient 3 ☐ DOA

1 Yes 2 No

single vohide 28f. Location (Street end Number or Rural Route Number, City or Town, State)

accident

Ct.

28a. Place of Injury - At homa, farm, straat, factory, office building, atc. (Specify)

LOUDY A 29a. Certiflat 1 Certifying Physician: To the best of my knowledga, death occurred et the time, data and place, and due to the cause(s) and mannar es stetad.

Hospital:

XXMadical Examiner: On the basis of exemination and/or invastigation, in my opinion, death occurred at the time, date and place, and due to the causa(s) end mennar stated.

1659

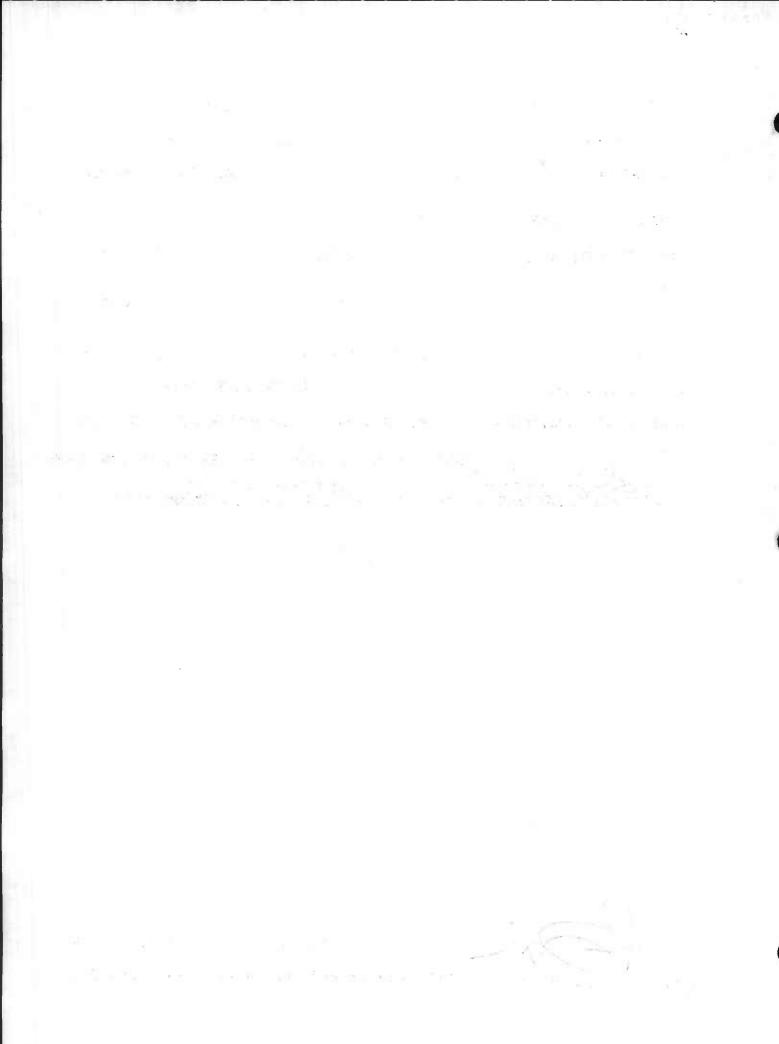
29c. Licansa number O.C.M.E 29d. Deta signed (Month, Day, Year) SEPT. 15, 1996

30. Name and e who complated cause of deeth (Item 23e) (Type, Print) dress of parson

FOWLER, MD DAVID R.

111 Penn Street, Baltimore, Maryland 21201

State Registrar 32. Registrer's Signetura



Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene 96

28961

	6					$C\epsilon$	ertifica	te of	Death			Reg. No.			
	Time I	M	1. Decedant's Nama (First, Middle, La	est)							2. Deta of De			3. T	ime of Death
U	Physic		Мал	y Agnes	Loiel	10					Month August	Day 22,	Yaar 1 9 9 6	4.	30 A.M.
а	/Medi		4a. Facility Nama (If not institution, given			10			th. City. To	wn. or Le	ocation of Deet		ounty of Deeth	_	J
g,	Exami	ner			111										
			Manor Care-Silv				. If I lod	er 1 Yeer			pring		ntgome		
п	Funeral			Sax 1 □ M 2 🗓 F		s. last birthday Yrs.	Months		if Under Hours	Min.	(Month, De	th ly, Year)	9. Birth		State or Foraign
11	Director		113-18-9130		93	113.					May 30	,1903	Ire	lanc	1
	pu *		Usual Rasidence of Decedent 10e. Steta 10b. County		100.0	ity, Town or L	ocation							10d Inc	ida City Limits
	alya aho	7													Yas 2 No
	N e M	octo	Virginia Albemar	Le		Charlo									Ties ZLA
	₽ 6 E	Director	10e. Street and Number				10f. Z	ip Coda				10g. Citizer	n of What Cou	untry?	
	th w		2292 Whippoorwill	Road			22	901				Unite	d Stat	es	
	n 72 hours after death with the Maryland 'natural', or Hems 23s or 28s-f show redical Examiner must be notified at	Funeral	11. Maritai Status	12. Was Dec Armed Fo	edant Evar in	U,S. 13.	Wes Dec	edent of H	lispanic Ori	gin? (Sp	ecify Yas or No Rican, atc.)	- 14.	Race - Amar Black, White		an,
0	or it		1 Nevar Married 2 Married	1 ☐ Yas If Yes, Gi	2 X No		1 ☐ Yas		Specify:	,, , , , , , , , , , , , , , , , , , , ,	,,	0-		, 010.	
02	Par.	by	3 ☑ Widowed 4 ☐ Divorced	Yaar or D	atas:		1 1 1 1 1 1 1 1	2/2/140	Specify.			Sp	pecify:	hite	
20	Patra Patra	Completed	15. Decedent's E	ducation		16a. Dece	edant's Us	ual Occup	ation	t at ward		16b. Kind	of Business/li	ndustry	
21	C 6	ple	(Specify only highast gr. Elamantary/Secondary (0-12)	Collega (1-4or 5+)	iifa.	DO NOT	use ratired	during mos d)	O WORK	nig.				
21	filed within Hygiene. other than	PO	12	ooogu (Home	emake	r				Own Ho	me	
ğ	- 0 -	Bec	17. Fathar's Nama (First, Middla, Last)					18. Moths	r's Nam	a (First, Middla	, Maidan Su	mama)		
lar	0 0 0 0	0	John Butler						1	Marv	Dunphy	7			
Ž	# DE E	-	19a. Informant'a Neme/Ralationship	Type, Print)		19b. Mai	lina Addre	ss (Street			al Routa Numb		own. State. Z	io Coda)	
Maryland 21215-0020	2 5 5 5		Lawrence P. Loiel								, Charl				
e,	. Pages 1 and 2 ment of Health ant: If New 27		20a. Method of Disposition	110/3011	20b.	Diago of Diag	onition /Al	ama of					tion - City or 1		
ō	S 5 5		1X Buriai 2 ☐ Cramation 3 ☐			comatary, cre	ematory or	othar plac	») Aug	. 26	,1996				
tin	tant fury		4 □ Donation 5 □ Othar (Speci		St	. Char									w York
Baltimore,	permit. Page Depertment of Important: If any Injury or 2005e.		21. Signatura of Funeral Sarvice Lice	nsaa		2	22. Nama (and Addra	ss of Fecilit	Rob	ert_A.	Pumph	rey Fu	nera	1 Home,
	20 E 2 G		Thickele of	Sitt	2 M003	48 B	ethes	sda-U	nevy Maryl	Chas	e, Inc. 20814-	-3501	/ Wisc	onsi	In Ave.
			23a. Part1. Entar tha diseasa, or conshock, or haart failure. List only	plications that o			ntar the mo	da of dyin	ig, such as	cardiac	or raspiratory a	rrast,		Appro	ximata
e.	Physician		SHOCK, OF HEART FAILURE. LIST OFFIN	Ona Causa On a	iacri iine.								1		al Batween t end Death
Ŋ.	/Medical		immediate Causa (Final	0			_ 171 - 2	1					1	37.0.0	***
	Examiner		disaase or condition resulting in death)	a. Con	gestiv				-					Yea	115
	المراشق	ē			Due to	(or as a conse	equance of):							
	nsit n	Examiner		b. ———			,								
	certificate be executed ding physician and se as the buriel-transit	Xar	Sequentially list conditions, if any, laeding to immadiata		Due to	(or as a conse	equance of):							
68760,	be e clan burie		causa. Entar UndarlyIng Cause (Disaase or Injury	C									i		
87	sete the	edical	that initiated events rasulting in daeth) Last		Dua to	or as a conse	quance of):							
9 x	ding b	/Me		d											
Bo			_	u									1		
	0 9 8	Physician	Pert II. Other significant conditions of	contributing to d	eath but not ra	suiting in tha	underlying	causa giv	an in Part t		23b. Dld	tobacco us	e contribute	to the ca	nuse of death?
0	that the ed by th detach	Phy	Dana Wada Ebwan	-h							10	Yes 20	No 3□Pr	obably	4 Ĭ Unknown
	on de de	by	Deep Vein Thron	ndosis					_						
Records,	v raquiras baen sign should be		0-1								24a. Was	an autopsy	24b. V	Vare aut	opsy findings
8	- D W	let	Osteoporosis								pend	ormed?	C		n of cause
æ	0 - 0	Completed										00			
a	ician: The certificate rector, pag										10	Yes 2XIN	10 1	LIYes	2 No No
Vital	Physician: this certific ral director,	Be	25. Was case rafarred to medical axaminar?	Hospital:				0.1			h (Check only				
ō	hys al di	မ	1 ☐ Yas 2 ☒ No	10	inpatient 2[WILL NU		ma 5 🗆 Rasi			ify)	
		on:	27. Manner of Death 1 ⊠Natural 5 □ Pending	28e. Data (Mon	of injury th, Day Year)	28b. Tima Injury	of	28c. Injun Wor	y at k?		28d. Describe	how injury o	ocurred		
Division	Attending or death. actor: After by the fune	ati	2 ☐ Accident Investigatio				М	1 🗆	Yas 2□	No					
ž	A 5 8 6	Ħ	3 ☐ Suicide 6 ☐ Could not be determined	28a. Place	of Injury - At	homa, farm, s	treet, facto	ry, office			28f. Location (City or To		lumber or Ru	ral Route	a Number,
ō	s after	Certification:		30.10	ng, ote. (open	,,					J., J. 10	,,			
	hour hour nere y filk		29a. Cartifler 1∑ Certifying Pr	ysiclan: To tha	best of my kn	owledge, dae	th occurre	d at tha tin	na, date an	d place,	and due to tha	causa(s) an	d manner as	stated.	
	P Ho P Fu	edical	(Check only 2 Medical Exar	niner: On tha ba	asis of exemin nar stated.	ation and/or Ir	nvestigatio	n, in my o	pinion, daa	th occur	red at tha time,	dete end pla	ace, and dua	to tha ca	iusa(s)
	To the Hospital or within 24 hours after To the Funeral Dir completely filled in	X	29b. Signature and title of estrition	7			21	c. Licens	e number			29d. Data s	igned (Month	, Day, Y	ear)
			111	/				n/0	767			Δυσυσ	t 22,	1004	5
			20 11-16				B	D42	/0/			Augus	L ZZ,	1770	,
1			30. Name and address of person who						т .	_ 1	Macr. 1		707		
			Christopher P. Ma				rry l	Lane,	Laur	eı,	maryla	na 20	0707		
	Sta		31. Dete filed (Month, Day, Year)		agistrar's Sign	natura	J. pa								
	Registr	ar	AUG 2 8 199	b	the thente	son-Nou	مالايد								

and the first transfer to

State of Maryland / Department of Health and Mental Hygiene

Certificate of Death 1. Decedent's Name (First, Middle, Last) 2. Date of Death **Physician** Month 4e, Fecility Neme (It nor Institution, give street and number) 0640 /Medical 4b. City, Town, or Location of Death Examiner Preside His subops Hearth Came Center 9. Birthpleca (State or Foreign Country) If Under 1 Yeer If Under 24 Hrs. 5. Sociel Security Number 7. Age (In yrs. lest birthdey) **Funeral** 1⊠M 2□ F Months Days Hours Yrs Director 166-44-2759 March 1, 1952 Pennsylvania Usual Residence of Decedent 10a. State 10b. County 10c. City, Town or Location 10d. Inside City Limits 28a-f show 7 is marked other then "natural", or Items 23a or 28a-f shov traumatic event, the Medical Examinor maint be notified at 1 ☐ Yes 2 ☑ No Director Maryland Montgomery Silver Spring the 10e. Street and Number 10a. Citizen of What Country? 10f. Zip Code 11215 Oakleaf Drive #1909 Funeral 20901 United States 12. Wes Decedent Ever in U.S. Armed Forces? Was Decedent of Hispanic Origin? (Specify Yes or No-If Yes, specify Cuban, Mexican, Puerto Rican, etc.) 14. Reca - American Indian, Black, White, etc. 72 hours after 1 ☐ Yes 2 ☑ No If Yes, Give Year or Dates: permit. Pages 1 and 2 should be filed within 72 hours afti. Department of Health and Mental Hygiene. Important: If Item 27 is marked other than "natural", or any injury or other traumatic event, the Medical Example once. 1 Never Married 2 Merried Baltimore, Maryland 21215-0020 1 ☐ Yes 2 ☑ No Specify: Specify: þ 3 ☐ Widowed 4 ☐ Divorced White Completed 16a. Decedent's Usual Occupation (Give kind of work done during most of working life. DO NOT use ratired) 15. Decedent's Education (Specify only highest grade completed) 16b. Kind of Business/Industry Elementary/Secondary (0-12) Coilege (1-4or 5+) Maitre d Restaurant 17. Father's Name (First, Middle, Last) 16. Mother's Neme (First, Middle, Meiden Sumeme) Be George Lang, Jr. Clara Pearl Heath 19a. Informant'a Neme/Relationship (Type, Print) 19b. Mailing Address (Street end Number or Rural Route Number, City or Town, State, Zip Code) Clara H. Lang/ Mother 806 Menock Manor, Greensburg, Pennsylvania 15601 20b. Place of Disposition (Name of cametery, crematory or other place) August 29,1996 Hempfield Township 20a. Method of Disposition 1 ☐ Burial 2 ☐ Cremetion 3 ☐ Removal from State 4 ☐ Donetion 5 ☐ Other (Specify) Westmoreland County Memorial Park Pennsylvania 22 Name and Address of Fecility Funeral Home/ Robert A. Pumphrey Funeral Home/ Bethesda-Chevy Chase, Inc. 7557 Wisconsin Avenue Bethesda, Maryland 20814-3501 21. Signeture, of Funeral Service Licenses M00335 23a. Part. Enter the disease, of complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. First only one cause on each line. Approximate Interval Betw Onset and Death **Physician** /Medical immediate Cause (Final disease or condition resulting in death) HEPARC FAILURE 3 mark Examiner Due to (or as a consequence of) Examiner burial-transit certificate be axecuted Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or injury that initiated events resulting in death) Last and Due to (or as a consequence of) physician sthe burial Box 68760. Physician/Medical Due to (or as a consequence of): 88 980 Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. Division of Vital Records, P.O. 23b. Did tobacco use contribute to the cause of death? 1 Yes 2 No 3 Probably 4 Unknown Ď 24b. Were autopsy findings available prior to completion of cause of death? 24a. Was an autopsy parformed? Completed peed page 2 21 No certificata l or Attending Physician: after death. 25. Was case referred to medical examiner? Be 26. Piace of Death (Check only one) Other: Nursing Home 5 Residence 6 Other (Specify) 1 Yes 2 No Medical Certification: To 1 ☐ Inpatient 2 ☐ ER/Outpatient 3 ☐ DOA this 28a. Date of Injury (Month, Day Year) 27. Manner of Death 26d. Describe how injury occurred 28b. Time of 28c. injury at Work? After 1 Naturai 5 Pending 1 Yes 2 No 2 Accident investigation Director: 8 Could not be 3 Suicide 28f. Location (Street and Number or Rural Route Number, City or Town, Stete) 28e. Plece of Injury - At home, farm, street, factory, office building, etc. (Specify) 4 - Homicide 24 hours a Funeral C Hospital 1 Certifying Physician: To the best of my knowledge, death occurred at the time, date end place, and due to the cause(s) end manner as steted.

2 Medical Examiner: On the basis of examination and/or investigation, in my opinion, death occurred et the time, date and place, and due to the cause(s) and menner stated. 29a. Certifier (Check only one) To the P 29b. Signature and title of certifler 29c. License number 29d. Date signed (Month, Day, Year) D-17874 30. Name and address of person who completed cause of death (Item 23a) (Type, Print) 3717-38" NE BREWINDOD, NO 20722 SANKARAN M. NAYAR MD 31. Date filed (Month, Dey, Year) 32. Registrar's Signature State Registrar AUG 2 8 1996

DHMH 16 Rev 6/95

State of Maryland / Department of Health and Mental Hygiene

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						Cert	ificate	of Death		Reg. No.		20300
	Dhuala		1. Decedent's Nama (First, Middle, La	ist)					2. Date of E	Death Day	Yaar	3. Tima of Death
J	Physic /Medi		Geo	orge		Lu				20, 199		9:21 P.M
0	Exami		4a. Facility Name (If not institution, git	re street and number;				4b. City, Town,	or Location of Dea	ath 4c. County	of Death	
			8011 Postoak Road					Potoma			omery	
ď	Funeral Director		5. Social Security Number 6.3 560-58-4176 Usual Residence of Decedent	MM 2DE	ge (In yrs. last b		Months [n. (Month, L	inth Dey, Year) 14,1920	9. Birthplac Country China	ce (Stete or Foreign)
	M M		10a. State 10b. County		10c. City, To	wn or Loca	ation				10d	inside City Limits
	with the Maryland a or 28a-f show Lbe notified at	P	Maryland Montgor	nery	Pot	omac						1 ☐ Yes 2 No
	r 28s	Director	10e. Street and Number				10f. Zip Co	oda		10g. Citizen of	What Country	?
	Sa o at the	D	8011 Postoak Road	l			20	854		Unite	ed Star	tes
	death mms 23 Cmws	Funeral	11. Maritai Status	12. Was Decedant	Ever in U,S.	13. W	as Deceden	t of Hispanic Origin? Cuban, Mexican, Pu	(Specify Yas or N	lo- 14. Rac	e - American	
Maryland 21215-0020	72 hours after death with the Marylar natural", or lisms 23s or 23s-f show dical Examiner must be notified at	by	1 ☐ Never Married 2 ☑ Married 3 ☐ Widowed 4 ☐ Divorced	Armed Forces	No			No Specify:	erto Hican, etc.)	Specify	ck, White, etc	
20	72 hours "natural", edical Exa	Completed	15. Decedent's E (Specify only highest gr	ducetion	16	a. Decede	nt's Usual C	Occupation done during most of w	nekina	16b. Kind of B	usiness/Indus	itry
21	within one. than r	npie	Elementery/Secondary (0-12)	College (1-4or	5+)	life. Do	O NOT use	retired)	OTKING			
2	44 25 44	Co		5+		Civ	il Se				I.A.	
pu	8 H B 8	Be	17. Father's Nama (First, Middle, Last							la, Meidan Surnen	na)	
yla	should b nd Menta marked umeric e	10	Hsueh Lian		1				iao Mei			
Mar	の祖生者		19a. informant's Name/Relationship					itreet and Number or			Stata, Zip Co	ode)
e,	n 27 her tr		Sylvia E. Lu / Wi	fe				k Road, Po		_	20854	
0	Pages bent of F int: If its rry or of		20a. Method of Disposition 1 □ Burial 2 ☒Cramation 3 □	Removai from State	cemat	ary, creme	story or othe	of Arpiece Aug. 26	,1996	20c. Location -	City or Town	, State
ij	artment ortant: Pag injury o		4 ☐ Donation 5 ☐ Other (Special	y)	Montg			matorium,		Bethesda		
Baltimore,	permit. Pages 1 and Department of Health Important: If item 27 any injury or other to 9056.		21. Signature of Funeral Service Lice	Kitta	M00348	Ro Ro	Name and A ckvil ckvil	Address of Facility F le, Inc., le, Maryla	300 W. 1	Pumphre Montgomer	ry Ave	eral Home
	Physician		23a. Part1. Enter the diseasa, or com shock, or heart feilure. List only	plications that cause one cause on each ii	d the death. Do	not enter	the mode of	f dying, such es card	ac or respiratory	arrest,	A	pproximate iterval Between inset and Death
ľ	/Medical Examiner		tmmediate Cause (Final disaese or condition resulting in death)	a. Bivent	ricular			ve Heart I	ailure		3 т	months
	D #	Examiner	_	Severe	Mitral	L Reg	urgit	ation			3 -	years
	and trans	Kam	Sequentially list conditions,	b	Due to (or as a	conseque	ence of):					
50,	oe ex		Sequentielly list conditions, if any, leading to immediate ceuse. Enter Underlying Cause (Disease or Injury that initiated events	Corona	ry Arte	ery D	iseas	е			3 т	months
68760,	certificate be executed ding physician and use as the burial-transit	Medical	that initiated events resulting in death) Last	V	Dua to (or as a	conseque	ence of):				1	
×	E 0 8			d							1	
Bo	death ce	ian									1	
o	by the statched	Physician/	Part it, Other significant conditions of	ontributing to death b	ut not resulting	in tha und	lerlying ceu	se given in Part i.	23b. Di	d tobacco use co	ntribute to th	ne cause of death
م	that the sed by detac		Insulin Depend	ent Diabet	es Meil	litus			10	Yes 2 No	3 Probat	oly 4 Unknow
Vital Records,	requiras been sign should be	Completed by								is an autopsy formed?	availa	autopsy findings ibie prior to letion of cause
Be	The law ate has b	E C									of dea	
a			25. Was case referred to medical							Yes 20 No	1 🗆 Y	es 2 No
5	icia rect	o Be	examiner?	Hospitai:			•5000	Other	eath (Check only			
ō			27. Manner of Death	1 ☐ tnpation		Time of	3□ DOA 28c	4 Li Nutsing	7	sidence 8 Oth how injury occur		
on	th. After funer	tion	1 Neturei 5 Pending 2 Accident investigatio	28a. Dete of Inju (Month, De	y Year)	injury	м	Injury at Work? 1 ☐ Yes 2 ☐ No				
Division	i or Attending after death. Director: Afte d in by the fune	Certification:	3 Suicide 6 Could not be determined	e 28e. Place of in	ury - At home, i c. (Specify)	farm, stree	et, factory, o	ffice	28f. Location City or T	(Streat and Numb own, Stete)	per or Rural R	oute Number,
	To the Hospital or At within 24 hours after o To the Funeral Direct completely filled in by	edicai C	29a. Certifier 1X Certifying Pt (Check only one) 1X Medical Example 1X	ysician: To the best niner: On the besis o and manner st	f examination a	je, death o nd/or inva	occurred at t stigation, in	he tima, date and pla my opinion, death oc	ce, and due to the	e cause(s) and me e, date and place,	enner as state and due to th	ed. a cause(s)
	To the within 2 To the comple	Me	29b. Signature/and title of certifier	0			29c. L	icanse number		29d. Data signe	d (Month, De	y, Year)
}	20()		1 /defun Ju	im D	5			D20535		August	22, 19	96
111	20		30. Name and address of person who Roger Stevenson.				•	enter Driv	e. Suite	530. Ra	nckvili	le. MD

DHMH 16 Rev 6/95

State Registrar 31. Date filed (Month, Dey, Year)

AUG 2 8 1996

State of Maryland / Department of Health and Mental Hygiene 95 28954

					Certificati	e of Death		Reg. No.		20704
Dhusis	la.	1. Decedant's Nama (First, Middla,	.ast)				2. Data of De Month	eath	Vaar	3. Tima of Death
Physic /Med		JOHN CISSEL	L LOREN	ZETTI			AUG.	24,	1996	0600AM
Exami		4a. Facility Nama (If not institution, g ANNE ARUNDEL		CENTE	R E.R.	4b. City, Town, o		ANNI		JNDEL
Funeral Director		224-76-5939	Sax 1 M 2 F 47	a (In yrs. last i	Yrs. If Undar Months	1 Yaar If Undar 24 Hi Days Hours Mi		rth ay, Yaar) 1949	Coun	laca (Stata or Foreign try) INGTON, D.C
and w		Usual Rasidanca of Dacadant 10a. Stata 10b. County		10c. City, To	wn or Location				10	0d. Insida City Limits
Maryl 1 sho	Į.	MARYLAND ANNE AR	IINDFI	SHADY						1 ☐ Yas 2 ☐XNo
r 28a	rec	10e. Street and Number	GNUEL	SIINDY	10f. Zip	Coda		10g. Citizan of	What Coun	try?
th with	aiD	4724 IDYWILD ROA	\mathcal{D}		207	764		UNITED	STAT	ES
is 1 and 2 should be filed within 72 hours after death with the Maryland if Health and Mentel Hygiene. Item 27 is marked other than "natural", or items 23s or 28s-f show other traumetic event, its Medical Examinations to notified a	by Funeral Director	11. Marital Status 1 □ Navar Married 2 □ Marriad 3 □ Widowad 4 ◘ Divorced	12. Was Decedant I Armed Forcas? 1 ☐ Yas 2 ☑ N If Yas, Giva Yaar or Datas:		13. Was Daced If Yas, spec	lant of Hispanic Origin? (ify Cuban, Maxican, Pue 2 No Specify:	Specify Yas or North Rican, atc.)		ce - Amaric ck, Whita, a y: WHIT	atc.
72 ho	Completed	15. Decedant's	Education	18	a. Decedant's Usua	Occupation	a dela -	16b. Kind of B	usinass/Inc	Justry
ithin 7	nple	(Spacify only highast g Eiamantary/Sacondary (0-12)	Coilaga (1-4or 5	+)		k dona during most of was ratired)	orking			
filed with Hygiene. Ither than			1	S	ALES REPR	RESENTATIVE		P.O.E.		
ould be fil Mentel H arkad oth	Be	17. Fathar's Nama (First, Middla, La: RALPH A. LORENZ	*				ama (First, Middle		na)	
should nd Men marka imatic	10	19a. Informant's Name/Raiationship			No. A A - Miles - A - A - Green St		A. CISSEI			
s 1 end 2 sho of Health and item 27 is me other traums		CARRIE M. CISSE	LL LORENZET	TI 8	08 SOUTH	(Street and Number or I 21ST STREET	r, ARLING	STON, VI	RGINI	A 22202
age ant c t: If y or		20a. Mathod of Disposition		cemat	of Disposition (Namelary, crematory or of NAL MEMOR	thar placa)	8/28/96	FALLS C		
permit. Page Department of Important: If any Injury or once.		21. smilliture et Euneral Service Lic	nsee			d Addrass of Facility J. MURPHY F	-			
34.3		23a. Part1. Entar tha disaasa, or co shock, or haart failura. List on	nplications that caused y ona cause on each lin	the death. Do	4510 WT o not antar tha mode	LSON BLUD. a of dying, such as cardi	ARL. VA. ac or respiratory a	22203 irrast,		Approximata Intarvai Batween
Physician /Medical Examiner	Je.	Immediata Causa (Finai disaasa or condition rasulting In daath)			e Inju	inies			1	Onsat and Death
entificate be executed ding physician and se as the bunel-transit	edical Examiner	Sequantially list conditions, if any, leading to immediate cause. Enter Undarlying Cause (Disease or Injury that initiated avants resulting in death) Last	C		a consequence of):		III .			
ding se es	₹		d							
0 0 %	sicis	Part II. Other significant conditions	contributing to death bu	t not resulting	In the underlying ce	ausa givan In Part I.	23b. Did	tobacco use co	ntribute to	the cause of death
es that the de igned by the e be deteched (by Physician						10	Yes 2⊠No	3 Prob	ebly 4 Unknow
aw requii	Completed							an autopsy ormed?	ava	ra autopsy findings allabia prior to applation of causa daath?
0 - 0	Son						128	Yas 2□No	12	Yas 2□ No
Ician: The certificate rector, par	Be	25. Was casa rafarred to medical axaminar?				28. Placa of De	eath (Check only	ona)		
\$ 0 TO	2	XIXYas ₂2□ No	Hospital: 1 Inpatiar				Homa 5 ☐ Rasi	danca 6 Oth	er (Specify)
	lon:	27. Mannar of Death 1 □ Natural 5 □ Panding	28a. Data of Injury (Month, Day	Year)		Bc. Injury at Work?	28d. Dascribe how Injury occurred			
deati ctor: y the	Certification:	2 ☑ Accidant invastigati 3 ☐ Sulcida 6 ☐ Could not 4 ☐ Homlcida datarmina	be Ope Blees of January Athense for street factors of the Control of Constant Athense for street factors of the Constant Athense for street factors of the Constant Athense for street factors of the Constant Athense for street factors of the Constant Athense for street factors of the Constant Athense for street factors of the Constant Athense factor					VChicle Street and Numb wn, Stata) Rou	Inj per or Rural te 256	Route Number,
To the Hospital or / within 24 hours after To the Funeral Direct completely filled in the formula of the formul	edical Ce	29a. Cartifiar 1 Certifying P	hysician: To the best of miner: On the basis of	axamination a	ga, daath occurred a nd/or invastigation,	it tha tima, data and place in my opinion, daath occ	Manon R	cad, Anne causa(s) and me	Arund	el, Maryland
ithin of the complex	X e	29b. Signatura and titla of certifiar	and mannar stat	led.	290	Licanse number		29d. Data signe	d (Month (Dav. Year)
10		Denn G	Clust in	J		O.C.M.E		AUG.		
, -		30. Nama and addrass of person who	complated causa of da	ath (Itam 23a)	(Type, Print)					

State Registrar Dennis J. ()
31. Data fliad (Month, Day, Year)

AUG 2 7 1996

111 Penn Street, Baltimore, Maryland 21201

Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene 96, 289,65

					Cer	tificate of	Death		Reg. No.		
	Dhyolo	ion	Decedent's Name (First, Middle, Last)		1 00		1	2. Date of De Month	eath Day	3. Time of Dea	ath
	Physic /Medi		ROBERT	E.	LOK	ENZEN		Aug.	24 19	96 9:30	Por
	Exami		4a. Facility Nama (If not institution, give stree Washington Adventi					m, or Location of Seat	Montg	of Death	
	Funeral Director		5. Social Security Number 6. Sex 508-20-6876 XX M	7. Aga (In yrs. les 2□ F 70	st birthday) Yrs.	Months Days		8. Data of Bir (Month, De	th (3, 1925	Birthplaca (Stata or For Country) IOWa	oreign
	e Marylan la-f show		Maryland Prince Geor		Town or Local					10d. Inside City U	
	h with the 23a or 28 at be no	Funeral Director	10e. Street and Number 11332 Frances Driv	re		10f. Zip Code 207	05		10g. Citizen of W United	hat Country? States	
5-0020 72 hours after death with the Maryland	d within 72 hours after death with the Marylan jiena. Than "natural", or flems 23a or 28a-f show the Medical Examinet must be notified at	by	1 Never Married Married 1	/as Decedent Ever In U,S. rmed Forces? ☐ Yes ACXNo Yes, Give ear or Dates:	If	Vas Decedent of Yes, specify Cui	ban, Mexican,	in? (Specify Yas or No Puarto Ricen, etc.)		- American Indian, c, Whita, etc. White	
12	within ena. then	Completed	15. Decedent's Educatio (Specify only highest grade con Elementery/Secondery (0-12)		16a. Deced (Give I life. D	ent's Usual Occu kind of work done O NOT use retin	upation o during most o ed)	of working	16b. Kind of Bu		
פַ	and State	To Be Co	17. Father's Name (First, Middla, Last) Hugo John Lorenze				18. Mother Myrt:	's Name (First, Middle le Detlef	, Maidan Sumama	ı)	
, Mary	and 2 should light and h		19a. informant's Name/Relationship (Type, F Leslie L. Hunter (I					or Rural Routa Numb Glenwood,			
altimore,	permit. Pagas 1 and 2 should by Department of Haalth and Ments Important: if Item 27 is merked any injury or other traumatic as once.		20a. Method of Disposition 1 ☐ Buriai 2 ※ Typermation 3 ☐ Ramo 4 ☐ Donation 5 ☐ Othar (Specify)	cen	natary, cram	sition (Neme of atory or other plants) Cremeton	ace)	Date 8/26/1996		ia, Virginia	H
Balt	Departi Departi Importi any inj		21. Signature of Funeral Service Licenses	aioti	22 D 4	Name and Add Orial of V. 1 400 Powder	ess of Facility Boroward Mill R	t Funeral Ho cad Beltsvill	re, P.A. le, Marylan	nd 20705	
	hysician /Medicai	er	23a. Part1. Enter the diseese, or complianto shock, or heart fellure. List city on, ca	\bigcirc		E. E		erdiec or respiratory a	rrest,	Approximate Interval Between Onsat and Deat	in th
	Examiner		disease or condition resulting in death) e	01	IVS	Jence on:	1	1		0245	
,	physician and sthe burial-fransit	edical Examiner	Sequantially list conditions, if any, leading to Immediata cause. Enter Underlying Cause (Disease or Injury c	Chienic Due to (or a	DSTING as a consequ	FIVE PU	lmonary	disease		years	
0 '	nding usa a	3	d								
מ כ	the ette	Physician	Part II. Other significant conditions contribute	ing to death but not result	Ing in tha un	derlying cause g	ivan in Part I.	23b. Dld	tobacco use con	tribute to the cause of de	eath?
ر ا	es that the de igned by the e be detached f	by Ph								3 Probably 4 □ Unk	known
Record	peen s	Completed b	Recent Perforation	en of colo	in 20	divert	iculor		an autopsy ormed?	24b. Were autopsy findin available prior to completion of cause of death?	
			disease with	n transvers	e co	lostemy		10		1 ☐ Yes 2 ☐ No	
VITAL	certif	o Be	25. Was cese referred to medical examiner?	al:		0	ther:	of Deeth (Check only			
0	rideath. • Ctor: After this certific by the funaral director.	-		a. Date of Injury 2	8b. Time of	28c. Inju	ury at	sing Homa 5 Resi	dence 8 LiOthe how injury occurre		
SIO	or death. ector: After thi by the funaral	atio	1 Description 1 Description								
		Certification:	3 Sulcida 6 Could not be determined 28	 Place of Injury - At hom building, etc. (Specify) 	a, farm, stra	et, factory, office		28f. Location (City or To		er or Rurel Routa Number, 	
1	within 24 hours effe To the Funeral Dir complataly filled in	edicai C	(Check only 2 Medical Examiner: (To the best of my knowled to the basis of examination and manner stated.	edge, death n and/or inv	occurred at the t estigation, In my	ime, date and opinion, deeth	piace, and due to the occurred at the time,	cause(s) and mar dete and place, a	iner as steted. nd due to the cause(s)	
1	To the comp	M	29b. Signature and title of certifier			29c. Lican	ise number		29d. Date signed	(Month, Day, Year)	
	10		Meiten Elsen	MD		D2	0360	2	Hugust :	15, 1996	
	20		30. Name end eddress of person who comple Norton E/sen	6525 Be	elcres	F Rd	#208	Hya the	ille 1	11 20182	
	Sta Regista		AUG 2 7 1996	32. Registrer's Signatur	lan B	release.					

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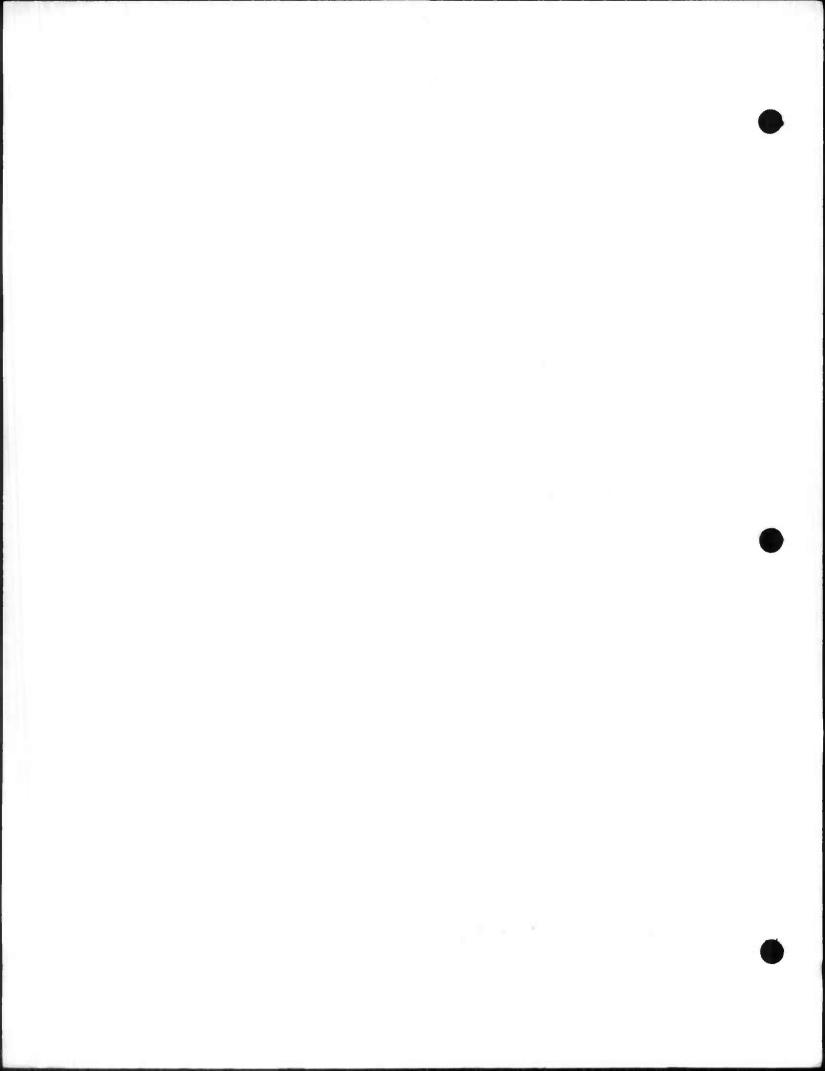
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 28 hours after death. Page 6 mm be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely flied in the fined within 72 hours after death with the State Dept. of Health and Mental Hygiens prior to burial, cremation, or remove a should be fined within 72 hours after death with the State Dept. of Health and Mental Hygiens prior to burial, cremation, or remove a state of the state Dept. of Health and Mental Hygiens prior to burial, the medical examiner must be neitfled at once.

OR TATE	STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL	HYGIENE
EGISTRAR	CERTIFICATE OF DEATH	REG. NO.

	1 - FOR STATE REGISTRAR	STATE OF MARYLAN	D / DEPARTM	ENT OF H	EALTH AND DEATH	MENTAL HYGIEN				
	1. DECEDENT'S NAME (First, Middle, Linst)	lugh Lee				2. DATE OF DEATH	AY 1996 MEAR	3. TIME OF DEATH APP		
	4. SOCIAL SECURITY NUMBER 557-32-0480	8. SEX 8. AGE (In yr		UNDER 1 YEAR ITHS DAYS	IF UNDER 24 HRS, HOURS MIN.	7. DATE OF BIRTH (Month, Day, Your) Aug. 24, 1	Cou	THPLACE (State or Foreign intry) Lifornia		
TOR	98. FACILITY NAME (If not institution, give street and number) SHADY GROVE ADVENTIST HOSPITAL Rockville Residence of decement									
DIRECTOR	10a. STATE 10b. COUNTY Maryland Montg		10c. CITY, TOWN OR LOCATION Rockville							
FUNERAL	100. STREET AND NUMBER 2016 Baltimore Roa		10f. ZIP CODE 20851			10g. CITIZEN OF W				
BY	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	2. WAS DECEDENT EVER IN U.S FORCES? 1 ☑ YES 2 IF YES, GIVE WAR OR DATES	□ NO	If yes, spe	ENDENT OF HISPAI belfy Cuban, Maxica 2 0 NO Specif	NIC ORIGIN? (Specify Yei in, Puerto Ricen, etc.) y:	CE — American Indian, ack, White, etc. acity: White			
COMPLETED	15. DECEOENT'S EDUCAT (Specify only highest grade co. Elementary/Secondary (0-12)	mpleted) College (1-4 or 5+)	Give kind of work life. Do NOT use ref	done during mos ired.)	st of working	16b, KIND OF BU				
	17. FATHER'S NAME (First, Middle, Leat) George Edward Lee		omputer	Scienc	18. MOTHER'S NA	ME (First, Middle, Maiden		tractor		
TO BE	19a. INFORMANT'S NAME (Type/Print) Mary Lue Lee, Wife				nd Number or Rural	Route Number, City or Tow	n, State, Zip Code)	D 20851		
	20b. PLACE AND DATE OF DISPOSITION DATE 20c. LOCATION - City or Town, State Complete, crematory or other place) Arlington National Cem. 8/26/96 Arlington, Virginia 21. SIGNATURE OF FUNDIAL SERVICE LICENSE 22. NAME AND ADDRESS OF FACILITY									
	· Huy M.	Thie		10 E.	Deer Par	DeVol k Dr., Gai	Funeral thersbu	Home rg, MD 20877		
4	23. PART I. Enter the document, or construction of the constructio	it only one cause on each	line.			h aa cardiac or reapi	ratory arrest,	Approximata interval Between Onset and Death		
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	DUE TO (OR AS A CON	ABRI		ON ON	J ANTICO	AGUGAN	years 15 years		
AL	PART II. Other aignificant conditions of	ontributing to death but n	ot reaulting in th	e underlying	cause given in	Part I. 24a. WAS AN PERFOR	IMED?	Nb. WERE AUTOPSY FINDINGS AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO		
PHYSICIAN: MEDIC	DID TOBACCO USE CONTRIE 25. WAS CASE REFERRED TO MEDICAL EXAMINER?		PLACE OF DEATH (C		UNCERTAIN	N 🗆				
	1 YES 2 NO 27. MANNER OF OEATH 1 Netural 5 Pending	☑ Inpetient 2 ☐ ER/Outpetien 28a. DATE OF INJURY (Month, Day, Year)		Nursing Home 28c. INJU WOF	IRY AT	6 Other (Specify) 28d. DESCRIBE HOW II	NJURY OCCURED			
TED BY	2 Accident Investigation 3 Suicide 8 Could not be 4 Homicide determined	26a. PLACE OF INJURY — A building, atc. (Specify)	it home, farm, street			281. LOCATION (Street and Number or Rural Route Number, City or Town, State)				
COMPLETED	29a. CERTIFIER (Check only one) 1 CERTIFYING PHYSICIA 2 MEDICAL EXAMINER: (N: To the best of my knowledge On the basis of examination and	o, death occurred at Nor investigation, in	the time, data of	and place, and due	to the cause(a) and mar time, date and place, an	ner as stated.	(a) and manner as stated.		
TO BE (29b. SIGNATURE AND TITLE OF CERTIFIER	el/			29c. LICENSE NUN	127	29d. DATE SIGNE	D (Month, Day, Year)		
	30. NAME AND ADDRESS OF PERSON WHO D ATAY BAKS 31. DATE FILED (Month, Day, Year)	AL PROSTRAPE CIONATUR	9406	old	George	efun Nd	AUG UST	17/476 In 20814		
	AUG 2 6 1996	ha Landson-Man	delle							





1 - FOR STATE REGISTRAR

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P.O.
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RECORDS
OF VITAL
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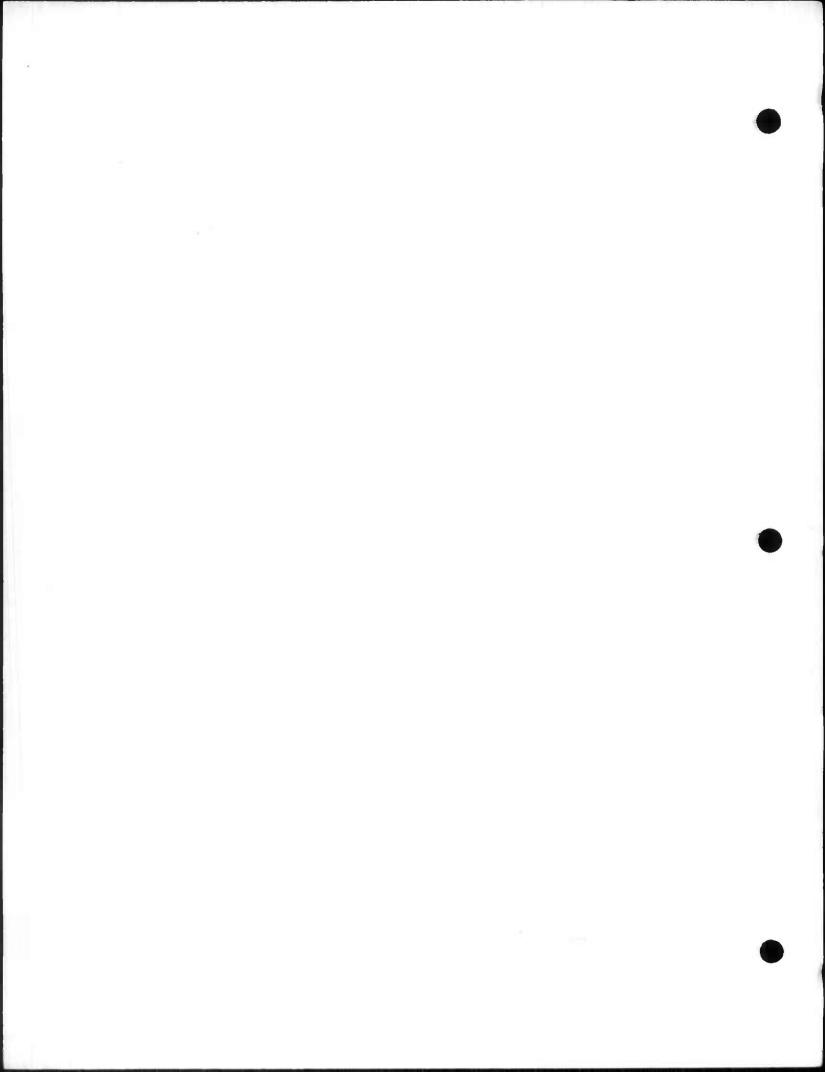
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within as hours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be netified at once.

			96	28967
STATE OF M	ARYLAND / DEPARTMENT OF HEALTH AND CERTIFICATE OF DEATH	MENTAL HYGIENE REG. NO.		
Middle, Lest) Lulia	LuKasiK	2. DATE OF DEATH MONTH DAY AUGUST 21	1996	3. TIME OF DEATH

	T. DECEDENT'S NAME (First, Middle, Last)						2. DATE OF DE MONTH	DAY		EAR .	3. TIME OF DEATH
	Jean J	WIA	L	u Ka=	SiK		Augus-		190		1725 M
	4. SOCIAL SECURITY NUMBER	5. SEX 6.	AGE (In yrs. lest	birthday) IF	UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIR	TH			LACE (State or Foreign
	207-01-2375	1 M 2 18 F	76	YRS.	NTHS DAYS	HOURS MIN.	(Month, Day, Sept. 2	Year)	- 1	Country)	nsylvania
	9a. FACILITY NAME (If not institution, give a	afreet and number)	70	94	CITY TOWN	OR LOCATION OF DE			c. COUNTY		
00			TTOODT				AIN .	Ι.			
DIRECTOR	SHADY GROVE A	DAFMITZI	HUSPI	ТАЦ	Rockv:	llle			Mont	gom	ery
B	10e. STATE 10b. COUNT	Y		10c. CITY, T	OWN OR LOC	ATION				Т	10d. INSIDE CITY
뜻	Maryland Mont	gomery		0-4-	1 1					- 1	LIMITS?
	100. STREET AND NUMBER	Bomery		Gait	hersb	OI. ZIP CODE					1 X YES 2 NO
MA		Dariera									HAT COUNTRY?
FUNERAL	8916 N. Westland					20877				d S	tates
5	1t. MARITAL STATUS 1 Never Married 2 Married	12. WAS DECEDENT EV FORCES? t	YES 2 N	IED D	13. WAS DI	CENDENT OF NISPAN	IC ORIGIN? (Spent)	city Yes or etc.)	No- 14	Biack,	- American Indian, White, etc.
B	3 ☑ Widowed 4 ☐ Divorced	IF YES, GIVE WAR	OR DATES		1 🗆 Y	S 2 NO Specify				Specify	
	15. DECEDENT'S EDU	I	Later								White
COMPLETED	(Specify only highest grade		(Gh	EDENT'S USI wind of work Oo NOT use re	done during r	TON nost of working	18b. KIND	OF BUSIN	ESS/INDUS	TRY	
וב	Elementary/Secondary (0-12)	College (1-4 or 5+)						••			
X	12		НС	ousewi	re			n Hor			
8	17. FATHER'S NAME (First, Middle, Last)					18. MOTHER'S NAI	ME (First, Middle,	Meiden Sur	name)		
B	John Pazernicki					Teofi	la Prus	acyzl	ĸ		
2	t9e, INFORMANT'S NAME (Type/Print)		19b.	MAILING AD	DRESS (Street	and Number or Rural R	loute Number, City	or Town, S	State, Zip Co	ode)	
-	Barbara DiBiasi		16	5313 J	ousti:	ng Terrace	e, Rock	ville	e, MD	20	855
	20s. METHOD OF DISPOSITION 1 To Burlet 2 Cremation 3 Rem	noval Irom State	20b. PLACE A	ND DATE OF D	ISPOSITION (Varne of	OATE 2	20c. LOCAT	ION — Cit	y or Tow	n, Stata
	4 Donation 5 Other (Specify)	Over from Oute	Gate C	of Hea	ven C	emetery 8,	/24/96	Silve	er Sp	rin	g, MD
	21. SIGNATURE OF FUNERAL SERVICE LIC	ENSEE	,		22. NAME	AND ADDRESS OF FAC	DeV	ol Fi	unera	1 H	ome
	> Military	1) -11/4	MA			ast Deer 1					
\dashv	22 PART I Seter the discourse on		700		Gait	hersburg,	MD 208	//			
	23. PART I. Enter the diseeses, or ahock, or heart failure.	List only one cause	used the dea on each line.	th. Do not	enier the m	ode of dying, such	as cardiac or	r respirat	ory arres	t,	Approximate Interval Between
	IMMEDIATE CAUSE (Finsi			,							Onset and Death
ļ	disease or condition resulting in death)	a. Card DUE TO (OR	iovas	cula	ur C	ollapse					min.
1		DUE TO (OR	AS A CONSEC	UENCE OF):	011	/	Λ .				. 6
z I	Sequentially list conditions,	· Acute	occlu	sion	Albdo	miral	Horta				hours
ĔI		DUE TO JOB	AR A COMPECU	IENOE OF							
3			reval	Vas	cula	r occlus	ive d	isco	se		years
	Cause. Enter UNDERLYING CAUSE (Disesse or Injury	· Peripr		IENCE OF.							
	cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events	c. Periphone To COR	AS A CONSEO	JENCE OF J.		0 .					
ERTIFI	cause. Enter UNDERLYING CAUSE (Disesse or Injury that initiated events resulting in desth) LAST	c. Periprone	as a consecu	avte	14 C	lisease					years
- 11	resulting in desth) LAST	a. Coron	ary	arte	140	lisease		MO AN AIT	TORRY	T 245 5	+ /
S I	PART II. Other significant condition	a. Coron	ary	arte	140	lisease	Part I. 24a, V	MAS AN AU		1	WERE AUTOPSY FINDINGS
S I	resulting in desth) LAST	a. Coron	ary	arte	140	lisease	Part I. 24a. V		D?	1 6	WERE AUTOPSY FINDINGS
SAL	PART II. Other significant condition Diobetes	d. COVON	ary (sulting in ti	he underlyi	lis <i>ease</i> ng csuse given in i	Part I. 24a. V	ERFORME	D?		WERE AUTOPSY FINDINGS MAILABLE PRIOR TO COMPLETION OF CAUSE
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State of Maryland / Department of Health and Mental Hygiene 28968 Certificate of Death 1. Decedent's Nama (First, Middle, Last) 2. Date of Death 3. Time of Death Month Von **Physician GEORGE** LANDOLT AUGUST 1996 4:45 pm /Medical 4a. Facility Name (If not institution, give street and number) 4b. City, Town, or Location of Death 4c. County of Death Examiner Washington Adventist Hospital Takoma Park Montgomery If Undar 1 Yaar if Undar 24 Hrs. Hours Min. 8. Date of Birth (Month, Dey, Year)

March 19,1924

9. Birthplace (State or Foreign Country)

Washington D.C. 5. Social Security Number 7. Aga (In yrs. last birthday) **Funeral** Months Days Hours 123M 2□ F Yrs 212-20-1676 72 Director Usual Residence of Decedent 10a. State 10b. County 10c. City, Town or Location 10d. inside City Limits 1 ☐ Yes 2 No Director Maryland Montgomery Silver Spring 10e. Street and Number 10f. Zip Code 10g. Citizan of What Country? 1615 Moffet Road 20903 IISA Funeral 12. Was Decedent Ever in U,S. Armed Forces? Was Decedent of Hispanic Origin? (Specify Yes or No-if Yas, specify Cuban, Maxican, Puarto Rican, etc.) 14. Race - American Indian, Black, White, etc. 11 Maritai Status 1 X Yas 2 No 1943-1 Nevar Married 2 Married 1 ☐ Yes 2 ☒ No Specify Specify: à 3 Widowed 4 Divorced Year or Dates: 1946 White Completed 16a. Decedent's Usual Occupation (Give kind of work done during most of working life. DO NOT use retired) 15. Decedent's Education (Specify only highast grade complated) 16b. Kind of Business/Industry Elementary/Secondary (0-12) Coltaga (1-4or 5+) White House Postal Superintendant Service 17. Father's Name (First, Middle, Last) 18. Mother's Name (First, Middle, Maldan Surnama) Be Herbert Landolt Sadie Beaulieu ပ 19a. informant's Name/Relationship (Type, Print) 19b. Malling Address (Street end Number or Rural Route Number, City or Town, State, Zip Code) Department of Health a Important: If item 27 is eny injury or other tra Wilda W. Landolt 1615 Moffet Road, Silver Spring, Maryland 20903 20b. Place of Disposition (Neme of cametery, cremetory or other place) 20a. Method of Disposition Date 20c. Location - City or Town, Stata 1 ☑ Buriai 2 ☐ Cremation 3 ☐ Removal from State Gate of Heaven Cemetery 8/26/96 Silver Spring, Maryland 4 ☐ Donation 5 ☐ Other (Specify) 21. Signatura of Funeral Servica Licensas 22. Name and Address of Facility Francis J. Collins Funeral Home, Inc. 23a. Part1. Enter the disease, or complications that caused the death. Do not enter the mode of dying, such as cardiac or raspiratory arrest, shock, or heart failure. List only one cause on each line. 500 University Blvd. W. Silver Spring, MD 20901 **Physician** immediata Cause (Final diseasa or condition rasulting in daath) /Medicai Examiner Dua to (or as a consequence Physician/Medical Examiner Sequantially list conditions, if any, leading to immediate cause. Entar Underlying Cause (Diseasa or Injury Due to (or as a consequence of) that initiated evants Dua to (or as a consequence of): resulting in death) Last Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 23b. Did tobacco use contribute to the causs of death? dem 1 ☐ Yes 2 ☐ No 3 ☐ Probably 4 ★ Unknown <u>ک</u> 24b. Wara autopsy findings available prior to completion of cause of death? 24a. Was an autopsy Completed 1 Tes 200 No 1 ☐ Yas 2 ☐ No 25. Was case raferred to medical examiner?
1 ☐ Yes 2 ☐ No Be 26. Place of Death (Check only ona) Hospital: Other: 4 Nursing Home 5 Residence 6 Other (Specify) Certification: To 1 Impatient 2 ER/Outpatient 3□ DOA 28a. Date of injury (Month, Dey 27. Manner of Death 28b. Time of 28c. injury at Work? 28d. Describe how injury occurred 1 Naturai 5 ☐ Pendino 1 Yes 2 No investigation 2 Accident 6 Could not be datarmined 3 ☐ Suicide 28f. Location (Street end Number or Rural Route Number, City or Town, Stete) 28e. Place of Injury - At home, farm, street, factory, offica building, etc. (Specify) 4 Homicide 1 Sertifying Physician: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(s) and manner es stated.

2 Medical Examiner: On the basis of examination and/or invastigation, in my opinion, death occurred at the time, date and placa, and dua to the cause(s) and manner stated. Medical 29a. Certifian (Check only one) 29b. Signature and title of cartifier 29c. Licensa number Type, Print) 30. Name and addra who completed causa of death (Item

32. Registrar's Signatura

State Registrar

31. Data filed (Month, Dey, Year)

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DHMH 16 Rev 6/95

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death with the Meryland

filed within 72 hours after

Saitimore, Maryland 21215-0020

item 27 is marked other than "natural", or items 23s or 28s-4 show other traumatic event, the Medical Examinar must be notified at

i Hygiene.

Peges 1 and 2 should be inent of Health and Mental Int: If Item 27 Is marked or

The law requires thet the death certificate be executed

Box 68760,

P.O.

Division of Vital Records,

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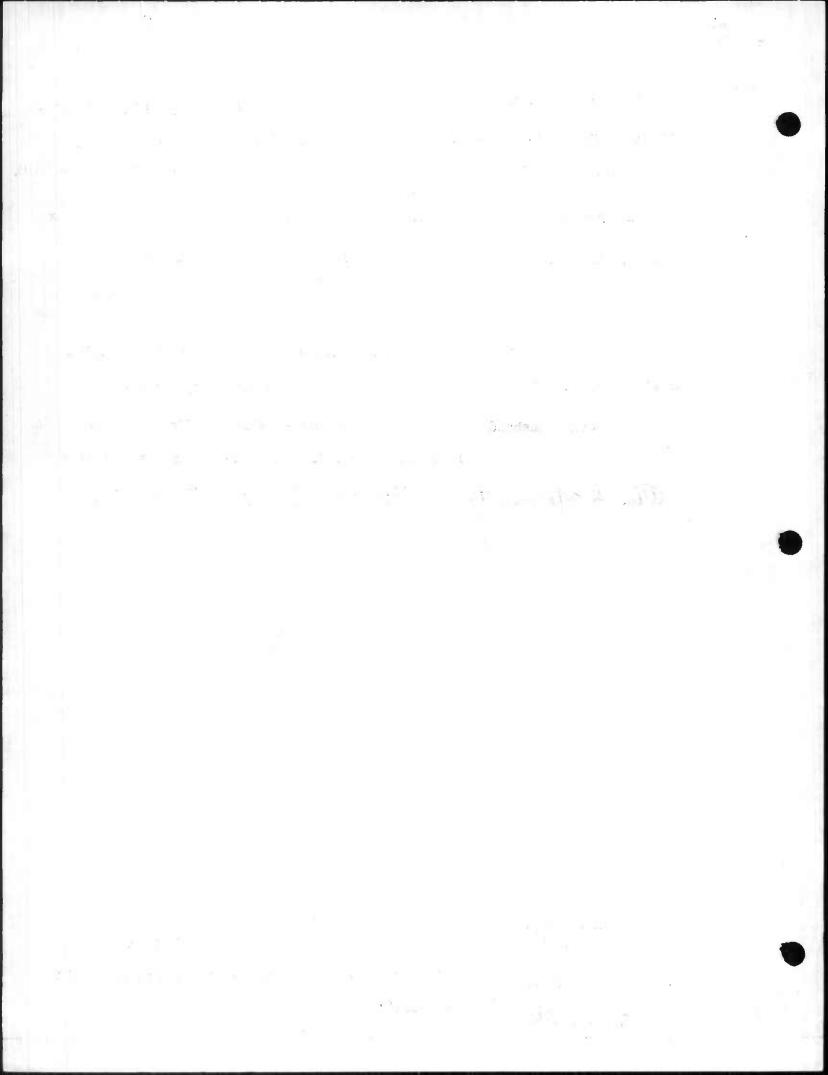
within 24 hours of To the Funeral I Hospital

Please Type or Print in Biack Indelible Ink. Assure All Copies Are Legible.

	Physic	ian	Decedent's Name (First, Middle, JEAN MARTE				tificate of	Death	2. Date of De	Reg. No.	96 Year	28969 3. Time of Death
2	/Medi Exami		4a. Fecility Neme (If not institution, UNIVERSITY F	-		ī		4b. City, Town, or L BALTIM(h 4c. County		1437 PM
	Funeral Director		5. Sociel Security Number 215–84–3615	6. Sex 1 ☐ M 2 ☑ F	7. Age (In yrs. 32		if Under 1 Yeer Months Days	If Under 24 Hrs. Hours Min.	8 Date of Bir	Balti th Year, 1964		lace (State or Foreign to)
	Manyland -f show	tor	Usuel Residence of Decedent 10a. State 10b. County Maryland Howar	d		y, Town or Lo					10	Od. Inside City Limits
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020	72 hours after death with the Maryland natural", or Items 23s or 28s-f show deal Evarrace must be neithed at	by Funeral	4125 Brittany D 11. Marital Status 1□ Never Married 21 Marrie 3□ Widowed 4□ Divorced	12. Was Dec Armed Fo	2 ™ No	H	2104 Vas Decedent of H Yes, specify Cubs □ Yes 2₺ No	ispanic Orlgin? (S) In, Mexican, Puerto Specify:	pecify Yes or No o Rican, etc.)	Amer 14. Rac Ble Specif	ck, White, e	
Maryland 21215-0020	d within 72 ho giene. or than "natura the Medical I	Completed	15. Decedent's (Specify only highest Elementery/Secondary (0-12)	Education grade completed) College (1	ent's Usuel Occup kind of work done OO NOT use retired Cal Thera	ation during most of wor apist		16b. Kind of B		ustry 1 Worker
yland	ould be file Mental Hy arked oth	To Be	17. Father'a Name (First, Middle, L. Gerald Richard	l Clark				18. Mother's Nam		, Meiden Suman Cappelle	,	
Baltimore, Mar	permit. Pages 1 and 2 should be filed within 72 hours after death with the Marylar Department of Health and Mental Hygiene. Important: If item 27 is marked other than "natural", or items 23a or 28a-f show any injury or other traumatic event, the Wed cal Examerer must be notified at once.		19a. informant's Neme/Relationshi Victor A. Loun 20e. Method of Disposition 1 ☑ Buriel 2 ☐ Cremation 3 4 ☐ Donation 5 ☐ Other (Spe	Husbar	20b. P	4125 Hace of Disposametery, cremoviden coviden	Brittany inition (Name of actory or other place e Meth. Name and Address	Cemetery	Ellicott Date 9/9/96	City, 20c. Location Kemptov	Mary1 City or Tow wn, Ma	and 21043 wn, State aryland
68/60,	Physician and washing physician and physician and physician and se as the burial-transit	/Medical Examiner	23a. Part1. Enter the disease, or c shock, or heart failure. List of line disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or Injury that initiated events resulting in death) Last	. 0	Due to (o	-	June es june es of):					Approximate Interval Between Onset end Death
s, P.O. Box	v requires that the death ceriffic been signed by the attending I should be detached for use as	by Physician/N	Part II. Other significant condition	a contributing to de	eath but not resu	ulting in the un	derlying cause give	en in Part I.		tobacco use co Yes 2.∳No		the cause of death?
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VITAI	ician: The certificate rector, pag	Be Co	25. Wes case referred to medical examiner?					28. Place of Deal		Yes 2 No	1198	Yes 2□ No
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•	To the To the comple	Σ	29b. Signature and title of certifier	9/1				.M.E		29d. Date signe SEPT.	6,	1996
	Sta		30. Name and address of person with the control of		e of death (Item			et, Bal	Ltimore	e, Mary	land	21201

State Registrar

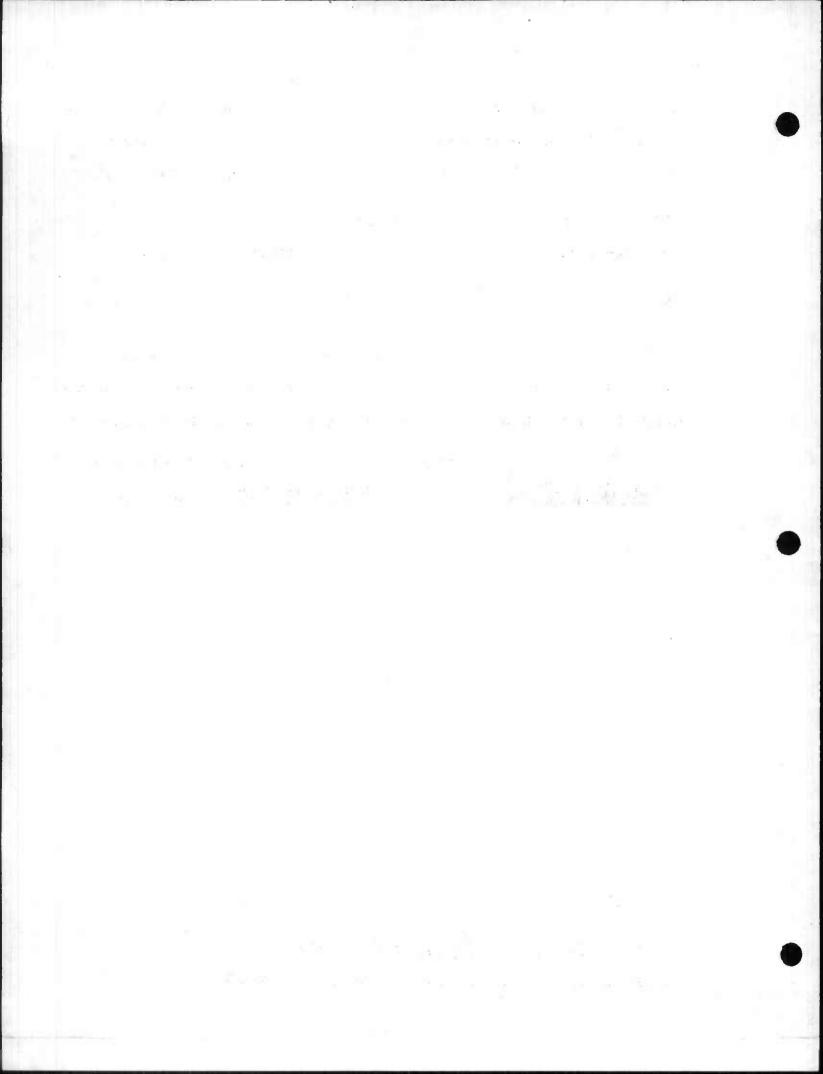
32. Registrar's Signature
Fills dawless-Radall



Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible.

State of Maryland / Department of Health and Mental Hygiene 28970 Certificate of Death 1. Decedent's Name (First, Middle, Last) 2. Date of Death 3. Time of Death

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Stewart Funeral Home 32 S. Second St., Oakland, MD 21550 23a Part. Enter the disease of complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, infrared Between Orises and Cheath Improved the Cause (Final Infrared Between Orises and Cheath Improved the Cause (Final Infrared Between Orises and Cheath Improved the Cause (Final Infrared Between Orises and Cheath Improved the Cause (Final Infrared Between Orises and Cheath Improved the Cause (Final Infrared Between Orises and Cheath Improved the Cause (Final Infrared Between Orises and Cheath Improved the Cause (Final Infrared Between Orises and Cheath Improved the Cause (Final Infrared Between Orises and Cheath Improved the Cause (Final Infrared Between Orises and Cheath Improved the Cause (Final Infrared Between Orises and Cheath Improved the Cause (Final Infrared Between Orises and Cheath Improved the Cause (Final Infrared Between Orises and Cheath Improved the Cause (Final Infrared Between Orises and Cheath Improved the Cause (Final Infrared Between Orises and Cheath Improved the Cause (Final Infrared Between Orises and Cheath Improved the Cause (Final Infrared Between Orises and Cheath Improved the Cause (Final Infrared Between Orises and Cheath Improved Infrared Inf	2 2 2 2		1 ☐ Burlal 2 🂢 Cramation		cametary	, crematory or other p	lace)		JC. Location - Ci	y or rown, State
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Nuccician Part Pa			23a. Part1. Enter the disease or shock, or heart failure. List of	complications that caused only one cause on each lin	the death. Do no					Approximate interval Between
Sequencially list conditions, a survive and contributing to death but not resulting in the underlying cause given in Part I. Description of the survive and the survive aname and survive and the survive and the survive and the survive a	/Medica	ai	disease or condition	a.			DENT			
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Part II. Other algorificant conditions contributing to death but not resulting in the underlying cause given in Part I. 1 Yes 2 No 3 Probably 4 Unknown	tificate b og physic as the b	Aedica	thet initiated events	C	Dua to (or as a co	onsequence of):				
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DEMENTIA		Sicie	Part II. Other significant condition	s contributing to death bu	ut not resulting in	tha underlying causa g	iven in Part i.	23b. Did tob	acco use contri	bute to the cause of death?
State Stat	hat the	P.						1 🗆 Yes	2 No 3	Probably 4 Unknown
25. Was case referred to medical examiner?	aw require							24a. Was an performe	autopsy 2 ed?	available prior to completion of causa
25. Was case referred to medical examiner: 26. Place of Death (Check only one) 27. Mannar of Death 28. Place of Death (Check only one) 28. Place of Death (Check only one) 28. Place of Death (Check only one) 28. Unursing Home 5 Rasidance 6 Other (Specify) 28. Detecting investigation 3 Sulcida 4 Homicide 28. Place of Injury 28b. Time of Injury 38b. Time of Injury 4 Mork, 3 Sulcida 4 Homicide 28. Place of Injury 28b. Time of Injury 4 Mork, 3 Sulcida 4 Homicide 28a. Detecting investigation 3 Sulcida 4 Homicide 28a. Place of Injury 28b. Time of Injury 4 Mork, 28b. Time of Injury 4 Mork, 3 Sulcida 4 Homicide 28c. Injury at Work? 4 Homicide 28d. Describe how Injury occurred 28d. Describe how Injury occ	The is	6						1 ☐ Yes	25/No	1 ☐ Yes 2 ☐ No
27. Mannar of Death 1 Netural 2 North, Day Year) 28a. Date of Injury 28a. Place of injury - At home, farm, street, factory, office 28a. Place of injury - At home, farm, street, factory, office 28b. Location (Street and Number or Rural Route Number, City or Town, Steta) 28c. Certifier (Check only one) 28a. Place of injury - At home, farm, street, factory, office 28b. Location (Street and Number or Rural Route Number, City or Town, Steta) 28c. Certifier (Check only one) 28c. Certifier (Check only one) 28c. Certifier (Check only one) 28d. Describe how injury occurred 28d. Descri	an: tiffica tlor, p						26. Place of De	ath (Check only one		
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D26650 9/20/96 30. Name and address of purpon who completed cause of deeth (Item 23a) (Type, Print) MARGARET A. KAISER, M.D. PO BOX 486 OAKLAND, MD 21550 State 31. Data filled (Month, Dey, Year) 32. Registrar's Signature	ath.		1 Naturai 5 ☐ Pending	(Month, Day			ury at ork?	1		
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D26650 9/20/96 30. Name and address of purpon who completed cause of deeth (Item 23a) (Type, Print) MARGARET A. KAISER, M.D. PO BOX 486 OAKLAND, MD 21550 State 31. Data filled (Month, Dey, Year) 32. Registrar's Signature	To the To the To the Comp		29b. Signature and title of certifier		1/-	29c. Licer	nsa number	290	i. Date signed (A	Aonth, Day, Year)
MARGARET A. KAISER, M.D. PO BOX 486 OAKLAND, MD 21550 State 31. Data filed (Month, Dey, Year) 32. Registrar's Signature			> //warga	red as	Tam	700	6650		9/2	0/96
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State of Maryland / Department of Health and Mental Hygiene

Certificate of Death

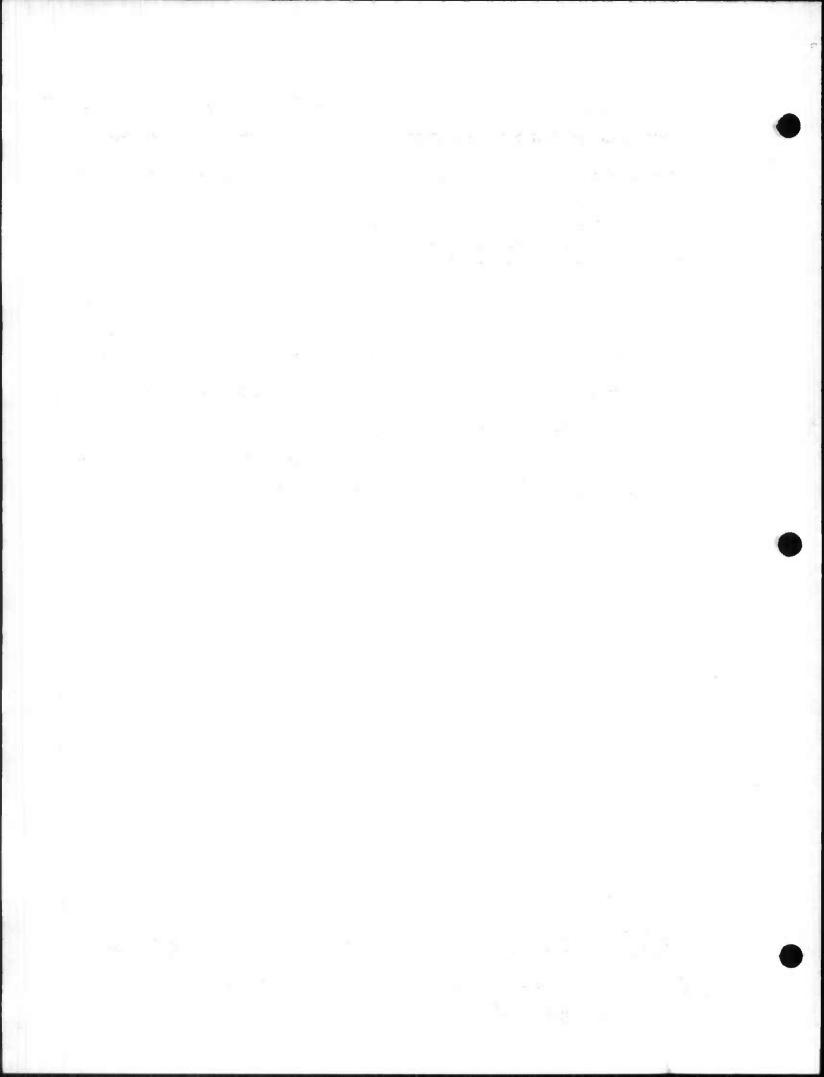
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	Physic		Decedent's Name WANDA		ast) NES		МТГ	DLE'	TON		2. Dete of D Month	Day SER 10,	Year	3. Time of Death 10:12 AM
V	_/Medi		4a. Facility Neme (/			ımbar)	HIL	חחר	TON	4b. City, Town, o	-			10.12 AM
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	N P	20	MARYLAND	ALLEG	ANY		CUMBE	RLAN						XX
	E P	Director	10e. Street and Nur						10f. Zip Code			10g. Citizen of	What Cour	ntry?
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	e E	Funeral	11. Maritai Status		12. Was Dec	cedent Eve orces?	er in U,S.	13. Wa	as Decedent of res, specify Cui	Hispanic Origin? ban, Mexican, Pu	(Specify Yes or Norto Rican, etc.)	0- 14. Re	ce - Americ	
20	ours after death with the Manjan lat', or items 23a or 28a-f show Examiner man be no litted at			ed 2XXMarried	If Yes, G	2 🔯 No ive			Yes 210 No			Specil		HITE
21215-0020	72 hours after death with the Maryland natural; or items 23a or 28s-f show dost Examiner must be notified at	d by	3 D Widowed	4 Divorced	Year or I	Dates:							, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
2	2 and	Completed	(Spec	15. Decedent's E ify only highest g	Education rade completed))	16a.	Deceder (Give kir	nt's Usual Occu	upation e du <i>ring m</i> ost of w ed)	orking	16b. Kind of B	ualness/In	dustry
12	d within piena. r than "	흕	Elementary/Seco		Coilege ((1-4or 5+)								
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ıno	S E D	Be	17. Father's Name								ame (First, Middl		ne)	
<u>y</u>	should band and Menta	To	CHARLES	MERRYMAI	N DAVIS					HELEN	MARY MA	TT		
Maryland	~ 0 9 6		19e. Intormant's Na	me/Relationship	(Type, Print)		19b.	Meiling	Address (Stree	et and Number or	Ru <i>ral Rou</i> te Num	ber, City or Town	, State, Zip	Code)
	1 end Health em 27 ither tr		EARL PAUL	MIDDLE'	TONH	HUSBA	ND 15			DD ROAD	CUMBERL	AND MARY	LAND	21502
ore	of Hee		20a. Method of Disp		70		20b. Place of cemeters	Disposit , crema	tion (Name of tory or other pl	aca)	Date	20c. Location	- City or To	own, State
Ĕ	Pages nent of int: If its			☐ Cremation 3 [5 ☐ Other (Spec		State	SUNSET	CEM	ETERY S	SEPT 13	996	CUMBERLA	ND MA	ARYLAND
Baltimore,	permit. Page Depertment of important: If i any injury or once.		21. Signature of Fu	nerai Servica Lica	ingge /			22.1	Vame and Add	ress of Fecility DAMS FUNI	DAT HOM	P.		
0	Deper Impo		1	0, 4	W.S	H							SZT A PIT	
	THE HEI		23a, Part1, Enter th	ne disease, or cor	notications that	caused the	e death. Don			JR STREE			XLAM	Approximate
Л	Dhualalan		23a. Part1. Enter the shock, or hear	rt tailure. List only	one cause on	each line.				angl out of our	ar or recopilatory		1	Interval Between Onset and Deeth
	Physician /Medicai		immediete Cause (Finai	,	0.1.	Ti	71			0 . 1	_		
	Examiner		disease or condition resulting in death)	n	8		10			indre	of 4.	years	un	Turely
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	certificata be executed ding physician and ise as the buriel-transit	Examiner	Sequentially list cor if eny, leading to Im cause. Enter Unde	nditions, mediete		Du	e to (or es e c	onseque	ence of):	-			_ [,
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387	phys phys the	n/Medical	resulting in death) L	.est		Due	e to (or as a co	onseque	nca of):			_	0	0
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o.	the d	Physicia	Part il. Other signifi	icant conditions	contributing to d	leath but n	ot resulting in	the und	erlying cause g	iven in Part I.	23b. Die	tobacco use co	intributa te	the cause of death?
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DIC	v requiras been sign should be	Completed										s an autopsy lormed?	av	ere autopsy findings aliable prior to
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0	는 는 교		27. Manner of Death		28a. Date	of injury	28b. Ti	ime ot	28c. inju		7	how injury occur		,,
0	th. After fune	흹	1 X Natural 2 ☐ Accident	5 Pending investigation		nth, Day Yo	ear) In	jury		ork?]Yes 2□No				
S	or Attending after death. Director: After d in by the fune	fica	3 Suicide	6 Could not I	00 000	a of Injury	- At home, fan	m, atree	t, factory, office		28t. Location	(Street and Num	ber or Rura	al Route Number.
Division of Vital Record	or A after Direct	Certification:	4 🗌 Homicide	determine	build	ing, etc. (Specify)	,	, , ,		City or To	wn, State)		
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	To the Hospital or Attending I within 24 hours after death. To the Funeral Director: After completely filled in by the fune.	edicai		2☐ Medical Exa	miner: On the b	asis of ex	aminetion and	or inves	stigation, in my	opinion, death oc	curred at the time	, dete and place,	and due to	the cause(s)
	o the	Me	29b. Signeture end	title of certifier		0.000			29c. Licer	nse number		29d. Date signe	ed (Month.	Day, Year)
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State of Maryland / Department of Health and Mental Hygiene 96 28972

						Cei	rtificat	e of	Death			Reg. No.		
	Physic		1. Decedent's Neme (First, Middle, Rosie Lee	Last)			- /	M	PORE		2. Dete of Dea Month		Yeer 96	3. Time of Death
	/Medi Examii		4e. Fecility Neme (If not Institution, penninsula REGI			ΓER			4b. City, To		cation of Deeth	4c. County		
	Funeral Director		5. Social Security Number 215-26-3965	. Sex 1 □ M 2 1 F	. Age (In yrs. lest	birthdey) Yrs.	If Under Months			24 Hrs. Min.	8. Dele of Birt (Month, De) Sept 9	, Year)	9. Birthp	elece (State or Foreign http://
	after death with the Manyland or Hems 23a or 28a-1 show	Director		ester	10c. City, T		City							0d. Inside City Limits 1 □ A as 2 □ No
	23a or 2	rai Dire	Ocean Gateway	, Villa				218					What Cour	ilry?
020	within 72 hours after death with the Maryland ens. than "naturel", or items 23s or 28s-f show he Modical Examiner must be incorred at	by Funeral	11. Meritel Stelus 1 Never Merried 2X Merried 3 Widowed 4 Divorced	Armed Ford	. □\no				Hispenic Ori ban, Mexicar Specify:		ecify Yes or No- Rican, etc.)		e - Americ ck, White, : Bla	
21215-0020	l within 72 h iena. than "natu	Completed	15. Decedant's (Specify only highest Elementery/Secondary (0-12)			(Give	DO NOT u	rk done se retin	duning mos		ing	16b, Kind of B		
Maryland 2	al Hygi other	To Be Co	7th 17. Fether's Neme (First, Middle, La unknown	st)			Hous	sek		ar's Name	(First, Middle, Britt	Maiden Sumen		ce
ary	should tand Ment	-	19e. Intorment's Neme/Relationship	(Type, Pnint)		19b. Mallir	ng Address	(Stree			I Route Numbe			Code)
Baltimore, Ma	permit. Pages 1 and 2. Department of Health a Important: if item 27 is any injury or other treagnore.		James J. Moo		20b. Plea	e of Dispo	D. Bosition (Ner	ne of		0ce	an Cit	y MD 20c. Location		
tim	tment tant: H		1 Buriel 2 Cremation 3 4 Donetion 5 Other (Spe	cify)	New						/10/96			MD
Bal	Depart Import any In		21. Signature of Funerel Service Lic	ensee L	_	22					n Fune Salis			21801
	Physician /Medical		Immediate Causa (Final disease or condition)	lly one cause on ee	ch line.							rest,	1	Approximata Interval Batween Onset end Deeth
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o,	a axect an and urial-tra		Sequentially list conditions, if eny, leeding to immediate cause. Enter Underlying		Due to (or es	e conseq	uenca on:							
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	s that med b	by Pt	Congrapione to	Kard Di	searce						101	/es 2□ No	3 Proi	bebly 4 ☐ Unknowr
Records,	The law requires that the death or state of the attend at a has been signed by the attend page 2 should be detached for us	Completed b	Hypothyero	Pro-							24e. Wes	an autopsy med?	av.	ara autopsy tindings eilable prior to mpletion of cause death?
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5	Physic this c	ဥ	1 Yes 2 No			/Outpalier		/^		rsing Ho	me 5 Resid	enca 6 Oth	er (Specif	y)
Division of	To the Hospital or Attending Ph within 24 hours after death. To the Funeral Director: After th completely filled in by the funeral	Certification:	27. Menner of Deeth 1 Netural 5 Pending 2 Accident investiget 3 Sulcide 6 Could not	ion	Injury 28 Day Year)	b. Time of Injury	f 2	28c. Inju Wo 1 [ork? Yas 2	No	28d. Describe h			
DIA	ital or At its after of al Direction by		4 Homicida datarmine	ad 256. Pieca c	f Injury - At home), atc. <i>(Specify)</i>	, farm, str	eet, fectory	, office			281. Location (S City or Tow		er or Hura	il Route Number,
	To the Hospital or Attending within 24 hours after death. To the Funeral Director: After completely filled in by the fune	ledical	one) 2 Medical Ex	Physician: To tha b aminer: On the bas end menne	is of axaminetion	dga, daath end/or inv	vastigation	, in my	opinion, dee	d piaca, oth occurr	and due to tha ded at the time, d	cause(s) end ma dete and plece,	ennar as s	tated. the cause(s)
)	To To Com	æ	29b. Signature and title of cartifler	acto	, MO				se number	19		29d. Dete signe	1-	Dey, Year)
	6		30. Name and address of person who	o completed cause	ot daeth (Item 23	a) (Type,	Print)	,00	Ro	ح ر	alisbu	2 10	218	204
	Sta Registr	10.0	31. Dete filed (Month, Day, Year) SEP 06	32. Rg	gistrer's Signature	n-Rand	lalle				2			



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State of Maryland / Department of Health and Mental Hygiene 96

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						Certi	ificate o	f Death	7		Reg. No.		.0010
	4 400	7	1. Decedent's Name (First, Middle, Last)							2. Date of De	ath		3. Time of Death
	Physic		Helen Vivian M	OSCA						Allgust	22ay 199	6 Year	3:25AM
	/Medi		4a. Facility Name (If not Institution, giva s					4b. City. T	own, or Lo	ocation of Deat	1 4c. County	of Death	
7	Exami	ier	Doctors Commun		tal				anham			e Geo.	raes
н			5. Social Security Number 6. Sex		(In yrs. last	highdayl	If Undar 1 Ye		r 24 Hrs.				0
	Funeral Director			M 2 X F	75		Months Day		Min.	8. Date of Bir (Month, Da Nov. 10	y, Year)), 1920	9. Birthpie Counti	nca (State or Foreign New Yor)
	bue *		10a. State 10b. County	1	10c. City, T	own or Loca	tion					10	d. Inside City Limits
	f ahe	ō	Maryland Prince Ge	nroe's			Gre	enbelt					1 ☐ Yas 2 ☑ No
	the the	ect	10e. Street and Number	0180 0			10f. Zip Code				10g. Citizen of	Mhat Count	0.63
	23a or	Funeral Director	7010 Greenbelt Road	d			101. Zip 0006	2077	70		Tog. Onizerror	USA	,,
Maryland 21215-0020	normit. Pages 1 end 2 should be filed within 72 hours after death with the Maryland Department of Heelth and Mental Hygiene. Important: if item 27 is marked other than "natural", or items 23a or 28a-f show important: if item 27 is marked other than "half and he hope in the most nature. That he notified at all the most nature.	by	11. Marital Status 1 ☒ Nevar Married 2 ☐ Married 3 ☐ Widowed 4 ☐ Divorced	2. Was Decedent Eventher Armed Forcas? 1 ☐ Yas 2 ☒ No If Yes, Give Year or Dates:			s Decedent of es, specify Co			ecify Yes or No Rican, etc.)	14. Rac Bla Specif	ce - Amarica ck, Whita, a y: Wh:	tc.
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<u>a</u>	Ald by Alents	TOE	Americo Mosca					Ma	ria l	Damora			
ary	short and h		19a. Informant's Name/Relationship (Typ	oe, Print)	1	19b. Mailing	Address (Stre	et and Numb	ber or Run	al Route Numb	er, City or Town	State, Zip (Code)
	nd 2 sith a 27 is r tra		Rosemary Bollettin	o Sist	er	11425	Green	Moor	Lane	. Oakto	n Virgi	nia 2	22124
Baltimore,	Hee Hee		20a. Method of Disposition				ion (Name of tory or other p			Date	20c. Location		
0	age in the		1 Buriai 2 Cremation 3 R							101106			
臺	rimen rient:		4 Donation 5 Other (Specify)		Metro		an Cre			/24/96	Alexand	ria, V	Virginia
Ba	Depart Depart Import any inj once.		21. Signature of Funeral Service License	1011		Fr	ancis	J. Col	lins	Funera	1 Home,	Inc.	
	40240		Scatt-	fmilk)	/	50	0 Univ	ersity	Blv	d.W. Si	lver Sp	ring,	MD 20901
1	Physician		38. Part1. Enter the digests, or crops thook, or heart failure. List one on	cations that caused the cause on each line.	ne death. D	Do not enter	the mode of o	tylng, such a	s cardiac	or respiratory a	rrest,		Approximate Interval Batween Onset and Death
A	/Medical		Immediate Cause (Final	CEDT	-10	ENN	10						19-day
	Examiner		disease or condition resulting in death)	2661	10	6 101						_ <	2.00
		ē		A C D	ue to (or as	a conseque	nca of):						2-day
	pet isc	nin	_ b	UZPI	12-1	7111	2 V			-		<	2 - day
	certificate be executed ding physician and se es the burial-transit	/Medical Examiner	Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or Injury	, Dr	ue to (or as	a conseque	nca of):	\				i	U
68760,	be e ician buria	alE	cause. Enter Underlying Cause (Disease or Injury	SIRD	KE	_ (OHD					i	
87	sate ohys the	dic	that Initiated events resulting In death) Last	Du	a to (or as	a conseque	nca of):					i	
9 ×	ding p	Me											
Bo			_ 0									i	
	the elf	sic	Part II. Other significant conditions con	ributing to death but i	not resultin	g In the und	erlying cause	given In Part	H.	23b. Did	tobecco use co	ntributs to	the cause of death
, P.O	The lew requires that the death attended by the etter page 2 should be detached for it. 18/23/96	y Physician	Decute ul	er. t	TX	polar	18:an	,		10	Yee 2□ No	3 Prob	ably 4 Unknow
Ď	Dis C	D D		/	O.	~					an autopsy	24b. Wei	re autopsy findings
00	been s should	lete								perfo	ormed?	com	ilabia prior to
Records,	hes ge 2	Completed by										Of G	eath?
<u>a</u>										10	Yes 200No	1 🗆	Yes 2 No
Z.	sician: The certificate sirector, page	Be	25. Was case referred to medical examiner?	a spitati					ce of Deat	h (Check only	one)		
7	Physician: rthis certific ral director,	2	10 165 20010	ospital: 1 Department		Outpatient/	3LI DOA			me 5 Resi		ner (Specify))
2	After funer	0	27. Manner of Øeath 1 ☐ Natural 5 ☐ Pending	28a. Date of injury (Month, Day Y	rear) 28	b. Time of Injury	28c. in V			28d. Describe	how injury occur	red	
Division of Vital	Attending r death.	Certification:	2 Accident investigation				M 1	Yes 2	No				
\geq		THE STATE OF	3 Suicida 6 Could not be determined	28e. Piace of Injury building, etc. ((Specify)	, farm, stree	t, factory, offic	ce		28f. Location (City or To	Street and Numi wn, State)	ber or Rural	Route Number,
	ours after ours after eral Dir filled in Dr.	Cel											
	Hospital 24 hours Funeral (tely filled O Dr		29a. Certifier 1 Certifying Phys	cian: To the best of n	my knowied	dge, death o	ccurred at the	time, date a	nd piaca,	and due to tha	causa(s) and m	anner as sta	ited.
	within 24 hours To the Funeral completely filled	edical	(Check only 2 Medical Examin	and mannar state	id.	and/or inves	sugation, in m	y opinion, de	am occur	ou at the time,	uate and placa,	elia ane to	nia Causa(S)
	within 24 hours of to the Funeral (completely filled ed to Dr	2	29b. Signatura and title of certifier	DAW -	-0		29c. Lice	ensa number			29d. Data signe	d (Month, D	lay, Year)
				100	VI)		1	345	52	5	08-	-25C	96.
	err		30. Name and address of person who cor	moleted cause of door	th (item 22	a) (Tunk D-	ind()		1	- 0	0 0	Λ.	10
	ef		C.T. RAD AND-	1000-1	Mita	I KON	ille F	KADD	;#5	1910.	Rowin	5-/W	1)-20716

DHMH 16 Rev 6/95

State Registrar 31. Date filed (Month, Day, Year) AUG 2 6 1996

1 - STATE

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

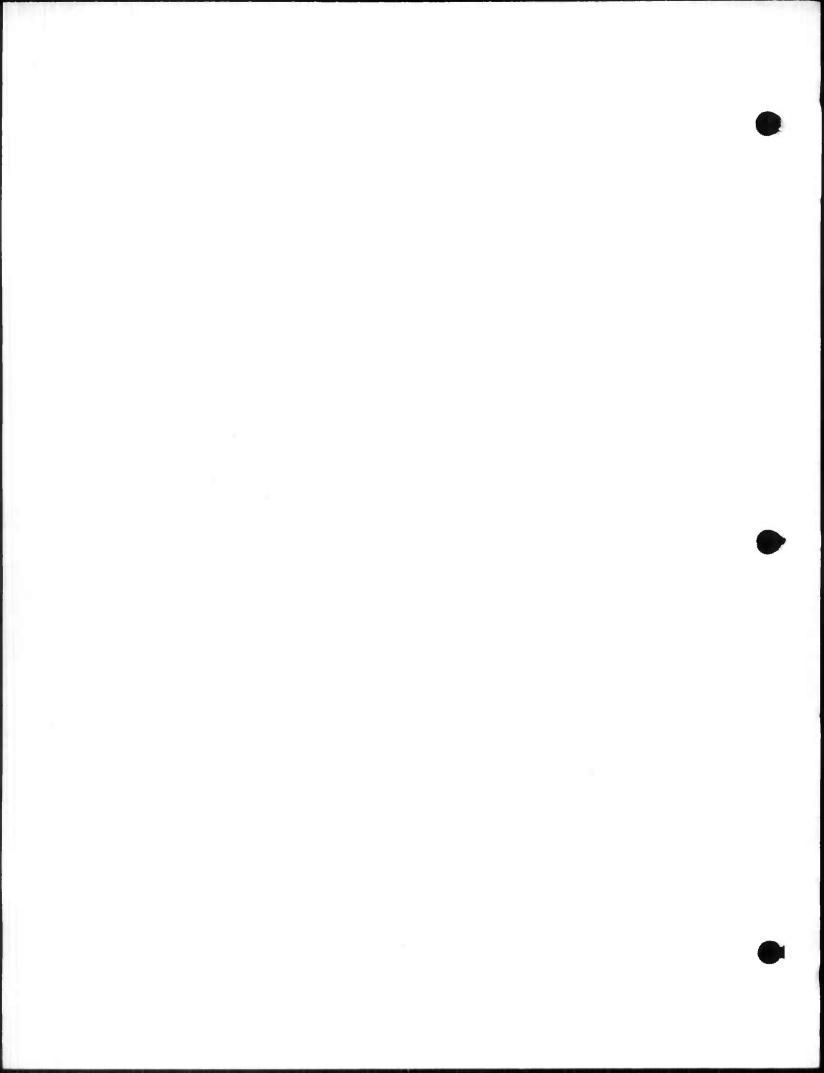
_	nedio (nan		-	CHIIL	CAIC	= OF	DEAL	П	R	EG. NO.			
	1. DECEDENT'S NAME (First, Middle, Last)	HESTE	2 (n an	740	ck			2. DATE OF D	DA		YEAR 1996	3. TIME OF DEATH
	4. SOCIAL SECURITY NUMBER	5. SEX (B. AGE (In yrs. la	st birthday)	IF UNDER	1 YEAR	IF UNDER	24 HRS.	?. DATE OF B		- 3		IPLACE (State or Foreign
	230-09-0696	1 XM 2 - F	76	YRS.	MONTHS	DAYS	HOURS	MIN.	(Month, De) Sept.	(Year)	919	Countr	ginia
	9a. FACILITY NAME (If not institution, give str	reet and number)			9b. CITY	, TOWN C	R LOCATIO					NTY OF D	
DIRECTOR	SHADY GROVE ADV	VENTIST	HOSPI	TAL		Roc	kvil	le			M	ontg	omery
ñ l	10a. STATE 10b. COUNTY			10c. CIT	Y, TOWN C	OR LOCAT	ION			-			10d. INSIDE CITY
		gomery				Roc	kvil	1e					LIMITS?
₹	10e. STREET AND NUMBER					101	ZIP CODE				10g. CITI	ZEN OF Y	WHAT COUNTRY?
FUNERAL	14029 Travilah Ro						2085					ted	States
5	11. MARITAL STATUS 1 Never Married 2 X Married	12. WAS DECEDENT FORCES? 1			13.	WAS DEC	ENDENT O	F HISPANI	C ORIGIN? (Sp., Puerto Ricen	ecify Yes	or No-	14. RACE Black	E — American Indian, k, White, atc.
B	3 Wildowed 4 Divorced	IF YES, GIVE WA	R OR DATES				2 📉 NO					Speci	White
	15. DECEDENT'S EDUC (Specify only highest grade of	ATION completed	16a. DE	ECEDENT'S	USUAL O	CCUPATIO	N at an at a		16b. KINI	OF BUS	INESS/INC	OUSTRY	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
4	Elementary/Secondary (0-12)	College (1-4 or 5+)	in in	live kind of to Do NOT us	se retired.)	aunng mo:	st or working	g					
COMPLETED	12			Super	viso	r			Go	vern	ment		
8	17. FATHER'S NAME (First, Middle, Last) Cort Matle	l-							NE (First, Middle		Sumeme)		
H	19a. INFORMANT'S NAME (Type/Print)	оск							ryn Da	_			
임	Celia G. Matlock/V	Jifo							oute Number, Co				
	20a. METHOD OF DISPOSITION	vile											d 20850
į	1 XBuriel 2 Cremation 3 Remo 4 Donation 5 Other (Specify)		206. PLACE cegnetery, cre Bapti	matory or o	ther place). hurc	h Ce	ver mete	řeáf,	TAAO	Rose	hill	. Vi	rginia
į	21. SIGNATURE OF FUNERAL SERVICE LICE	ENSEE			22. HOI	NAME AN	OC PAR	S OF FACI	LITY Rob	ert	A. Pi	umph	rey Funeral tgomery Ave.
	Thickele To	Kulla	2_	0348	Ro	ckvi	lle,	Mary	yland	208	50-28	805	Lgomery Ave.
	23. PART I. Enter the diseases, or conshock, or heart failure. L	omplications that	ceused the de	eth. Do r	not enter	the mo	de of dyli	ng, auch	as cardiac	or reapi	ratory arr	est,	Approximata Interval Between
1	IMMEDIATE CAUSE (Final	CD.	- ^	/	. (0.		1			Onset and Death
	disease or condition resulting in death)	Chron	ne o	bstr	NCT	we	pu	Cino	mary	du	elus	e	geur
_		DUE TO (C	OR AS A CONSE	QUENCE O	F):		/		/				/
CERTIFICATION	Sequentially list conditions, if any, leading to immediate	DUE TO (C	R AS A CONSE	OUENCE OF	F):								1
8	cause. Enter UNDERLYING CAUSE (Disease or Injury												
	that initiated events	DUE TO (O	R AS A CONSE	OUENCE OF	F):								
	resulting in death) LAST												
- 11	PART II. Other algnificent conditions	contributing to d	eath but not	resulting	in the un	derivino	CAUSA C	iven in P	Part i 24a	WAS AN	AUTOREV	245	WERE AUTOPSY FINDINGS
DICAL	Carpanagula	disease	2 land	aco	de	ert	Per	colo	40	PERFOR	MED?	240.	AVAILABLE PRIOR TO COMPLETION OF CAUSE
ШШ	neuropa Hoy		-			-/	11-00	1		YES 2	₫ NO		OF DEATH?
Σ	DID TOBACCO USE CONTR	IBUTE TO CAU	SE OF DEA	TH YE	SIXVI	уо П	LINC	ERTAIN					1 TYES 2 DE NO
CIAN	25. WAS CASE REFERRED TO MEDICAL			CE OF DEAT			Orte	LIVIAII			_		
SIC	EXAMINER?	HOSPITAL:	ER/Outpatient 3	□ DOA	OTHER		5 G Res	uldence 6	Other (Spe	offv1			
PHYSI	27. MANNER OF DEATH	28a. DATE OF IN	JURY	28b. TIM	E OF	28c. INJU	JRY AT		28d. DESCRIB		JURY OCC	CURED	
BY F	1 Natural 5 Pending 2 Accident Investigation	(Month, Day,	, rear)	INJ	URY	1 🔲 Y	ES 2	NO					
9 9	3 Suicide 8 Could not be	26s. PLACE OF building, at	INJURY — At ho	ome, term, s	street, tect	ory, office	1		281, LOCATION	(Street a	nd Number	or Rural R	loute Number,
	4 Homicide determined		(۵,000.))						City or Tow	m, Smile)			
MPLE	29a. CERTIFIER (Check only	IAN: To the best of m	y knowledge, de	eth occurre	ed at the ti	lme, data	and place,	and due to	o the cause(s)	and man	ner as stat	ed.	
№	one) 2 MEDICAL EXAMINER) and manner as stated.
O I	296. NGMATURE AND TOLE OF CHRTIFIER	17.					29c. LICE	NSE NUMB	BER		29d. DATE	E SIGNED	(Month, Day, Year)
	Han & Wan	Men	MO				20	945	3		A	Thes	+ 23, 1546
ĭ	30. NAME AND ADDRESS OF PERSON WHO	COMPLETED CAUSE	OF DEATH (ITE	М 27) (Туре,				. , _			-	4) , , , , 6
	ALAN L CHANGES 31. DATE FILED (Month, Day, Year)		15 5	HAD	7 6	ROU	E RO	o Re	ockulu	ie	MO	20	250
	AUG 2 8 1996	32. BEGISTRAR	S SIGNATURE	ndess	,								

TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed with a second death. Page 6 may be retained by the hospital or attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1. 2, 3 should be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once. BALTIMORE, MARYLAND 21215-0020

DIVISION OF VITAL RECORDS, P.O. BOX 68760

10



Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene 28975 Certificate of Death 1. Decedent's Nama (First Middle Last) 2. Date of Death 3. Time of Death **Physician** Day AUGUST 22, 1996 BERNARD MIRCHIN 9:50 PM /Medical 4a. Facility Name (If not institution, give street and number) 4b. City, Town, or Location of Death 4c. County of Death Examiner SUBURBAN HOSPITAL BETHESDA MONTGOMERY 5. Social Security Number If Under 1 8. Date of Birth Wonth, Day, Year) 18 7. Age (In yrs. last birthday) 9. Birthpiace (State or Foreign **Funeral** 1 M 2□F Days NEWYORK 121-22-5576 78 Yrs. Director Usuai Residenca of Daceden Maryland 10a. Stata 10b. County 10c. City, Town or Location 10d. Inside City Limits 28a-f show the Medical Examiner must be notified at NEW YORK NEW YORK CITY Director 1X Yes 2 No the 10e. Street and Number 10f. Zip Code 10g. Citizen of What Country? 4395 BROADWAY 10040 Items 23a UNITED STATES Funeral death 12. Was Decedant Evar in U,S. Armed Forces? 1 Ⅸ Yes 2 ☐ No If Yes, Give Yaar or Datas: WW] Was Dacadent of Hispanic Origin? (Specify Yes or No-If Yes, specify Cuban, Mexican, Puerto Rican, etc.) Raca - American Indian, Biack, White, etc. 11. Maritai Status 1 Never Married 2 ☐ Married ŏ WW II 1 ☐ Yas 2 ☒ No Specify: by 3 Widowad 4 Divorcad Specify "natural", WHITE Completed 15. Decadant's Education 16a. Decedent's Usual Occupation (Give kind of work done during most of working life. DO NOT use retired) 16b. Kind of Businass/Industry I Hygiene. Coilege (1-4or 5+) 5+ Elemantary/Sacondary (0-12) permit. Pages 1 and 2 should be filed will Department of Health and Mental Hygient Important: If Item 27 is marked other that any injury or other traumatic event the DENTIST DENTISTRY 17. Fathar's Name (First, Middle, Last) 18. Mother's Name (First, Middle, Maiden Surname) JACOB ABRAHAM MIRCHIN FANNIE KAUFMAN 19a. Informant's Name/Ralationship (Type, Print) 19b. Mailing Addrass (Street and Number or Rural Route Number, City or Town, State, Zip Code) (SON) 7500 BRICKYARD ROAD - POTOMAC, MARYLAND 20854 JACK MIRCHIN 20a. Mathod of Disposition 20b. Piaca of Disposition (Name of cametery, crematory or other place) 20c. Location - City or Town, State 1 Burial 2 Cremation 3 Removal from State 8/25/96 5 Othar (Specify) BARON HIRSH CEMETERY STATEN ISLAND, NEW YORK 4 Donation 21. Signatu 22. Name and Address of Facility DANZANSKY-GOLDBERG MEMORIAL CHAPELS, INC. 1170 ROCKVILLE PIKE - ROCKVILLE, MD. 20852 Enter the disaase, or complications that caused the death. Do not anter tha mode of dying, such as cardiac or raspiratory arrast, or heart failura. List only one causa on aach line. Physician /Medical Cardiac Arrest imme ata Cause (Final disease or condition resulting in death) Examiner Physician/Medical Examiner The law requires that the death certificate be executed Sequentially list conditions, if any, leading to Immadiata causa. Enter Underlying Cause (Disaasa or injury attending physician and for use as the burial-tran Due to (of as a consequence of) that Initiated events resulting in death) Last Due to (or as a consequence of) 88 ped bed Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part i. 23b. Did tobacco use contribute to the cause of death? signed by to 1 Yes 2 No 3 Probably 4 Unknown þ cate has been signated by page 2 should b 24b. Were autopsy findings available prior to completion of causa of daath? Be Completed 24a. Was an autopsy performed? 1 Yes 2 No 1 Yes 2 No certificate director 25. Was case refarred to medical 26. Piaca of Death (Check only one) Hospital: 1 ☐ Inpatient 2 ☐ ER/Outpatient 3 ☐ DOA Other: 4 Nursing Home 5 Residenca 8 Other (Specify) 1 Yes 2 No Certification: To this 27. Manner of Death Date of Injury (Month, Day Year) 28c. Injury at Work? 28b. Time of 28d. Dascribe how Injury occurred Affer or Attanding 1 Natural 5 Pending investigation death. 1 ☐ Yes 2 ☐ No To the Hospital or Attandi within 24 hours after death To the Funeral Director: A completely filled in by the f 2 Accident 6 Could not be determined 3 Suicide 28e. Place of Injury - At homa, farm, straat, factory, offica building, etc. (Specify) 28f. Location (Street and Number or Rural Route Number, City or Town, State) 4 Homicide 1 Certifying Physician: To the best of my knowledge, death occurred at tha time, date and piace, and due to the cause(s) and manner as stated.

2 Medical Examiner: On the basis of axamination and/or invastigation, in my opinion, death occurred at tha time, date and place, and due to the cause(s) and manner stated. Medical 29a. Certifier (Check only one) 29b. Signature and title of pa-29c. License number 29d. Date signed (Month, Day, Year)

State Registrar

31. Date filed



30. Name and secs of person who completed causa of death (itam 23a) (Type, Print)

Baltimore, Maryland 21215-0020

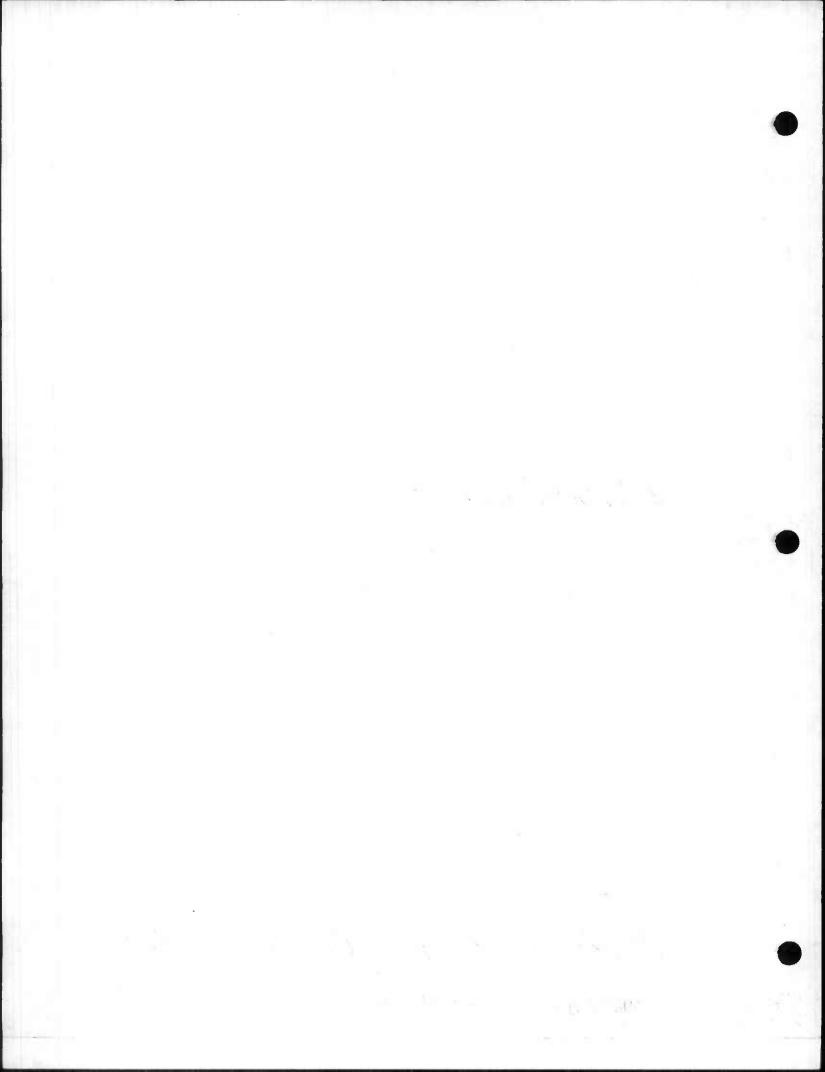
Box 68760.

P.O. I

Records.

of Vital

Division



Please Type or Print In Black Indelible Ink. Assure All Coples Are Legible.

State of Maryland / Department of Health and Mental Hygiene 96

28976

							eniiica	te or	Death			Reg. No.			
			1. Decedent's Name (First, Middle, L	ast)							2. Date of D		V	3. Tir	me of Death
	Physici		Willia	m Dowli	ng McNu	1tv					Month August	21, 19	Year	1:	00 P.M.
	/Medi Examir		4a. Facility Name (If not institution, g		-				4b. City, To		cation of Dea		nty of Death		00 - 1111
	Examin	iei	5905 Sonoma Road						Bethe	eda			gomer	3.7	
Н				Sex	7. Age (In yrs.	lest hirthd	lf Unde	r 1 Year			8 Date of B		9		tate or Foreign
п	Funeral	١.	150-20-2167	157 M 2□ F		Yrs	Months		Hours	Min.	8. Date of B (Month, L				tate or Foreign
	Director		Usual Residence of Decedent		69						reb. 1	7,1927	New	York	
	and and		10a. State 10b. County		10c. Ci	ty, Town or	Location							10d. Insk	de City Limits
	Aeryl Pho	5	Marriand Mantas	m o 2011			Dathas								Yes 2 No
	he N	ect	Maryland Montgo 10e. Street and Number	шегу			Bethes					40-00	(110		A
	E & S	급	- 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1				101, 21	p Code				10g. Citizen o			
	ath 23	Ta .	5905 Sonoma Road					2081				United			
	filed within 72 hours after death with the Maryland Hygiene. Than "naturet", or Items 23s or 28s-f show ort, the Medical Examinet must be notified at	Funeral Director	11. Marital Statua	Armed F		I,S. 1	Was Dece If Yes, ape	dent of H	fispanic Orl an, Mexican	gin? (Spe i, Puerto f	olfy Yes or N Rican, etc.)	lo- 14. R	ace - America lack, White,		in,
20	afte of	E	1 ☐ Never Married 2 X Married	1 X Yes If Yes, G	2 □ No				Specify:			Spe	olfv.		
21215-0020	72 hours "naturel",	Completed by	3 Widowed 4 Divorced	Year or E	Dates: WWI	I			.,,			Ope	W	hite	
5-	72 h	te	15. Decedent's £ (Specify only highest gi	Education		16a. De	cedent's Usu	al Occup	oation	t of workin	20	16b. Kind of	Business/In	dustry	
2		ğ	Elementery/Secondary (0-12)		1-4or 5+)	- In	DO NOT	se retire	d)						
2	M O T	5		3			Cartog	raph	ner			US Gov	ernme	nt	
pu	真真	Be (17. Father'a Name (First, Middle, Las	t)					18. Mothe	er's Name	(First, Middl	e, Maiden Sum	ame)	100	
<u>a</u>	fenta fenta ked ked	To	James C. McNu	1ty					F1o	renc	e Dowl	ing			936
Maryland	d 2 should be filed within in and Mental Hygiene. 7 is marked other than "I traumatic event, the Mex		19e. Informant's Name/Relationship	(Type, Print)		19b. M	ailing Addres	s (Street	and Numbe	er or Rura	/ Route Num	ber, City or Tov	vn, State, Zip	Code)	
Σ	ges 1 and 2 should be filed within 72 ho it of Health and Mental Hygiene. If item 27 is merked other than "natur or other traumatic event, the Medical		Dolores C. McNul	tv		590	5 Sono	ma R	Road.	Beth	esda.	Marylar	id 20	817	
ē,	Hea Hea		20a. Method of Disposition		20b. I	_	The second second				Date	20c. Locatio		-	te
9	Pages 1 and 2 nent of Health a ant: If Item 27 Is ury or other tra		1 □ Burlal 2 ☒ Cremation 3		State	cemetery, o	sposition (Na cremetory or	other pla	Aug.	24,	1996	100			
Baltimore,	- 본관등		4 □ Donation 5 □ Other (Spec		Mo	ntgom	ery Gr	emat	orium	ı, in		Betheso			
Ba	Depa Impo any Ir		21-Signature of Funeral Service Lice	nsee/			Rethes	nd Addre	hevy	Chas	ert A.	Pumphr 7557	ey Fu	nera	I Home
	00540		Mychal K	ALLEX	M00	846	Bethes	da,	Mary1	and	20814	-3501	11200	OHISI	11 1100
			23a. Part / Enter the disease, or con shock, or heart failure. List only	nplications that	caused the deal	th. Do not	enter the mo	de of dylr	ng, such as	cardiac o	r respiratory	arrest,		Approx	dmate
4	Physician				04011 11110.								1		and Death
	/Medical		Immediate Cause (Final disease or condition	Cl			4 d D	1		D:			1		
	Examiner		resulting in death)	a. Chr	onic Ob				nary	Disea	ase			Year	S
		ē			Due to (or as a con	sequence of)						1		
	nsit	듄		b. ———											
	certificate be axecuted vding physician and use as the burial-transit	Examiner	Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or Injury		Due to (or as a con	sequenca of)	:							
68760,	be		Cause (Disease or Injury	c									1		
387	phy s the	//Medical	that initiated events resulting in death) Last		Due to (c	or as a cons	sequenca of):						1		
XO	ding	S		d											
8	-														
o	o of b	Physicia	Part II. Other significant conditions	contributing to d	eath but not res	ulting in the	e underlying	cause giv	en in Part I	•	23b. Di	d tobacco use	contribute t	o the ca	use of death?
P.0	d by										17	Y88 2 N	3 Pro	bably	4 Unknown
Ś	8 6 8	by													
of Vital Record	v requires that been signed b should be dete	Completed									24a. Wa	s an autopsy formed?	av	railable p	psy findings prior to
Ö		ple						_					of	mpletion death?	n of cause
œ	0 - 0	E									10	Yes 2X No	- 11	□ Yes	201 No
ta	lelan: Th certificata rector, pa		25. Was case referred to medical	7					OS Diana	of Dooth	(Check only				241.10
5		o Be	examiner? 1 Yes 2 No	Hospitel:	talladiala OF	155/0.4		Oth	2011						
	Phys ral di	: To	27. Manner of Death	28a. Date	·	28b. Time		UA	4 🗆 140			sidence 6 🗆 0		ly)	
C	ding Ph h. After th funeral	lon	1 ☑Natural 5 ☐ Pending	(Mon	th, Day Year)	Injur	УМ	28c. Injui Woi	rk? Yes 2 □ I		.00. D0301101	s now injury out	001100		
S	Attending ar death. ector: After by the fune	Ical	2 Accident Investigation 3 Sulcide 6 Could not I	ne -					165 2 🗆		of Leastles	(Ct		-/ 0	Atumban
Division	547.5	Certification:	4 ☐ Homicide determined	Zoe. Place	e of Injury - At h ing, etc. (Specia		street, factor	у, описе		2		(Street and Nu own, Stete)	mber or Hun	ai Houte	Number,
	ral C		37												
	To the Hospital within 24 hours a To the Funeral Completely filled	edicai	29e. Certifier 1 ☐ Certifying P	hysician: To the miner: On the b	best of my kno asis of examina	wledge, de	ath occurred	at the tir	me, date an	d place, a	nd due to the	e cause(s) and	menner as a	tated.	use(s)
	within 2 To the I complet	B	ONW)	and man	ner stated.										
	O T with	Σ	29b. Signature and title of certifier				29	c. Licens	se number			29d. Date sig	ned (Month,	Day, Ye	ar)
			12 3	1	0	0.	D	4415	7			August	22. 1	996	
	. 1		30. Name and address of person who	complyind caus			oe, Print)					0		-	_
)	+ 1		Ira Berger, M.D	Barrie				ocky	i11a	Mars	vland	20851-	1680		
	Sta	te	31. Date filed (Month, Day, Year)		Registrar's Signa		- way I			LICAL	, Lana	20031	1009		
	Registr		AUG 2 8 1996		Davidson		12_								
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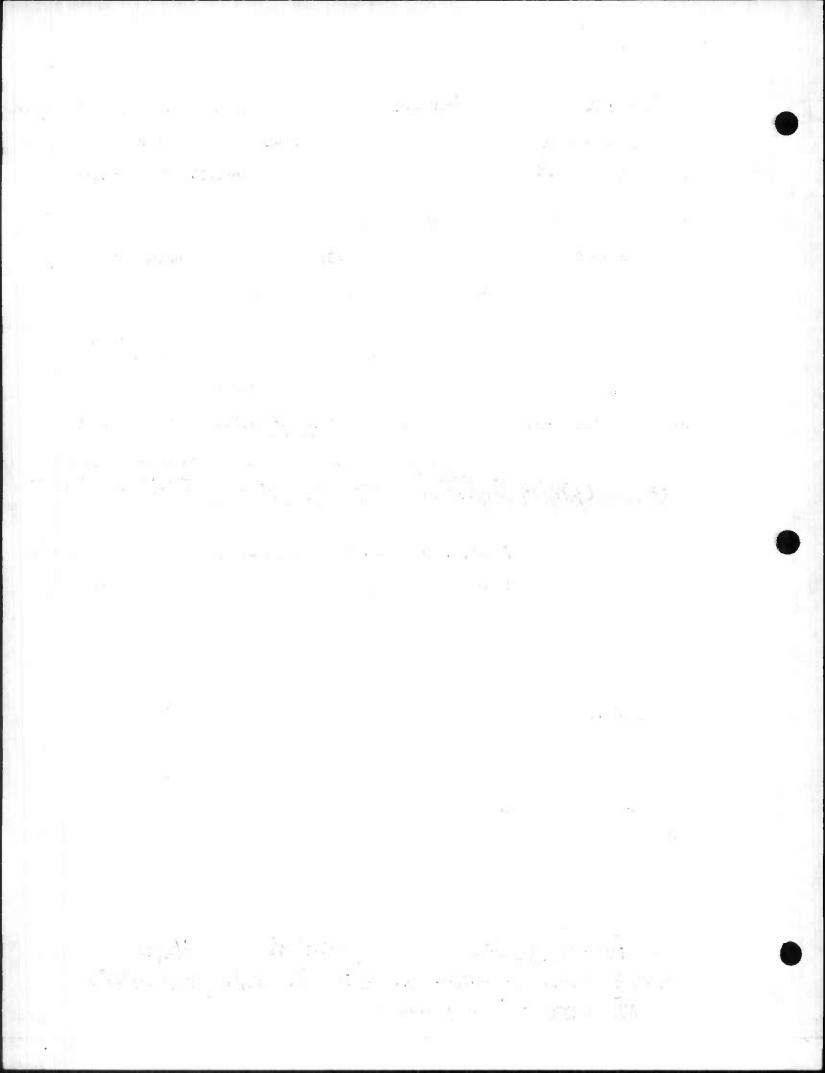
DHMH 16 Rev 6/95

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State of Maryland / Department of Health and Mental Hygiene

28977

					Cei	tificate o	f Death		Reg. No.	0	20311
Phys	sician	1. Decedent's Name (First, Middle	Last)	A .				2. Date of D	Death Day	Year	3. Time of Death
	edical	1 AWE?		MIL	كسل			aug	, 24	1996	7:30 pm
Exa	miner	4a. Facility Name (If not institution	give street and number,)			4b. City, Town, or	Location of the	ath 4c. Count	y of Death	,
(Marian)		Suburban Hosp				W11-4	Bethes			tgome	ry
Fune Direct		5. Social Security Number 087-01-0606 Usual Residence of Decedent	6. Sex 7. Ag	ge (In yrs. last 84	Yrs.	if Under 1 Ye Months Day		. (Month, L	Sirth Day, Yea <i>r)</i> 25, 1911	Count	
and wo		10a. State 10b. County		10c. City, To	own or Lo	cation				10	Od. Inside City Limits
Mary -f sh	ō	New York Nass	ลบ	u4	cksv	1110					1 ☐ Yes 2 No
r 28a	Director	10e. Street and Number		III	CKSV.	10f. Zip Code	9		10g. Citizen of	What Count	try?
h with	0		ırt			118	01		Unito	d Sta	tos
deati	Funeral	11. Marital Stetus	12. Wes Decedent	Ever In U.S.	13. V		of Hispanic Origin? (Suben, Mexican, Pue	Specify Yes or N	lo- 14. Ra	ce - Americe	en indien,
21215-0020 d within 72 hours after death with the Maryland glene. The than natural, or items 23a or 28a-f show the second show	by Fu	3 X Widowed 4 □ Divorced	Armed Forces? 1 Yes 2 1 if Yes, Give Year or Dates:			Yes 2X N		no Hican, etc.)	Specif		ite
5-0 72 hc	ted	15. Decedent' (Specify only highes	Education	16	Sa. Deced	ent's Usual Occ	cupation	arkina	18b. Kind of B		
within 72 ene.	Completed	Elementery/Secondery (0-12)	Coilege (1-4or	5+)	life. L	O NOT use ref	ne during most of wo ired)	rkiig	Con	sulti	ng
	0		2		De	signer				ineer	ing
and be file trai Hyg d othe	a	17. Father'a Name (First, Middle, L	ast)				18. Mother's Ne	ome (First, Middl	e, Meiden Surnar	ne)	
hrylan should be id Mentai marked o	2							Smith			
0 0 0 0		19a. Informant's Name/Relationsh					et and Number or F				Code)
1 and 1 Health em 27 where tr		James L. Mills 20a. Method of Disposition	son				ourt, Roc		7		852
DOC 1988		1 ☐ Burial 2 🕅 Cremetion	3 ☐Removel from Stete	ceme	tery, crem	natory or other p	August 26	Date 1996	20c. Location	- City or Tov	vn, Stete
Baltimore, M permit. Peges 1 and 2 Department of Health . Important: If them 27 is any injury or other tre	ouce.	4 Donation 5 Other (Sp		/M0083	1 22	Name and Add	torium, I	bert A.	Betheso Pumphre	y Fun	eral Home/
205 2	8	Darbara 101	McMulleno	Fauren	ce!	Avenue,	a-Chevy C Bethesda	nase, II	and 2081	4-350	consin 1
Physicia	ın	23a. Part1, Enter the disease, or of shock, or heart fallure. List of	omplications that cause nly one cause on each li	d the death. Dine.							Approximate interval Between Onset end Death
/Medic	_	Immediate Cause (Final disease or condition	Aris	to my	100	GENON	s book	ww is		17	2 WK
Examin		resulting in death)	е. / 100	Due to (or as			- WW	JON 1/1			
D =	la la		MYE	TODY	MPL	ASIA				(amo
and trans	Examiner	Sequentially list conditions, if any, leading to immediate	0.	Due to (or as	,	-					
Box 68760, eath certificate be executed attending physician and ifor use as the burial-transit		Cause (Disease or injury	C								
S87 cate	edical	that initiated events resulting in death) Lest		Due to (or es	e consequ	uence of):					
OX 6	≥		d							i	
death death e atten	clar										
. 0 0 2	Physician/	Pert II. Other significant condition	contributing to death b	out not resulting	In the un	derlying ceuse	given in Part I.				the cause of death?
IS, P es that igned b	by Pi	266717						1	Yee No	3 Prob	ably 4 □ Unknown
Ord equir een s	Completed b								s an autopsy formed?	com	re autopay findings liable prior to apletion of ceuse leath?
The faw attents by page 2 st	J Wo							10	Yes 2 No		Yes 2□No
Vital licien: The certificate rector, pag	BeC	25. Wes cese referred to medical					26 Place of De	ath (Check only			res 2 No
	0	exeminer?	Hospital:	ent 2 ER/0	Outnation	3□ DOA	Ther:		sidence 6 Oth	ner (Specify)
on of ling Phys After this funeral di	1	27. Manner of Death	28a. Date of Inju	ırv 28b	. Time of	28c. in		1	how Injury occur		,
ion ath. r: After e fune	atio	Naturai 5 Pending 2 Accident Investiga	(Month, Da	y rear)	Injury		ork? □ Yes 2 □ No				
Division of or attending Physelfer death. Director: After this lin by the funeral d	Certification:	3 ☐ Suicide 6 ☐ Could no 4 ☐ Homlcide determin	ed 286. Piece of inj	ury - At home,	ferm, stre	et, fectory, offic	0		(Street and Numl	ber or Rural	Route Number,
Div al or A s effer al Direct	Cert	4 D TOMOGE	Building, et	c. (Specify)				City of Te	own, State)		
Division To the Hospital or Attance within 24 hours effer death To the Funeral Director: completely filled in by the	edical	29e. Certifier 15 Certifying 2 Medical E	Physician: To the best carniner: On the basis of and manner sto	f examination a	ge, death and/or inv	occurred at the estigation, in my	time, date and place oplnion, deeth occ	e, and due to the urred at the time	e ceuse(s) and ma , dete and piece,	anner as sta and due to i	ited. the ceuse(s)
To the Vithir Co the Comp	Me	29b. Signature and title of certifier	\ .			29c. Lice	nse number	T	29d. Dete signe	d (Month, D	lay, Year)
		Mm.	1/1/ mp			T	759655		Stada		
12			no completed cause of d		(Type, F		ph Boccia	, M ₁ D.	0/2/1	. 00	N
	State	31. Date filed (Month, Day, Year)	32. Registr	ar's Signature	۵.	# 300	o leoch	WILL /	mp 2	0 800)
Regi		AUG 2 8 19	96 grie	Davidson	Randa	02					



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State of Maryland / Department of Health and Mental Hygiene 28978 Certificate of Death 1. Decedant's Name (First, Middla, Last) 2. Data of Death 3. Tima of Death Month **Physician** 1996 9:00 AM BETTY MINDEL AUG /Medical 4a. Fecliity Name (If not Institution, giva street and number) 4b. City, Town, or Location of Death 4c. County of Death **Examiner** SUNRISE ASSISTED LIVING MONTGOMERY KENSINGTON If Under 1 Year If Undar 24 Hrs. Hours Min. 5. Social Security Number 7. Aga (In yrs. last birthdey) 8. Dete of Birth (Month, Day, Birthpiace (State or Foreign Country) **Funeral** 1 M 2 T Months Days Hours Yrs **Director** 264-54-0248 85 JAN 6, 1911 WASHINGTON, DO Usuel Residance of Dacedant 10a. State 10b. County 10c. City, Town or Location a notified at 10d. Inside City Limits the Maryli 1 Yas ZE No Directo MARYLAND MONTGOMERY KENSINGTON 10e. Street and Number 10f. Zip Coda 10g. Citizen of What Country? r than "natural", or items 23s or the Medical Examiner must be r 20895 3618 LITTLEDALE ROAD UNITED STATES Funeral 13. Wes Decedent of Hispenic Origin? (Specify Yes or NoIf Yes, specify Cuben, Maxican, Puarto Rican, atc.)

1 ☐ Yas 2 ☐ No Specify: 12. Was Decedant Ever In U,S. Armed Forcas? Rece - American Indian, Black, Whita, etc. permit. Pages 1 and 2 should be filed within 72 hours after the operation of Health and Mental Hygiene. Important: If them 27 is marked other than 1999 or other transmission of the control of the contr 1 ☐ Yes 2 XXo If Yas, Giva Year or Detas: 1 ☐ Never Merried 2 ☐ Merried Baltimore, Maryland 21215-0020 Specify: þ 3 Vidowed 4 □ Divorced WHITE Completed Decedant's Usual Occupation (Giva kind of work dona during most of working lifa. DO NOT use retired) 15. Decedant's Education (Specify only highest grada complated) 16b. Kind of Businass/Industry Eiementery/Secondary (0-12) Collega (1-4or 5+) HOMEMAKER OWN HOME 17. Fether's Neme (First, Middla, Last) 18. Mothar's Nama (First, Middle, Meiden Surnama) JACOB LIPKIN LENA GOLDBERG 2 19a. Intormant's Name/Ralationship (Type, Print) 19b. Malling Address (Straat and Number or Rural Routa Number, City or Town, State, Zip Code) ROCHELLE NEZIN (DAUGHTER) 2950 STRAUSS TERRACE, SILVER SPRING, MD 20904 20b. Place of Disposition (Nema of cemetary, crematory or other plece) 20a, Mathod of Disposition 20c. Location - City or Town, Stete ↑ Burial 2 Cremetion 3 Ramoval from State 4 Donation 5 Other (Specify) KING DAVID MEM GDNS 8/25/96 FALLS CHURCH, VIRGINIA 21. Signature of Funeral Sarvica Licansae 22. Nama and Addrass of Facility DANZANSKY-GOLDBERG MEMORIAL CHAPELS 1170 ROCKVILLE PIKE, ROCKVILLE, MD 20852 Intar tha disaasa, or complications that caused the death. Do not anter the mode of dying, such as cardiac or raspiratory arrest, or haert feilure. List only one cause on each line. Approximata tntarval Between Onset and Deeth **Physician** /Medical Imm ta Causa (Final disaasa or condition resulting in daath) Examiner Due to (or as a consequence of): Examiner physician and s the burial-transit that the death certificate be executed Sequantielly list conditions, if any, teading to immadiata causa. Entar Undarlying Cause (Diseasa or Injury that initiated events rasulting in deeth) Last Dua to (or as a consequence of): P.O. Box 68760, Physician/Medical Dua to (or as a consequence of): ed by the attending detached for use as Part II. Other eignificant conditions contributing to death but not rasuiting in the underlying cause given in Pert t. 23b. Dtd tobacco use contribute to the cause of death? been signed by should be detac 3 Probably 4 ☐ Unknown 1 Yee by 24b. Wara autopsy findings evailable prior to completion of cause of death? 24a. Was an autopsy performed? Completed has certificate 1 ☐ Yes 2 ☐ No Division of Vital funeral director, 25. Was casa refarred to medical 80 26. Place of Death (Check only ona) Othar: 2 1 Yes 1 Inpatient 2 ER/Outpatient 3 DOA Nursing Homa 5 Rasidence 6 Othar (Specify) this 28a. Data of Injury (Month, Day Year) 27. Mannar of Death 28d. Describe how Injury occurred Certification: 28b. Tima of 28c. Injury at Work? After 5 Panding invastigation To the Hospital or Attending within 24 hours after death.

To the Funeral Director: Afte completely filled in by the fun. Netural 2 🗆 No 2 Accidant 1 Yes 3 Suicide 6 Could not be 28a. Place of Injury - At homa, ferm, straat, factory, office building, etc. (Specify) 28f. Location (Street and Number or Rural Routa Number, City or Town, Steta) 4 Homleide Certifying Phyaician: To tha best of my knowledga, daath occurred et tha tima, data and place, and due to the causa(s) and manner as stated.

2 Medical Examiner: On the bests of axamination and/or invastigation, in my opinion, daath occurred at the time, date and place, and dua to the cause(s) and manner stated. 29a. Cartifier Medicai 29b. Signature and fittle of certify 29c. License number 29d. Date signed (Month, Dey, Year) 6 30. Nema and addrass of person who complated cause of death (Itam 23a) (Type, Print) GILBERT B. CUSHNER, MD 11161 NEW HAMPSHIRE AVE., SILVER SPRING, MD 20904 32. Registrar's Signature 31. Date tiled (Month, Day, Yaar) State

DHMH 16 Rev 6/95

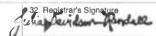
Registrar

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Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene 28979 Certificate of Death #19b, 8/26/96, JW Mont. Cty. 1. Decedent'a Name (First, Middle, Last) 2. Dete of Deeth 3. Time of Death Day Month Year **Physician** RUTH ROBERTS MUSHINSKI AUG. 20, 1996 2:00 A.M. /Medical 4e. Facility Name (If not institution, give street and number) 4b. City. Town, or Location of Death 4c. County of Death Examiner 9701 OLD GEORGETOWN ROAD BETHESDA MONTGOMERY If Under 1 Yeer if Under 24 Hrs. Houra Min. 5. Sociel Security Number 7. Age (In yrs. last birthdey) 8. Date of Birth (Month, Day, Year) Birthplace (State or Foreign Country) **Funeral** Months Days 1 M 20 F -90-89 Yrs Director DEC. 5, 1906 WISCONSIN 217-36-5434 Usual Residence of Decedent with the Maryland 10a Stete 10c. City, Town or Location 10b. County 10d, inside City Limits 7 is marked other than "natural", or items 23s or 28s-f show traumatic event, the Maxical Examiner must be notified at 1 Yes 2 No MONTGOMERY BETHESDA Director MARYLAND 10e. Street and Number 10f. Zip Code 10g. Citizen of What Country? pemit. Pages 1 and 2 should be filed within 72 hours after death v Department of Health and Mental Hyglena. Important: If item 27 is marked other than "natural", or items 23a any injury or other traumatic event, the Medical Examiner manal once. 9701 OLD GEORGETOWN ROAD 20814 U.S.A. Funeral Was Decedent Ever in U.S. Armed Forces? 13. Was Decedent of Hispenic Origin? (Specify Yes or No-if Yes, specify Cuban, Mexican, Puerto Rican, etc.) 14. Rece - American Indian, Black, White, etc. 1 ☐ Yes 2 No If Yes, Give 1 ☐ Never Married 2 ☐ Merried Baltimore, Maryland 21215-0020 1 ☐ Yes 2 No Specify: WHITE à 3 Widowed 4 □ Divorced Completed 16a. Decedent's Usual Occupation (Give kind of work done during most of working life. DO NOT use retired) 15. Decedent's Education (Specify only highest grade completed) 16b. Kind of Business/Industry Elementery/Secondary (0-12) College (1-4or 5+) 12 TEACHER **EDUCATION** 17. Father's Neme (First, Middle, Last) 18. Mother's Name (First, Middle, Maiden Surname) Be FREDERIC C. ROBERTS **EMMA** REEDER 10 19a. Informant's Name/Relationship (Type, Print) 19b. Mailing Address (Street and Number or Rural Route Number, City or Town, State, Zip Code) J. FREDERIC MUSHINSKI, SON 5301 EDEMOOR LN, BETHESDA, MD. 20814 20b. Place of Disposition (Name of 20a. Mathod of Disposition
1 ☐ Buriel 2 ☐ Cremation 3 ☐ Removel from State 20c. Location - City or Town, State Dete cemetery, cremetory or other place) 4 Donation 5 Other (Specify) ROCK CREEK CEMETERY 8/24 WASHINGTON, D.C. 21. Signature of Furieral Service Licensee 22. Name and Address of Facility
DSEPH GAWLER'S SONS, INC, 5130 WISCONSIN AVE, N.W mono ASHINGTON, D.C. 20016 KX 23e. Pert1. Enter the disease, or complications that caused the death. Do not enter the mode of dying, such as cerdiac or respiratory arrest, shock, or heart failure. List only one cause on each line. Approximete interval Betw Onset and Death **Physician** /Medical Immediate Cause (Finel disease or condition resulting in death) e. ACUTE BRONCHITIS 1 WEEK **Examiner** Due to (or as a consequence of): Examiner CHRONIC OBSTRUCTIVE PULMONARY DISEASE YEARS The law requires that the death certificate be executed Sequentielly list conditions, if any, leading to immediate ceuse. Enter Underlying Cause (Disease or injury that initiated events resulting in death) Last bunal-trar Due to (or as a consequence of): Box 68760, ATHEROSCLEROTIC HEART DISEASE YEARS physiclan Physician/Medical the Due to (or es e consequence of): 88 esn 0 the th Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 23b. Did tobacco use contribute to the cause of death? signed by 1 Yes 2 No 3 Probably 4 Unknown ۵. OSTEOPOROSIS WITH VERTEBRAL COMPRESSION þ Division of Vital Records, 24b. Were autopsy findings available prior to completion of cause of death? 24e. Was en autopsy performed? Completed FRACTURES, ATRIAL FIBRILLATION page 2 1 🗆 Yes certificate 2 No 1 ☐ Yes 2 ☐ No Attending Physician: Be 25. Was cese referred to medical examiner? 28. Place of Death (Check only one) Hospital: Other: 4 Nursing Home 5 XX sidence 8 Other (Specify) XXYes 2 No Certification: To 1 ☐ Inpatient 2 ☐ ER/Outpatient 3 ☐ DOA this funeral 27. Manner of Deeth 28a. Date of injury (Month, Day Year) 28b Time of 28c. injury at Work? 28d. Describe how Injury occurred Natural 2 Accident 5 Pending death. 1 Tyes 2 □ No investigation i or Attend after death Director: the th 6 Could not be determined 28f. Location (Street and Number or Rural Route Number, City or Town, State) 3 Suicide 28e. Place of Injury - At home, farm, street, fectory, office building, etc. (Specify) filled in by 4 - Homicide To the Hospital within 24 hours a To the Funeral D 29a. Certifier Medical 1 Xertifying Physician: To the best of my knowledge, deeth occurred et the time, dete end place, and due to the ceuse(s) and manner as stated. 2 Medical Examiner: On the basis of examination and/or investigation, in my opinion, death occurred at the time, dete and piece, and due to the cause(s) and manner stated. (Check only one) 29b. Signature and title of certifier 29c. License number 29d. Date signed (Month, Day, Year)

State Registrar 31. Date filed (Month, Day, Year) AUG 2 6 1996

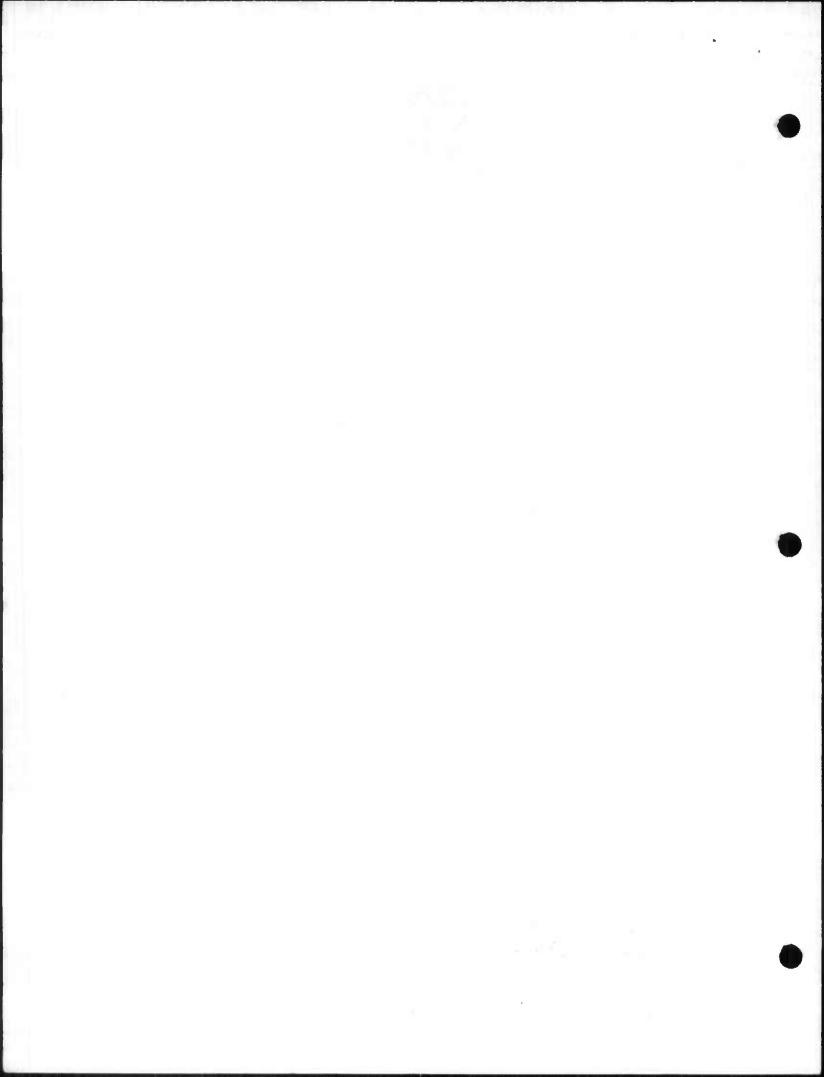


DR. SUSAN MILLER, 5530 WISCONSIN AVE. CHEVY CHASE, MD. 20815

30. Name and eddress of person who completed cause of death (Item 23a) (Type, Print)

D 35579

AUG. 20, 1996



Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible.

State of Maryland / Department of Health and Mental Hygiene

Cortificate of Death

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28980

						Cer	titicate	e of	Death		4	Reg. No.		
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			6523 Winnepeg	Road					Bethe	esda		Mon	tgome	rv
	Funeral		5. Social Sacurity Number 6.	Sex 7. A	Aga (In yrs. last	birthday)	If Under		if Under	24 Hrs.	8. Data of Birt (Month, Da			placa (Stata or Foreign ntry)
н	Director		217-48-9789	1□M 20XF	90	Yrs.	Months	Days	Hours	Min.	Jan. 2			nington, DO
	D.		Usuel Rasidence of Decedent											
	rylar		10a. Steta 10b. County		10c. City, T	own or Loc	cation							10d. inaida City Limits
	Ma Ma	Ş	Maryland Montgon	nery	Betl	hesda								1 ☐ Yas 2 No
	# 28 m	Director	10e. Street and Numbar				10f. Zip (Coda				10g. Citizen of	What Cou	ntry?
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9	be filed within 72 hours efter death with the Maryland hal Hyglene. Id other than "natural", or items 23a or 28a-f show svant, the Medical Examine roust be notified at	Completed	15. Decedent's E	ducation	1	6a. Deced	ant's Usuai	Occup	ation			16b. Kind of E	Businass/In	dustry
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Maryland	office Hyx	Be C	17. Fathar's Nama (First, Middla, Las)					18. Moth	ar's Nama	a (First, Middla,	Maidan Suma	ma)	
a	ld be enta ked fc sv	ToB	Agostino Dispe	nza					Maı	cia A	rena			
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altimore,	rtant njury		4 □ Donetion 5 □ Other (Speci	1	Gate	OL I	leavel	I CE	meter	- y		Silver	Sprin	ng,Marylan
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Į.	Physician		23e. Part. Entar tha diseese, or com- shock, or heert tallura. List only	plications but cause one cause on each	ed the deeth. I lina.	Do not anta	r tha moda	of dylr	ng, such es	cardiac	or respiretory ex	rrast,		Approximata interval Between Onset and Death
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	Examiner		diseesa or condition resulting in daath)	" IT Jack	muc	- (4	Chy	9m	au -	PR	ones			monus
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ō	thending fi death. ctor: After y the funer	atio	1 XNaturai 5 ☐ Panding 2 ☐ Accident invastigatio		ay roar/	injury	М		Yas 2	No				
DIVISION	or Attending after death. Director: After I in by the fune	ertification:	3 ☐ Suicida 6 ☐ Could not be datarmined	28a. Place of in	njury - At homa	, tarm, atre	at, tactory,	office					ber or Run	al Routa Number,
á	after after Direct of In Direct	en	4 LI Homicida	building, a	atc. (Specify)						City or Tox	vn, Stata)		
	24 hours 24 hours Funeral letely filled	al C	29a. Certifier 1⊠ Certifying Pt	yaician: To tha best	t of my knowled	doa, deeth	occurred a	t the tir	ne. deta an	nd place.	and dua to tha	causa(s) and m	ennar as a	stated.
	P. P. L. P. C. C. C. C. C. C. C. C. C. C. C. C. C.	edica	(Check only 2 Medical Example of	niner: On the basis of	ot axamination	a Hor inv	estigation, i	in my o	pinion, das	th occurr	ed at tha tima,	data and place	and dua t	o tha causa(s)
	To the Hospital or Attent within 24 hours after deatl To the Funeral Director: completely filled in by the	Me	295/Signature and little of certifier	X	(/	29c.	Licens	e number		19	29d. Date sign	ed (Month.	Day, Year)
	F > F 0		M	16	P	3	/	194				August		
			I since	Nym	o any	W	1	134	9			August	20,	1990
7	/		30. Marhe and address of person who	/ 1/1	death (Item 23					-44				
			J/ Blaine Fitzger				onsin	Av	enue	#408	Bethes	da, Mar	rylan	d 20814
	Sta	ite 'ar	Date filed (Month, Day, Year)	Jaz Hegist	trar's Signature									

DHMH 16 Rev 6/95

F

Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible.

28981

_	Decedent's Name (First, Middle, Last)	1105	
i1mG740	item 23,27,28a,b,c,d,e,f,	per ME 10-2-96 rja Certificate of Death Reg. No.	20
		State of Maryland / Department of Health and Mental Hygiene	06

Yrs.

10c. City, Town or Location

OPITOL

Physician
/Medical
Examiner

DANTEL 4a. Facility Name (If not institution, give street and number)

10b. County

McDOWELL

Months

10f. Zip Code

2. Date of Death Month SEPT. 15 3. Time of Swith 9:10 AM

10d. fnside City Limits

1 Yes 2 No

_eFuneral

ELKWOOD LANE #104 1411 5. Social Sacurity Number 7. Aga (In yrs. last birthday) 6. Sax 1 M 2 F

CAPITOL

Days

if Under 24 Hrs. Hours Min. eb 21, 198

4b. City, Town, or Location of Death

PRINCE GEORGES HEIGHTS 9. Birthpiace (State or Foreign AFRICA

1996

4c. County of Death

Director

the Maryland

permit. Peges 1 and 2 should be filed within 72 hours efter death with the Marylai Depertment of Heatilb and Mental Hydene. Important: if itam 27 is marked other than "natural", or frems 23a or 28e-f show any injury or other fraumatic event, if a leadest Example must be notified a **Physician**

/Medical

Examiner

Examiner

Physician/Medical

by

Completed

Be

Certification:

Medical

filled in by

Baltimore, Maryland 21215-0020

physician end the buriel-trensit 80 980 signed by the e peed hes this certificate Attanding Physician: funeral director, After deeth. To the Mospital or Attendi within 24 hours efter deeth. To the Funeral Director: A

Division of Vital Records, P.O. Box 68760,

Usual Residence of Decedent 10a State Director 10e. Street and Number Funeral þ Completed Be

11. Marital Status 1 Nevar Married 2 Married 3 Widowed 4 Divorced

Was Decedent Ever in U,S. Armed Forces?.

1 Yes 2 No If Yes, Give Yaar or Dates

 Was Decedent of Hispanic Origin? (Specify Yes or No-if Yes, specify Cuban, Mexican, Puerto Rican, etc.) 1□ Yes 2 No Specify

Race - American Indian. Black, White, etc.

16b. Kind of Business/Industry

10g. Citizan of What Country?

15 Decedent's Education (Spacify only highest grade completed) Elementery/Secondary (0-12)

College (1-4or 5+)

16a. Decedent's Usuei Occupation
(Give kind of work done during most of working life. DO NOT usa retired) -00K

18. Mother's Name (First, Middle, Maiden Surname)

17. Fathar's Nama (First, Middla, Last)

19a. fnformant's Name/Relationship (Type, Print) EVLLUN 20a. Method of Osposition

19b. Mailing Address (Street and Number or Rural Routa Number, City or Town, State, Zip Code) 20743 20b. Place of Disposition (Nancemetery, cremator) IK Wood Lan

UNKNOWN

apETOL HEights Pate 20c. Location - City or Town, Stata

Burial 2 Cremation Donation 5 Other (Specify)

21. Signat of Juneral Service Licania

3 Removal from State

REDW & WOOD Ford 622 20001 mase, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, the List only one cause on each line. Approximete Interval Between Onset and Death

fmmediate Cause (Final disease or condition resulting in death)

a. — NARCOTIC INTOXICATION Due to (or es a consec

WHE

Sequentially list conditions, if any, laading to Immediate cause. Enter Underlying Cause (Disease or injury that Initiated events resulting In death) Last

Due to (or as a consequence of):

Dua to (or as a consequance of):

Pert II. Other significant conditions contributing to death but not resulting in the underlying cause given in Pert i.

23b. Did tobacco use contribute to the cause of death? 4 Unknown 1 Yes 2 No 3 Probably

24a. Was an autopsy performed?

2□ No

24b. Were autopsy findings available prior to completion of cause of death? Yes 2 No

25. Was case referred to medical examiner? ¥ Yas 2 No

28e. Dete of injury (Month, Day Year) 5 Pending FOUND 9-15-96 Invastigation

28b. Time of fnjury FOUND AM

1 ☐ Inpatient 2 ☐ ER/Outpatient 3 ☐ DOA 28c. Injury at Work? 1 Yes

2 No

Other: 4 Nursing Home Residence 6 Other (Specify) 28d. Describe how injury occurred

1 Yes

UNKNOWN 28a. Place of Injury - At home, farm, street, factory, office building, etc. (Specify)

26. Place of Death (Check only one)

r, office 28f. Location (Street and Number of Rural Route Number. City of Town, State) 1411 ELKWOOD LANE #104
CAPITOL HEIGHT, MD.

29a. Certifier (Check only one)

27. Manner of Death

1 Naturai

2 Accident

4 Homicide

3 Suicide

1 Certifying Physician: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(s) and manner as stated.

Medical Examiner: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and placa, and due to the cause(s) and manner stated. 29c. License number

29b. Signature and title of certifier 20

o.c.m.e.

29d. Date signed (Month, Day, Year) SEPT. 16,1996

30. Name and address of person who completed caus of deeth (item 23e) (Type, Print)

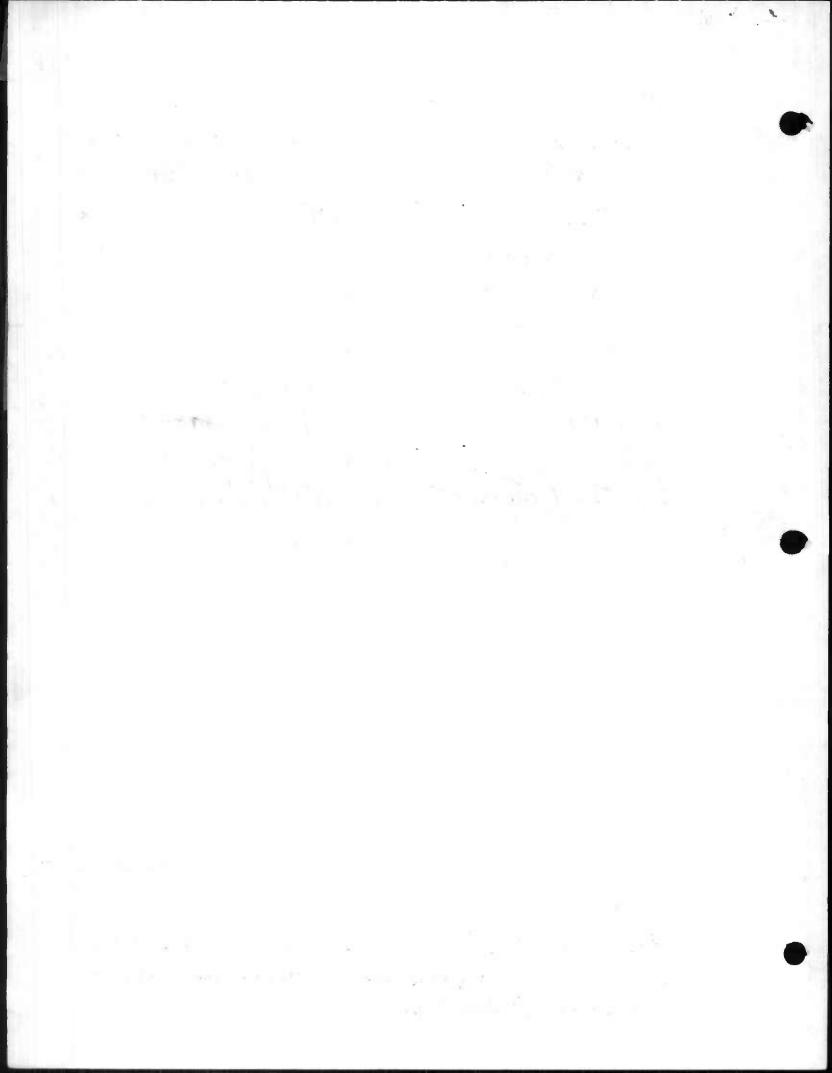
HEDORE MIKIN 31. Date filed (Month, Day, Year) SEP 3 0 1996

6 Could not be detarmined

111 Penn Street, Baltimore, Maryland 21201

State Registrar

Registrar's Signatur. July Dunien hartall



Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible

		A CONTRACTOR OF THE CONTRACTOR					Death	1	leg. No.					
hysici	an	Decedent's Nama (First, Middle, Las ROBERT	ELLIOT	г м	ILLER			2. Dafa of Daa Month Sept. 1	th Day 199	Year	3. Tima of Death 11:30 A.M.			
/Medic	_	4a. Facility Name (If not institution, give					4b. City, Town, or				11.30 A.M.			
Examin	er	1001 Carroll Pkwy./ Apt. 07							ath 4c. County of Death Frederick					
neral ector		5. Social Security Number 6. S	-	(In yrs. lest i	birthdey)	If Under 1 Yaa Months Days		8. Deta of Birth (Month, Dey April 2	Year)		aca (Stete or Foreign			
		Usual Rasidance of Dacedant						APITI Z	2,1723	11111	1015			
any injury or other treumetic event, the Medical Examiner must be notified at once.		10a. Sfata 10b. County		10c. City, To						10	d. Inside City Limits			
office	Director		ederick		Fred	erick					Yes 2□No			
8		10e. Sfreef and Numbar				10f. Zip Coda		1	log. Citizen of V	What Counfi	ıy?			
	Funeral	1001 Carroll Pkw	ry / Apt. 07		12 14/	27101	Hispanic Origin? (S	posify Vac or No.	United	Stat				
	5	1 ☐ Never Married 2 ☑ Merried	Armed Forcas?		IS. WE	es, specify Cul	ben, Maxican, Puert	o Rican, atc.)		ck, Whita, e				
	by	3 ☐ Widowed 4 ☐ Divorced	1 Yas 2 N If Yas, Giva Yeer or Detas: V	J.W.II	10	Yas 2 No	Specify:		Specify	e				
	ted	15. Decedant's Ed	ucation		Sa. Decedar	nt's Usual Occu	pation	delan	16b. Kind of Businass/Industry					
	Completed	(Specify only highest grant Elementary/Secondery (0-12)	Collega (1-4or 5-	+)	life. DC	NOT use retin	during most of wor ed)	King						
ř.		12			Admin	istrati	on Assist		U.S. A					
	Be	17. Fathar's Nama (First, Middle, Last)						na (First, Middle, i		10)				
	2	Benjamin 19e. Informant's Name/Reletionship (7)		ller	Oh Mailina	Address /Ctro	Frances of end Number or Ru		Lind	Ctata Zia i	Codel			
		Deborah Engelbre	,	′			Pkwy./ A							
		20a. Mathod of Disposition	circ milier	20b. Placa	of Disposit	ion (Neme of		•	20c. Location -					
		1 Buriei 2 Cramation 3 Removel from Stata 4 Donation 5 Othar (Specify) A population 5 Othar (Specify) Cermetery, cremetory or other place) Hagerstown Crematory 9-15-96 Hagerstown, Maryland												
4	-	21. Signature of Funeral Sarvice Licensee 22. Name and Address of Facility Stauffer Funeral Home												
9000		Rough (Felexist) 1621 Opossumtown Pike/ Frederick, Md. 21702												
		23a. Part1. Enter the disease, or comp	olications thet caused	the death. D										
ın		shock of haart failura. List only	ona causa on aach line	a.			A THE STATE OF THE			i	Approximata Interval Batween Onset and Death			
ai		Immediata Causa (Finaf disaasa or condition	Ennal	401						1	1111			
er		rasulting in death) e. Dua to (or as a consequence of):									cev J			
٦	ine.	-	, (1)	G							9			
	Examiner	Sequentially list conditions, Due to (or as a consequence of):												
	calE													
	edic	that initiated events rasulting in death) Last												
	\$		d							- !				
	Physician/M	Pert II. Other significant conditions contributing to death buf not resulting in the underlying cause given in Part I. 23b. Did tobacco use contribute to the cause of death?												
	hys	6 11	3 Prob											
	by P	Pussiple 1	0_1100	aby 4 onkiowii										
	B		9					24a, Wes a	in autopsy		re sufopsy findings liable prior to			
	Completed			_				perior	inou?	com	pletion of cause eath?			
	E O							1 U Y	as 20No	1 🗆	Yes 2□ No			
	Bec	25. Was casa refarred to medical exeminar?					26. Place of Dea	ath (Check only or	16)					
-	2	1 ☐ Yes 2 ☐ No	Hospital: 1 ☐ Inpatien	t 2□ER/	Outpatient	3□ DOA O	ther: 4 Nursing H	oma Pasid	ence 6 □Oth	ar (Specify,)			
		27. Manner of Death ✓ Netural 5 □ Pending	28a. Deta of Injury (Month, Dey	Year) 28b	. Tima of Injury		ork7	28d. Dascribe h	ow injury occur	red				
	cati	2 ☐ Accidant investigation 3 ☐ Suicida 6 ☐ Could not be					Yaa 2□No		PORT CONTRACTOR					
	Certification:	4 Homicida datarmined	28e. Place of Injurbuilding, atc.	ry - At homa, (Specify)	farm, strea	t, fectory, office		28f. Location (S City or Town	treet and Numb n, Stete)	er or Rural	Route Number,			
		29e. Certifiar 1/2 Pertifying Phy	relates: To the best of	mu knowled	lan death -	coursed at the	ima data sed elec-	and due to the			Mad			
	edical		rsician: To the best of inar: On the bests of a and mannar staf	examination e	ga, daath o end/or inva	stigation, in my	ima, deta and place opinion, deeth occu	red at the time, d	ausa(s) and ma lete and piace,	and dua to	ited. fha cause(s)			
- 1	₩ W	29b. Signatura and title of certifiar	And maillet sigl	www.		29c. Licen	sa number	2	9d. Dete signe	d (Month, D	Pay, Year)			
	_							1	-					
		Doe of	toline.	i.A		75	22019		Sept. 1	E 10	06			

State Registrar Lloyd E. Halvorson

31. Data filad (Month, Dey, Year)

SEP 1 8 1996

/ 1475 Taney Ave./ Frederick, Maryland 21702

Baltimore, Maryland 21215-0020

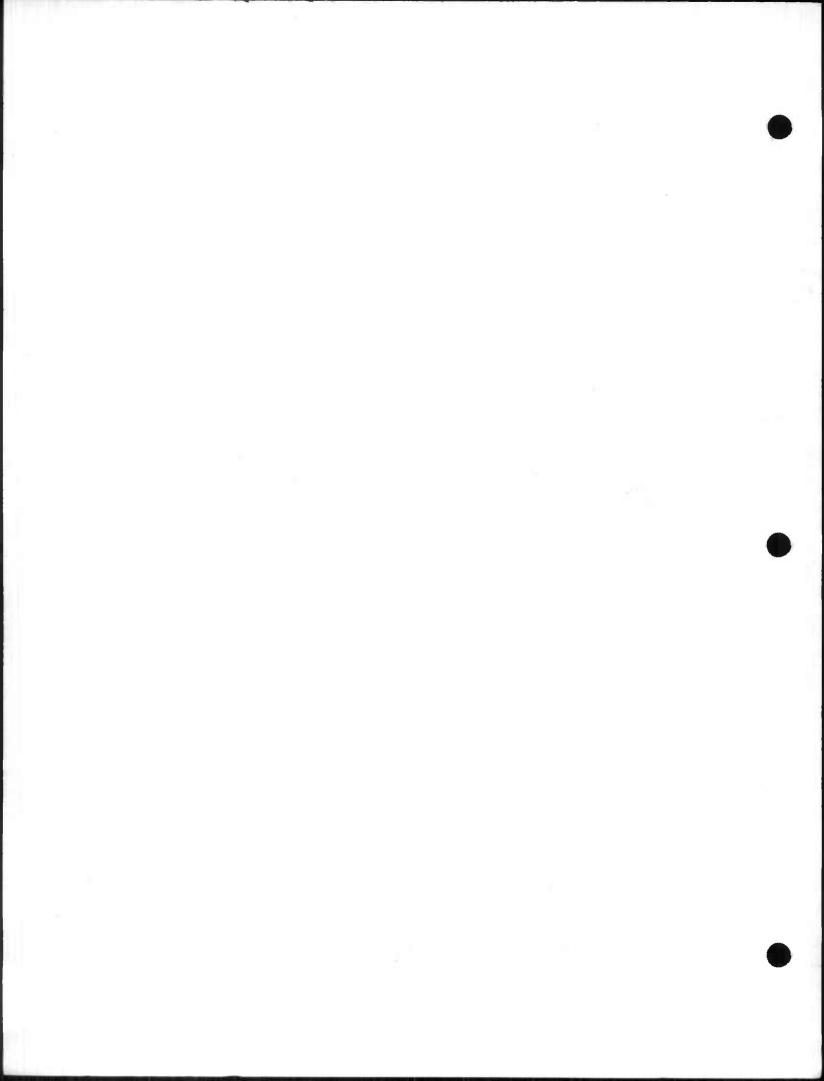
Division of Vital Records, P.O. Box 68760,

BALTIMORE, MARYLAND 21215-0020

DIVISION OF VITAL RECORDS, P.O. BOX 68760

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	REGISTRAR		CERTIF	ICATE O	F DEATH	REG. NO).						
	1. DECEDENT'S NAME (First, Middle, Last)	\./ AL.		2)/			DAY YEAR	3. TIME OF DEATH					
	JANFORD	W, MU	LLLIN	IX.		Sept. 9	9, 1996	10:15A.					
	4. SOCIAL SECURITY NUMBER		(In yrs. last birthday)	MONTHS DAYS		7. DATE OF BIRTN (Month, Day, Year)	8. BIRTI Count	HPLACE (State or Forei					
- 1	220-46-8372	1 ₹ M 2 □ F	88 YRS.	MONTHS DATE	HOOKS WIN.	August 3,	1908 Ma	ryland					
	9e. FACILITY NAME (If not institution, give s	treet end number)	2/	9b. CITY, TOW	N OR LOCATION OF D	EATH	9c. COUNTY OF D	DEATH					
HECTOR HECTOR	Irvington Knolls Care Center Baltimore City												
5	RESIDENCE OF DECEDENT												
	10e. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION												
5	Maryland Baltimore City												
4	104. STREET AND NUMBER 109. CITIZEN												
FUNER	22 South Athol Avenue 21229 Am												
5	11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yee or No— 14												
2	1 Never Merried 2 Merried Profiles 7 TES 2 KNO If yes, specify Cuben, Mexican, Puerto Rican, etc.) 3 Wildowed 4 Divorced IF YES, GIVE WAR OR DATES 1 YES 2 KNO Specify:												
2	15. DECEDENT'S EDUCATION (Specify only highest grade completed) 16e. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working												
ا ك	Elementary/Secondary (0-12) Coffege (1-4 or 5+) 6 Farmer Farming												
È	6		rarme			rarmili	lg .						
COMPLET	17. FATNER'S NAME (First, Middle, Last) 18. MOTNER'S NAME (First, Middle, Maiden Surname)												
u	Joseph H. Mul	llinix			Mollie	Eva Mul	llinix						
0 B	19e. INFORMANT'S NAME (Type/Print)					Route Number, City or Tox		- 01100					
ř	Vergie M. Crouch	- Sister	3281	Charmil	Drive, M	anchester,	Marylan	d 21102					
	20e. METHOD OF DISPOSITION	20	b. PLACE AND DATE	OF DISPOSITION	(Name of		OCATION — City or To						
	1 🔀 Buriel 2 🗆 Cremetion 3 🗆 Rem 4 🗆 Donetion 🦸 Other (Specify)	oval from State	metery, cremetory or o amascus	Methodi Methodi	st Cemete	ry 9/12 Da	amascus,	Maryland					
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY												
	Olin L. Molesworth, P.A., Funeral Home												
	23. PART I. Suar the diseases, or complications that caused that deeth. Do not enter the mode of dying, such as cardiac or respiratory arrest, Approximately 1. A												
	23. PART I. Enter the diseases, or called the second secon	complications that cause List only one cause on a	ed the deeth. Do each line.	not enter the i	mode of dying, aud	ch as cardiac or resp	piratory arrest,	Approxima					
	IMMEDIATE CAUSE (Final												
	disease or condition resulting in death) a. CARDIAC ARREST												
	DUE TO (OR AS A CONSEQUENCE OF):												
2	ATHEROSCLEROSIS												
2	Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF): If any, leading to immediate												
CALICA	cause. Enter UNDERLYING CAUSE (Disease or Injury C. BENIGN MONOCLONAL GAMM OPATHY												
RTIF	that initiated events	DUE TO (OR AS	A CONSEQUENCE C	OF):									
	resulting in death) LAST												
S	DATE II ON THE RESERVE							1					
DICAL	PART II. Other significant condition	is contributing to death	but not resulting	in the underly	ing cause given in		N AUTOPSY 248 DRMED?	AVAILABLE PRIOR COMPLETION OF C					
음	1 TES 2 DAMP												
M M													
	→ III DID TORACCO LISE CONTRIBILITE TO CALISE OF DEATH VES □ NO 😿 LINICEDTAIN □ I												
IAN	25. WAS CASE REFERRED TO MEDICAL EXAMINER?		28. PLACE OF DEA		ne)								
SIC	1 YES 2 NO	HOSPITAL: 1 Impatient 2 ER/Out	tpatient 3 DOA	4 Nursing N	Iome 5 🗆 Residence	6 Other (Specify)							
H	27. MANNER OF DEATH	260. DATE OF INJURY		ME OF 26c.	INJURY AT	28d. DESCRIBE HOW	INJURY OCCURED						
-	t Natural 5 Pending	(Month, Day, Year)	line in	M 1	WORK? YES 2 NO								
ן מ	2 Pudelde	28e. PLACE OF INJUR	Y — At home, term,	street, tectory, o	ffice	281, LOCATION (Street	t end Number or Rural	Route Number,					
3	4 Nomicide 8 Could not be	building, etc. (Spe	ecify)			City or Town, Stete	9)						
4	29e. CERTIFIER												
COMPL	(Check only	ICIAN: To the best of my know											
Ö	2 MEDICAL EXAMINE	ER: On the beels of examination	on end/or investigati	ion, in my opinior	n, death occured at the	time, date end place, e	ind due to the ceuse(e) end menner ee st					
	29b. SIGNATURE AND TITLE OF CERTIFIE	R			29c. LICENSE NU	MBER	29d. DATE SIGNE	D (Month, Day, Year)					
BE	Saber Siddig	1 Sadde	9N _		BU	496	D 9/1	6/96					
2	30. NAME AND ADDRESS OF PERSON W		TH (ITEM 27) (Typ	e, Print)	77			1					
		ILAS	- Sto.	nnero	Paral	Road	Baltom	5 2/23					
	31. DATE FILED (Month, Day, Year)	32. REGISTRAR'S SIG		עשוווו	Juli	ronce	-ausi	0,00					
	SEP 1 7 1996		La P	\									



Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible.

						of Maryla		ertificate of	Health and I Death	R	leg. No.	6 2	28984	
	Physic /Medi	cai	1. Decedant's Nam JESSIE	GUARD			LOUGH		45 Ch. Tour cal	2. Data of Daa Month Septemb	er 18 1		3. Tima of Death 2:45 P.M.	
Ľ	Exami	ner	4a. Facility Nama (I MEMORIAL 5. Social Sacurity N	HOSPITA			o look histodo) If Undar 1 Yaar	4b. City, Town, or I CUMBERLA If Undar 24 Hrs.	ND	ALLEGANY			
	Funeral Director		216-22-6 Usual Rasidance of	970	1□ M 2 K F	7. Aga (in yrs	s. last birthday Yrs.	Months Days		8. Data of Birth (Month, Day Jan 6,	1918	aca (Stata or Foreign ry) and		
	a-f show	tor	10a. Stata MD	10b. County Garret	t		10c. City, Town or Location Friendsville					10	d. Insida City Limits 1 ☑ Yas 2 ☐ No	
	th with the 23a or 28	al Director	10e. Straat and Nur 311 Che	mbar stnut St	•	10f. Zip Code				1	10g. Citizan of What Country? USA		ry?	
020	72 hours efter death with the Maryland natural", or items 23e or 28e-f show dieal Examinet must be notified at	by Funeral	11. Marital Status 1 ☐ Navar Marri 3 ☑ Widowed	ied 2 Married	Armed F	2.XNo iiva	U,S. 13.	Was Decedant of I If Yas, specify Cub 1 ☐ Yas 2 🛣 No	Hispanic Orlgin? (Span, Maxican, Puart Specify:	pecify Yas or No- b Rican, atc.) 14. Raca - Amarican Indian, Black, Whita, atc. Specify: white			tc.	
21215-0020	within ene. than	Completed	(Space	15. Decedant's E bify only highast gro ondary (0-12)	ada complatad	(1-4or 5+)	(Giv.	a. Decedent's Usual Occupation (Giva kind of work dona during n lifa. DO NOT usa retired) ental Health Co		uring most of working		16b. Kind of Businass/Industry Garrett Co. Health D		
Maryland 2	be filed itel Hyg d other	To Be C	17. Fathar's Nama							na (First, Middla,	ffe, Maiden Sumama)			
	nd 2 sh eith and 27 is m r traum		19a. Informant's Na Laura			pe, Print) 19b. Mailing Addrass (Street and Number or Rural Routa Number, City or Town, Stata, Zip Dugh, daughter 19b. Mailing Addrass (Street and Number or Rural Routa Number, City or Town, Stata, Zip Dugh, daughter								
Baltimore,	8 = 5		20a. Mathod of Disposition 1 \(\tilde{\text{D}}\) Burial 2 \(\tilde{\text{Cramation}} \) 3 \(\tilde{\text{Ramoval from Stata}} \) 4 \(\tilde{\text{Donation}} \) 5 \(\tilde{\text{Othar}} \) (Specify) 20b. Place of Disposition (Nama of cematary, cramatory or othar place) 8 100 ming Rose Cem., Sept 21, 96 Friendsville											
Bal	permit. Pe Departmen important: any injury once.		21. Signature of Funeral Sarvica Licensee 22. Nama and Addrass of Facility Newman Funeral Homes, P.A., P.O. Box 275 179 Miller St., Grantsville, MD 21536											
	Physician /Medical		23a. Part1. Enter the disaasa, or complications that caused the death. Do not anter the mode of dying, such as cardiac or respiratory arrast, shock, or heart failure. List only one cause on each line.										Approximata Interval Batween Onsat and Death	
	Examiner	-e	disaasa or condition rasulting in daath)	n	a. Inti		ral He	morrhage equance of):			150		10 Days	
o,	ate be executed hysician and the buriel-transit	Examiner	Sequantially list con if any, leading to Im- causa. Enter Unda	nditions, nmadiata	b. ———	Dua to	(or as a conse	quance of):		-				
x 68760,	certificate be Iding physicialse es the bu	Medical	Causa (Disaasa or that Initiated avants rasulting in daath) L	Injury	c	Due to (or as a consequence of):								
P.O. Box	t the death by the etter teched for u	Physician/M	Part II. Other signifi	van in Part I.	23b. Did to	and .	pacco use contribute to the cause of death?							
Records,	been sign should be	Completed by									. Was an autopsy performed? 24b. Wara autopsy findings available prior to completion of causa of daeth?			
Vital Re	ate h	Be Com	25. Was casa rafarr axaminar?	red to medical					26. Placa of Dea	1 □ Ya	-1		Yas 2□ No	
of		2	1 Yas 2 0	Ńo	Hospital: 1	Inpatiant 2	☐ ER/Outpatie	nt 3□ DOA Ot	har: 4 Nursing H	oma 5 Rasida	ance 6 Oth	ar (Specify)		
Division o	Affer fune	Certification:	27. Mannar of Death 1 Natural 2 Accidant	5 Panding Invastigatio	n	of Injury oth, Day Year)	28b. Tima o Injury	Wo	28c, Injury at Work? 28d. Das			scribe how injury occurred		
Divi	Die ale		3 ☐ Suicida 4 ☐ Homicida	6 Could not b	28a. Place	e of Injury - At h ling, atc. (Spec	noma, farm, si	raat, factory, office		28f. Location (Si City or Town		er or Rural	Routa Number,	
	To the Hospital or within 24 hours after To the Funeral Dir. completely filled in	fedical	(Check only one)	2☐ Medical Exar	niner: On tha b	a best of my knowasis of axamination stated.	owledga, daal ation and/or in	vastigation, in my	ma, data and place, opinion, daath occur	rred at tha tima, d	ata and place,	and dua to t	ha causa(s)	
	To To To To To To To To To To To To To T	M	29b. Signatura and	liting of certifier	Cei	uu n	M	29c. Licans	sa number 25406		9d. Data algner		ay, Year) 2 19,1996	

State Registrar

SEP 2 4 1996

WILLIAM LAMM M.D.
31. Data filed (Month, Day, Yaar)

30. Nama and addrass of person who complated causa of daath (Itam 23a) (Type, Print)



47 VIRGINIA AVE.

CUMBERLAND, MD 21502

Please Type or Print In Black indelible Ink. Assure All Copies Are Legible.

State of Maryland / Department of Health and Mental Hygiene 96 28985

Certificate of Death

	Funeral Director
Baltimore, Maryland 21215-0020	permit. Pages 1 and 2 should be filed within 72 hours after death with the Maryland Department of Health and Mental Hygiena. Important: If Item 27 ia marked other than "natural", or itams 23a or 28a-1 show any injury or other traumatic avant, the Medical Evantice must be notified at 900s.

						Cel	runcate o	Dealli		Reg.	No.				
ı	Physic		Decedant's Nama (First, Middle, L JEAN MA	est) LCOMB	NIG	GRA			Me	ite of Death onth TEMBER	Day 12,	Year	3. Time of Death 10:00 AM		
	/Medi Exami		4a. Facility Nama (If not institution, g PHYSICIANS MEMOR	ive street end numi		4b. City, To	wn, or Location	-							
٦	Funeral Director	1	5 Social Security Number 6		. Age (in yrs. las	st birthday) Yrs.	If Under 1 Yas	ar If Undar:	24 Hrs. 8 De	te of Birth looth Day Ye		9 Birthniace (State or Foreign			
Ī	Maryland of ahow	tor	Usual Rasidence of Decedant 10e. Stete 10b. County W VA UPSHE	R	10c. City,		ecation ENCH CRE	EK				10d.	. tnsida City Limits 1 ☐ Yas 2 No		
	h with the	al Director	10e. Street and Number RT. #1, BOX 220		101. Zip C 262				70 - 10				Citizen of What Country?		
020	hours after death with the Maryland turet', or flame 23a or 28a-f show all Exercises must be notified at	by Funeral	11. Meritel Status 1 Nevar Married 2 Merried 3 Widowed 4 Divorced	Armed Force	No	Evar in U,S. 13. Was Decedent of if Yas, specify Cu			of Hispanic Origin? (Specify Yes or Nuban, Maxican, Puerto Rican, etc.) No Specify:						
1215	within 72 ans. than "nat	Completed	15. Decedant's (Specify only highest g Elementery/Secondary (0-12) 12	Education rade completed) Collega (1-4	16a. Decedant's Usual Occup (Give kind of work done of lifte. DO NOT use retired HOMEMA		ired)			16b. Kind of Business/Industry OWN HOME					
Maryland	S a b	To Be C	17. Fathar's Nama (First, Middle, Las ERVIN MALCOMB	01)		18. Mothar's Name (Fir. IMOGENE NE				t, Middle, Malden Surname)					
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68760,	certificate be executed nding physician and use as the burlal-transit	sal Examiner	Sequentially list conditions, if any, leading to immadiate causa. Entar Underlying Cause (Disease or injury that initiated events	o. and	Due to (or a	s e consac	- Malp			ntalf	ruhl.	4	Oday.		
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Vital R	Physician: The lithis certificate har ai director, page	Be Com	25. Was casa referred to medical exeminer?				26. Place	of Death (Che	1 ☐ Yas	2 XX 10	101	res 200Mo			
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Division	tending leath. tor: After the fune	Certification:	27. Manner of Death 1 Natural 2 Accident 3 Suicide 2 Could not	be co- Di	(Month, Day Year) Injury Work? M 1 □ Yas 2 □ No					escribe how i			20 de Alembra		
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	Nithin Fo the comple	M	29b. Signature and title of certifier	o.io iiioilia			29c. Lica	nsa number	-	29d.	Dete signed	d (Month, Da	y, Year)		
	- > - 0		> Xhu	roder	11()		D-11	176		SEP	TEMBE	R 12,	1996		
			30. Name and address of person who	completed dause	of death (Itam 2	За) (Тура,	Print)						1,24		

State Registrar

M.D., P.O.BOX 430, 100 WASHINGTON AVE., LA PLATA, MD. 20646

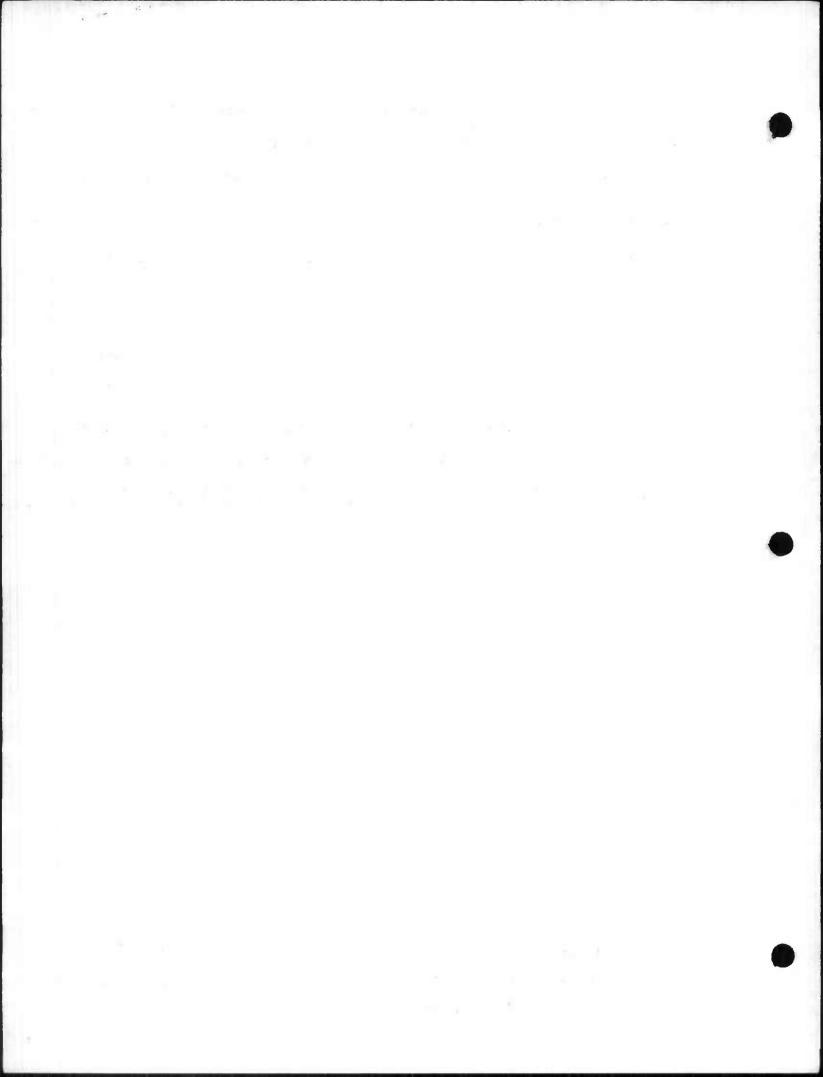
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State of Maryland / Department of Health and Mental Hygiene

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	Physic /Medi		Nhat Nguyen							August	23, 1	996	10:20 AM			
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			Holy Cross Hospital							Silve	r Sp	ring	Mont	ry		
	Funeral		5. Sociel Security N	umber 8	. Sex	7. Aga (In yrs	s. lest birthdey)	If Under	1 Year	If Under	24 Hrs.	8. Data of Bir	th	9. Birth	placa (Stete or Foreign ntry)	
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Baltimore, Maryiand 21215-0020	permit. Pages 1 and 2. Department of Health as important: If item 27 is eny injury or other tratonce.															
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State of Maryland / Department of Health and Mental Hygiene 96 28987

					C	ertificate	of L	Death			Reg. No.		- 0	201
			1. Decedent's Name (First, Middle, La	st)						2. Deta of De	ath	Vee	3. Tie	ma of Death
	Physic /Medi		ROBIN M OKO	ON						Month AUGUST	26, 199	Yeer 96	3:3	30 P
	Exami		4a. Facility Neme (If not institution, given	ra street and number)		·	4	b. City, To	wn, or Lo	cation of Deet				
		_	THE JOHNS HOPKINS	HOSPITAL			-	ALTIM		CITY				
	Funeral Director			Sex 7. Aga I□M 2⊠F	(In yrs. last birthde 30 Yrs.	y) If Undar 1 Months E	Yaar Days	If Undar	24 Hrs. Min.	8. Dete of Bir (Month, De Aug. 1	v. Year)	9. Birthpie Count Trin	(m)	tete or Foreig
	land	1	10a. Stete 10b. County		10c. City, Town or	Location						10	Od. insi	ide City Limits
	the Mary 28s-f sh	Director	Maryland Prince G	eorges	Adelphi	-	4.				10 000 11		12	Yaa 2□No
	ath with a 23a or 3		7204 West Park Dr				783				10g. Cifizan of USA	1		
21215-0020	72 hours after death with the Maryland natural, or items 23s or 28s-1 show dical Examiner must be notified at	by Funeral	11. Merital Status 1 ☐ Never Merried 2 ☑ Merried 3 ☐ Widowed 4 ☐ Divorced	12. Was Decedent E Armed Forces? 1 Yes 2 No If Yas, Give Yaar or Dates:		3. Was Decedan If Yes, specify 1 ☐ Yes 2 ☑	Cube	n, Maxicen	gin? (Spe , Puarto	ecify Yaa or No Rican, etc.)		ce - America ck, Whita, a y: B		
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Baltimore,	T ite		20e. Method of Disposition 1 ⊠ Buriel 2 □ Cremetion 3 □		20b. Piace of Dis	position (Neme rematory or other	of or piece	9)		Data	20c. Location Brentwo	- City or Tov	wn, Sta	ata
3altın	permit. Pag Department Important: It any Injury o		4 Donetion 5 Other (Special 21. Signature of Funeral Service Cod	1./		22. Name end A	Addres	s of Fecility	yHin	es-Rina	ldi Fun			
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	Examiner		resulting in death)		oua to (or as a cons									
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	To the Hospital or Att within 24 hours after of To the Funeral Direct completely filled in by	edical	29e. Certifier (Check only one)	ysician: To the best of niner: On the baala of a end manner stet	xamination and/or	eth occurred et t invastigetion, in	he tim	e, dete end inion, deet	d place, e	and due to the ed et tha tima,	cause(a) end madate end piece,	annar as sta	nted. the ca	usa(s)
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State of Maryland / Department of Health and Mental Hygiene Q6 2898

December December						(Certificate of	Death	B	eg. No.	0	405	00
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DIVISION OF VITAL RECORDS. P.O. BOX 68760

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	5	30. NAME AND ADDRESS OF PERSON WHO C	11	EM 27) (Type, Print)	Fali	Skey	N	10.	21	80/
		SEP1 7 1996 Jahn	32. REGISTRAR'S SIGNATURE			0				<u> </u>

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State of Maryland / Department of Health and Mental Hygiene 96

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	# 52 F	Director	10e. Street and Number	•			10f. Zip Coda		_	1	0g. Citizan of	What Coun	try?	
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State of Maryland / Department of Health and Mental Hygiene

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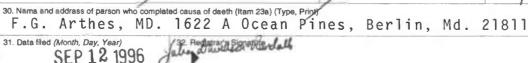
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o de de	8													

State Registrar

29b. Signatura and titla of certifier

29a. Cartifiar

31. Data filed (Month, Day, Year) SEP 12 1996



10 Certifying Phyercian: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(s) and manner as stated.
2 Medical Examiner: On the bests of examination and/or invastigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and menner stated.

29c. Licanse number

D02026

29d. Dete signed (Month, Day, Year)

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State of Maryland / Department of Health and Mental Hygiene

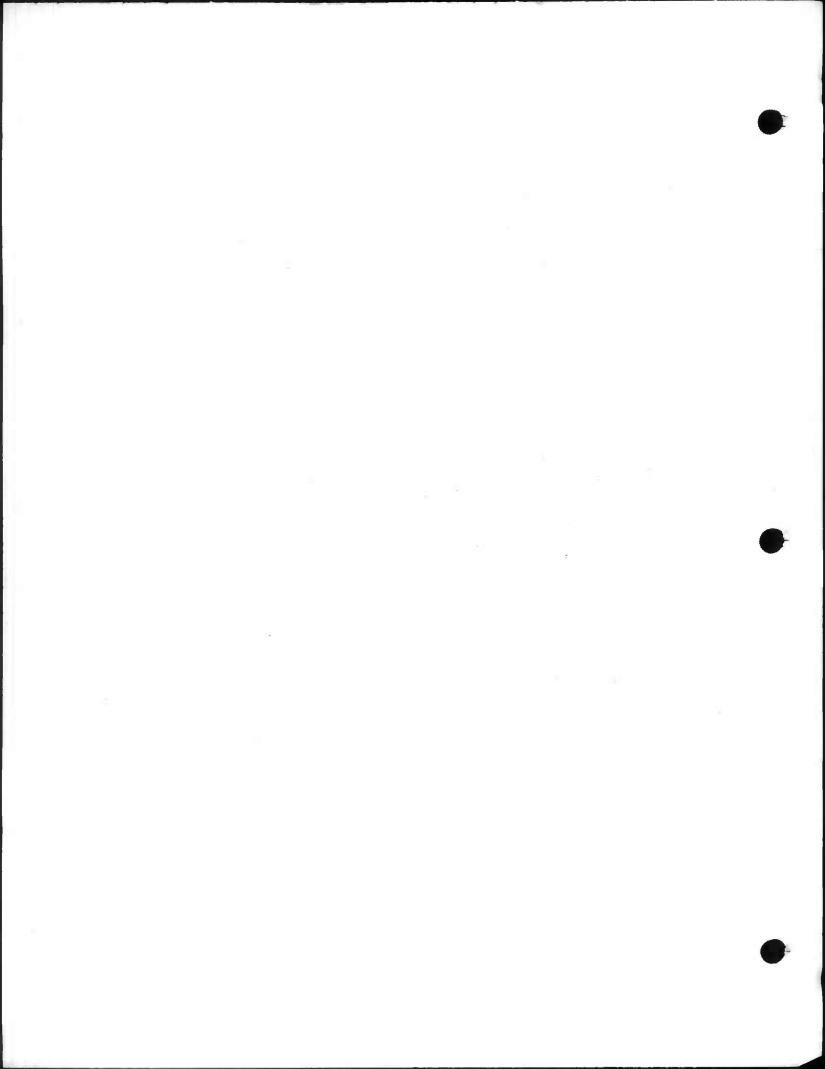
Certificate of Death

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	Physic /Medi		1. Decedent's Neme (First, Midd Dorothy	(a, Last) Will	iams		Pepp	per	2. Deta of De Month	Dey mber 8	Yeer 1996	3. Time of Death 1730
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0	Funeral Director		5. Social Security Number 222-22-4982	6. Sex 1 □ M 2 X F	7. Aga (In yrs. 85	last birthday) Yrs.	If Undar 1 Yas Months Day			th 9 1 1	9. Birthple Counti	ace (Stata or Foreign ly)
	9		Usuel Residence of Decedent					_				
	e Marylar e-f show tified et	ctor	Delaware Suss			byvill					10	d. Inside City Limits 1¥E¥Yes 2□ No
	£ 72	lre	10e. Street end Number				10f. Zip Code			10g. Citizen of 1	Whet Count	ry?
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Baltir	permit. Peges 1 and Department of Health Important: if item 27 any injury or other tr 200ce.		21. Signature of Fullerel Service		, _L		2. Nama and Add		37 127 30	DOLLY		
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Division	D 2 2	ation	1 Netural 5 Pendir 2 Accident investi	gation 09	of Injury oth, Day Year)	Injury 17:3	W	ork? ☐ Yes 2 ☐ No	Zou. Describe	now injury occur	ied	
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	Sta Registr		31. Date filed (Month, Day, Year) SEP 12 19	996 Julia	Registrer's Signa	Kardall						

TO THE HOSPITAL, OR ATTRONONG PHYSICIAN: The law requires that the death cartificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.
TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit nermit Pages 1 2 3 should
be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or remonal.
IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

DECEMBER IN ALMS (First, Madde, Late) JENNISE H. 4. SOCIAL SECURITY HOMBRER 2. SEX 28-18-20.89 1. SEX		1 - STATE REGISTRAR	STATE OF MARYL		MENT OF H		MENTAL HYGIE!				
DENNI PARKER 4. SOCIAL SECURITY HAMESES 3. SEX 4. AGE (17) you have bridged and processed by a SEX 1996 0247 000000 000000 000000 000000 000000		1. DECEDENT'S NAME (First, Middle, Last)					2. DATE OF OEATH		3. 1	TIME OF DEATH	1
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196. INFORMANT'S NAME (Typerfrint) Betty Lewis (Sister) 196. MARLING ADDRESS (Street and Number or Pural Roule Marmoe, City or Town, State, 2tp Code) Betty Lewis (Sister) 198. MARLING ADDRESS (Street and Number or Pural Roule Marmoe, City or Town, State, 2tp Code) Betty Lewis (Sister) 199. METHOD OF DISPOSITION 119 Butto 2 Crementor 3 Removal from State 200. PLACE AND DATE OF DEPOSITION Number of OATE OF DATE			n								
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A Donaston 6 Other (Specify)			toom State 20b	PLACE AND DATE OF	DISPOSITION (Na	me of					
Watson Funeral Home, Inc. 211 Washington St., Millsboro, DE 19966 23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, intervel Basic Approximate abock, or heart failure. List only one ceuse on each line. IMMEDIATE CAUSE (Finel diseases or conditions, resulting in death) a. CARDIOGENIC SHOCK DUE TO (OR AS A CONSCOURNE OF): AMYOCARDIAL CONTUSION OUE TO (OR AS A CONSCOURNE OF): MYOCARDIAL CONTUSION OUE TO (OR AS A CONSCOURNE OF): MULTIPLE TRAUMA SUSTAINED IN AUTO ACCIDENT DUE TO (OR AS A CONSCOURNE OF): AUTO ACCIDENT DUE TO (OR AS A CONSCOURNE OF): CHRONIC RENAL FAILURE (ON DIALYSIS) DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES NO UNCERTAIN 1 YES 2 NO DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES NO UNCERTAIN 1 YES 2 NO DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES NO UNCERTAIN 1 YES 2 NO DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES NO UNCERTAIN 1 YES 2 NO DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES NO UNCERTAIN 2 280. DESCRIBE HOW INJURY OCCURED 1 YES 2 NO AUTO ACCIDENT 1 YES 2 NO AUTO ACCIDENT 1 YES 2 NO AUTO ACCIDENT		4 Donation 6 Other (Specify)	N. Car	lilisboro	Cemeter	У	9/8 Mi	llsbor	o, De	laware	
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City or Town, State)		3 Suicide 8 Could not be		- At home, farm, str	eet, fectory, office		28f. LOCATION (Street	and Number or I		Number,	
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3 Suicide 4 Homicide 8 Could not be determined DELAWARE RT 24/EAST OF MILLSBORO DELAWARE RT 24/EAST OF MILLSBORO MILLSBORO, DE 296. CERTIFIER (Check only ories) 2 MEDICAL EXAMINER: On the best of my knowledge, death occurred at the time, date end place, end due to the cause(e) end manner as stated.	릴	(Check only CERTIFYING PHYSICIAN	: To the best of my knowl	edge, death occurred	at the time, date of	and place, and due	to the cause(e) and ma	nner as stated.			
one) 2 MEDICAL EXAMINER: On the basis of examination end/or investigation, in my opinion, death occurred at the time, date end place, and due to the cause(s) and manner as at	S I	2 D MEDICAL EXAMINER: OF	the basis of examination	end/or investigation,	In my opinion, de	ath occured at the t	time, date end place, er	nd due to the co	euse(s) end	manner as state	led.
29b. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year)		29b. SIGNATURE AND TITLE OF CERTIFIER	00	10 01	m=						\neg
P 30. NAMÉ ANO ADDRESS OF PERSON WHO COMPLETED CAUSE DE CAUTE (ITEM 27) (Type, Print)		30, NAMÉ AND ADDRESS DE PERSON WHO M	Welley (Y	TH ATEM AT CO.	(, (,	DU359	19	9	-5- 9	96	
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physician	burial-tran	
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be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician	cian and completely filled in by the funeral director, page 5 should be detached for use as the burial-tran	
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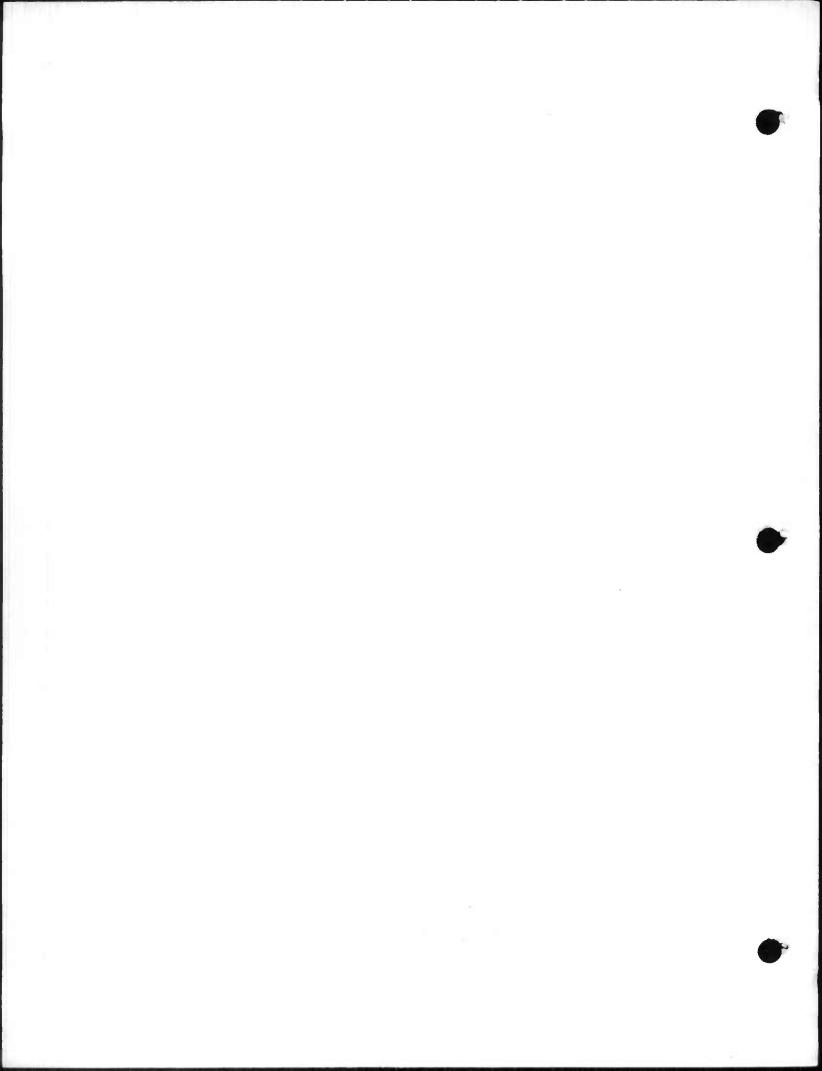
BALTIMORE, MARYLAND 21215-0020

isit permit. Pages 1, 2, 3 should TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hoss TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detache be filed within 72 hours after death with the State Dept. of Heath and Mental Hygiens prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once. FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.

	1. DECEDENT'S NAME (First	, Middle, Last)	-							2. DATE OF	DEATH			3. TIME OF DEATH
	Leonard Ant	hony I	Pappano							AND GO) 0/	19 10	2 G/2	1:05 D.
	4, SOCIAL SECURITY NUME		5. SEX	6. AGE (In y	yrs. last birthday)	IF UNDE	R 1 YEAR	IF UNDER	3 24 HRS.	7. DATE OF	BIRTH		8. BIRTH	PLACE (State or Foreign
	577-58-2602	2	1 🐼 M 2 🗆 F	53	YRS.	MONTHS	DAYB	HOURS	MIN.	(Month, De	y, Year)	1942	Country	hington, DC
	Sa. FACILITY NAME (If not in	stitution, give s	,			9b. CIT	Y, TOWN	OR LOCATI	ON OF DE		. / 9 .		NTY OF D	
5	HADY GROVE	E ADVE	ENTIST H	IOSPI	TAL	Ro	ckvi	110					lonta	omery
DIRECTOR	RESIDENCE OF DEC												TOTTER	onery
		10b. COUNTY				Y, TOWN								10d. INSIDE CITY LIMITS?
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B√	3 Widowed 4 Divo	rced	IF YES, GIVE W	AR OR DATE	8		1 🗌 YE	S 2 💢 NO	Specify	r.			Specif	White
입		EOENT'S EOUC		16	a. OECEOENT'S	USUAL	OCCUPAT	ION		16b. KIN	ID OF BUS	INESS/INI	DUSTRY	WILLE
COMPLETED	Elementary/Secondary (0		College (1-4 or 5 +		(Give kind of a life. Do NOT us	work done se retired.)	during m	tost of worldi	ng	-500.040				
	12				Mailer					Ne	ewspa	aper	Indu	stry
ō l	17. FATHER'S NAME (First, M.	iddle, Last)						18. MOT	HER'S NAI	ME (First, Middl	e, Maiden	Sumame)		
BE (Ludovico P	appano)					Ros	salir	na Gent	ilco	re		
2	19a. INFORMANT'S NAME (7)				19b. MAILING	ADDRES	S (Street	and Number	or Rural F	Route Number, C	City or Town	, State, Zip	Code)	
-	Martha Kint		pano		808 Pc	oint	er R	idge	Driv	re, Ga:	Lther	sbur	g, M	D 20878
	20a, METHOD OF DISPOSITI 1 ☐ Burial 2 🔀 Crematio	n 3 🗆 Remo	oval from Stata	20b. PL	ACE AND DATE	OF DISPO	SITION (A	lame of		OATE	20c. LO	CATION -	City or Tox	wn, Stata
	4 Donetion 8 Other			Met	ropolí	tan	Cre	mator	y 8/	22/96	Ale	xand	ria,	Virginia
	21. SIGNATURE OF FUNERAL	L SERVICE LIC	ENSEE	11		22.	NAME A	ND ADDRE	SS OF FAC	De De	Vol	Fune	ral H	lome
	Mich	race (N Tibe	Sons		G	O Ea	ast D hersb	eer .	Park D MD 20	rive 877			
	23. PART I. Enfer the di	seases, or c	complications that List only one caus	caused th	na daath. Do r	not anta	r tha m	oda of dy	Ing, auch	aa cardlac	or respli	ratory an	rest,	Approximate
	IMMEDIATE CAUSE (Fin		List Drilly Orla Cade	on aacr	1 Hria.	/	, !	. ,						Interval Batween Onset and Death
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ÿ	DID TOBACCO U		RIBUTE TO CAL	JSE OF I	DEATH YE	S 🗆	NO [UNC	ERTAIN	1 12				
PHYSICIAN:	25. WAS CASE REFERRED TO EXAMINER?	MEDICAL	HOSPITAL:	26.	PLACE OF OEAT	TH (Check)						
S	1 TYES 2 NO		1 Inpetlent 2	ER/Outpatie	int 3 🗆 DOA			me 5 🗆 Ra	sidence	8 Other (Sp	ecify)			
	27. MANNER OF DEATH	Pending	28a. DATE OF I (Month, Da		28b. TIM	E OF URY	W	JURY AT ORK?		28d. DESCRIE	BE HOW IN	JURY OC	CURED	
B		rvestigation				М		YES 2	NO				_	
		Could not be	28a. PLACE OF building, e	Hc. (Specify)	At home, farm, s	street, fac	tory, offi	Ca		281. LOCATIO City or To	N (Street al	nd Number	or Aurel Ac	oute Number,
COMPLETED				_										
릴			CIAN: To the beet of r											
5	2 MEDI	CAL EXAMINER	R: On the besis of ax	amination an	nd/or investigatio	n, in my	opinion,	death occur	ed at the t	time, deta and	pleca, and	due to th	e ceuse(s)	and manner sa stated.
BE	296. SIGNATURE AND TITLE	OF CERTIFIER	0	1				29c. LICE	NSE NUM	BER		29d. DAT	E SIGNEO	(Month, Day, Year)
2	, say	11. 7	market	on,	10 10			xL/	79	47		> a	uaus	+22 1996
-	30. NAME AND ADDRESS OF	PERSON WHO	COMPLETED CAUSE	E OF BEATH	(ITEM 27) (Type,	Print)		-		- 1		1	0	. /
	7401	Al o	FOLICH,	1 /	Low No.	16	1	Ur.	26	Pock	2.71	60 1	Al	de
	31. DATE PILED (Month, Day,)		32. REGISTRAR	'S SIGNATU	nde 00				/			1		
	AUG 2 6 19	4b	J'em want	COL A-NO	- brackers									

DIVISION OF VITAL RECORDS, P.O. BOX 68760

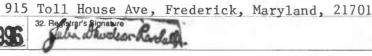


Amended line 850
Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible.
State of Manyland / Department of the 111

State of Maryland / Department of Health and Mental Hygiene 96 28996

					4	Cen	tificate d	of Death		Reg. No.	0 4	_0 _ 0 _ 0
	Physic	ion	Decedent's Name (First, Middle						2. Date of D	eath Day	Year	3. Time of Death
2	Physiç /Medi			Jean E	. Pett	У				ber 10		9:30am
	Exami		4e. Facility Name (If not institution,		r)			4b. City, Town, or	Location of Dea	th 4c. County	of Deeth	
			5820 Genesis La				Williams	Frederi			erick	
	Funeral Director		5. Social Security Number 578-24-3140 Usual Residence of Decedent	6. Sex 7. A 1 □ M 2 ☑ F	Age (In yrs. le 72	Yrs.	If Under 1 Y Months Da	ear If Under 24 Hrs ays Hours Min	B. Date of B. (Month, D. July 2	7, 1996	9. Birthpl Count Wash:	lace (State or Foreig try) ington D.
	land land	1	10a. State 10b. County		10c. City	Town or Loc	ation				11	0d. Inside City Limits
	Mary of sh	ō	Maryland Freder	cick	Free	lerick						1 ☐ Yes 2 No
	r 28s	Director	10e. Street and Number	LCK	1100	TELICK	10f. Zip Cod	de		10g. Citizen of 1	What Coun	try?
	th wit		5820 Genesis La	ine			2170	03		Unit	ed St	ates
	999 Jan	Funeral	11. Maritai Status	12. Was Deceden	t Ever in U,S	5. 13. W	/as Decedent	of Hispenic Origin? (S Cuban, Mexican, Puer	Specify Yes or N	o- 14. Rac	e - America	
21215-0020	be filed within 72 hours efter deeth with the Maryland tel Hyglene. I of thyglene. I other than "natural", or items 23a or 28a-f show event, the Medical Examiner must be notified as	by	1 Never Merried 2 Marrie 3 4 Widowed 4 Divorced		No		☐ Yes 2⊠		(O Filoan, etc.)	Specif	ck, White, o	
ر ا	72 ho	Completed	15. Decedent' (Specify only highest	s Education		16a. Decede	ent's Usual Oc	ccupation	orkina	16b. Kind of B	usiness/ind	lustry
7	ithin Ban	nple	Elementary/Secondary (0-12)	Collaga (1-4or	5+)	life. D	O NOT usa re	one during most of wo stired)	irking			
7	e filed w other th vent, the	S		4		Ноп	nemaker			Own Hor		
Maryland	Mentel H Mentel H arkad ott attic ever	Be	17. Fether's Name (First, Middla, L							e, Maiden Suman	10)	
2	2 should be end Mente is marked aumatic ex	To	William Bealle					Lottie				
Z Z	d 2 s		19e. Informant's Name/Ralationsh Barbara Binnix	ip (Type, Print)				raat and Number or R				
a,	of Health item 27		20a. Method of Disposition		20b. Pie	aca of Dispos	ition (Name o	nt Run, I	jamsvil]	e Maryl		
2	Peges net of nt: If its		1 X Buriai 2 ☐ Cremation		e Cer	metery, cremi	atory or other	place)				
Baltimore,	pemit, Pege Department of Important: If any injury or once.		4 Donation 5 Other (Sp 21. Signature of Funeral Service L		Park		Cemeter	y Sept.	13,1996	Rockv	ille,	Maryland
a	Deprina any		· 611A	111.	. 1	01	lin L.	Moleswort!	h Funera	1 Home		
			220 Part Enter the disease or	wyw	<u> </u>	26	6401 Ri	dge Road	Damascus	Marvl:	and.	20872
2	Di 1 . 1		23a. Part1. Entar tha disease, or o shock, or heart tailure. List o	nly ona cause on each	line.	Do not ente	r the mode of	dying, such as cardia	c or respiratory	arrest,	1	Approximate Interval Between Onset and Death
7	Physician /Medical		Immediate Cause (Final	1		/					1	
	Examiner		disease or condition resulting in death)	a			two.	<				2425
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	outed od ansit	Examiner	Sequentially list conditions	b		META as a consequ	1574 S	5/3				6 mo
Š	an an		Sequantially list conditions, if any, leading to immediate cause. Enter Underlying Ceuse (Disease or Injury that initiated events		(0.							
68/60	certificate be executed inding physician and use as the bunel-transit	edical	Ceuse (Disease or Injury thet initiated events resulting in death) Last	c	Due to (or	es a consequ	ence of):					
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ô	eath certifica ettending ph for use as t	an		d							1	
	he etten	Physician/	Pert II. Other significant condition	s contributing to death	but not resul	ting in the und	derlying cause	given In Pert I.	23b. Dld	tobacco uss co	ntributs to	the cause of death
	d by the								10	Yes 2 No	3 Prob	bably 4 Unknow
S,	v requires that the de been signed by the should be deteched	by									I	
	nbean Whoulk	etec							24a. Wa:	s en eutopsy ormed?	eve	ere autopsy findings ellable prior to appletion of cause
e	hes b	Completed									of d	death?
	ilcian: The lev certificate hes rector, page 2								10	Yes 2 No	1□	Yes 2 No
NI I	Physician: this certific rai director,	o Be	25. Was cesa raferred to medical axaminar?	Hospital:	V II_			Other	ath (Check only			
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5	tending feath. or: After the funer	tlon	1 ■Natural 5 □ Pending		ay Year)	Injury		njury et Work? 1 ☐ Yes 2 ☐ No	Edd. Describe	now injury occur	60	
UNISION	Attending in death. Sector: After by the fune	flca	3 Suicide 6 Could no	ot be	niury - At hom	na. farm. stree			28f. Location	(Street and Numb	er or Rura	l Route Number.
5	of or after	Certification:	4 Homicide	building, e	fc. (Specify)		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		City or To	wn, State)		
	To the Hospital or Attending I within 24 hours stiffer death. To the Funeral Director: After completely filled in by the funer	edicai C	29a. Certifiar 1 Certifying (Check only one) 2 Medical E	Physician: To the best xaminer: On the basis of and mannar s	of examination	iedga, daath o on and/or inva	occurred at the	e time, dete end piace ny opinion, daath occ	e, end due to the urred at tha time	cause(s) and ma date and placa,	innar as sta and due to	ated. the cause(s)
	Vithin Vomp	Me	29b. Signeture end title of certifier				29c. Lic	ense number		29d. Date signe	d (Month, I	Day, Year)
L	7.5		& Andra	10. JA	nels	mz	. (121936		91	11/	96
_			30. Nama and address of person w	ho completed cause of	death (Itam 1	23a) (Type P					/	, ,
			Andrew Donelson					ick, Marv	land, 21	701		

State Registrar

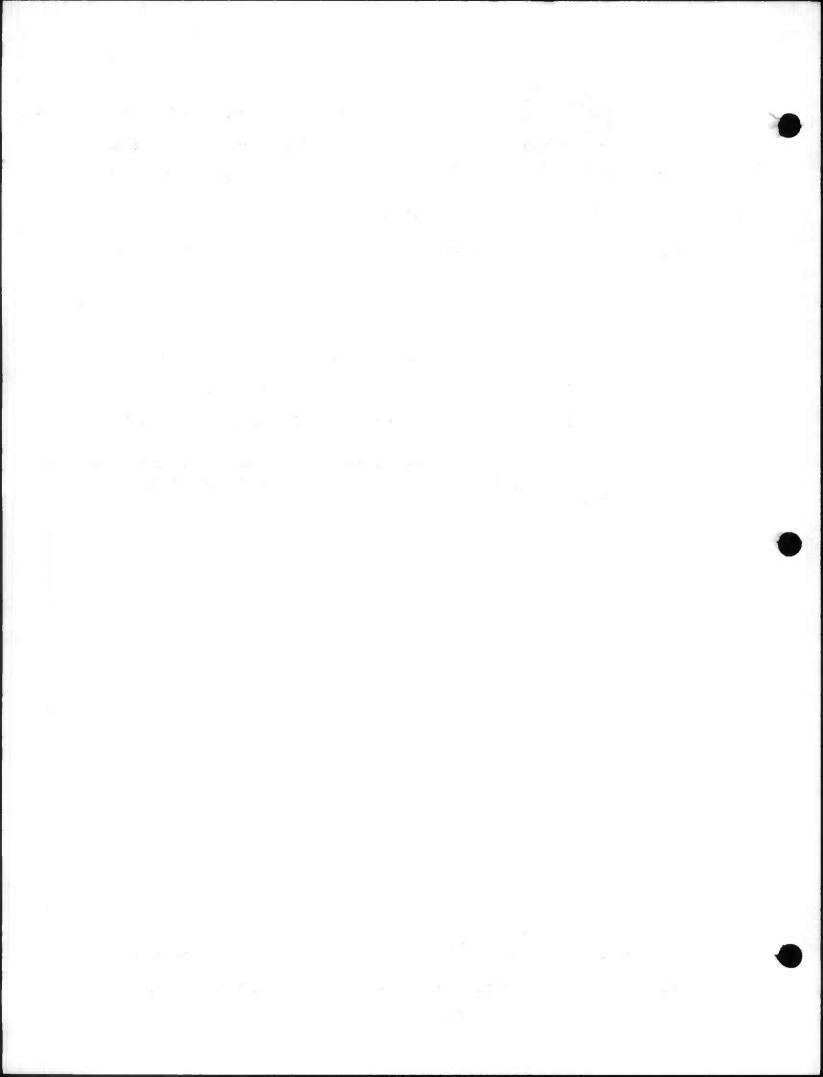


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State of Maryland / Department of Health and Mental Hygiene 96

					Cer	uncate of	Dealli		Reg. No.		
Physic	ian	. 1. Decedent's Name (First, Middle,	ŕ		D	1		2. Data o Month	Day	Year	3. Time of Death
/Med	cal	Lucill			Pe	ochetti		Augus		1996	4:55 P.N
Exami	ner	4a. Facility Nama (If not Institution,	give street and nun	nber)			4b. City, Tow	n, or Location of D	eath 4c. Cour	nty of Death	
		3 Flameleaf	Court				Gaith	ersburg	Mo	ntgon	nery
Funeral				7. Aga (In yrs. last	birthday)	If Undar 1 Yaar Months Days	if Under 2		Birth , Day, Year)	9. Birth	plece (State or Foreig intry)
Director		090-16-6805	1□ M 20XF	73	Yrs.	Months Days	nouis	Feb.	8, 1923	MA	intry)
Hygiene. ther than "natural", or items 23a or 28a-f ahow ent, the Medical Examiner must be notified at		Usuat Residence of Decedent									
Mod #	20	Md. 10b. County		10c. City, T							10d. Instde City Limit
- 3	Director	Md. Montgo	Jille Ly	Gail	hersb	Jurg					1 Yes 2 □ No
28	9	10e. Street and Number				10f. Ztp Code			10g. Citizen o	What Cou	intry?
340	0	924 Beacon Squa	are Court	Apt.#12	7	20878	8		Unite	d Sta	ites
"natural", or items 23a or 28a-f ahow solical Examiner must be notified at	Funeral	11. Marital Status	12. Was Dece	dant Evar tn U.S.	13 V	Vas Decedent of	Hispanic Origi	n? (Specify Ves o	r No. 14 R	ace - Ameri	can indlan
F M	5	1 Never Married 2 Married	Armed For	ces?	H	Yes, specify Cub	oan, Mexican,	n? (Specify Yes o Puerto Rican, atc.) В	lack, White	
0	by F	3 ☑ Widowed 4 □ Divorced	If Yes, Giv Year or Da	0	1	I□Yes 2⊠ No	Specify:		Spec	ify:	1. 2 4
E E	<u>8</u>						254,777				hite
Polical L	Completed	15. Decedent's (Specify only highest)	Education grade complated)	1	(Give	lent's Usuat Occu kind of work done	during most o	of working	16b. Kind of	Business/Ir	ndustry
C 2	9	Etementary/Secondary (0-12)	College (1	-4or 5+)		DO NOT use retire	,				
	S	12			Rece	eptionis	_			ation	1
event,	Be	17. Father's Name (First, Middle, La	ist)				18. Mother	a Nama (First, Mic	idle, Maiden Sumi	ıma)	
	10	Roger Lachapel:	le				Cel	lina Gert	in		
		19a. in/ormant'a Name/Retetionship	(Type, Print)	1	9b. Mellin	g Address (Stree	t and Number	or Rural Route No	imber, City or Tow	n, State, Zi	ip Code)
		Larry Pochetti			3 F1a	ameleaf (Ct. Gai	ithersbui	g,Md. 20	878	
other		20a. Method of Disposition		20b. Ptace	a of Dispos	sition (Name of		Date	20c. Location	n - City or T	own. State
6		1 X Burial 2 ☐ Cremation 3		otate	-	natory or other pla					
any injury or other		4 □ Donation 5 □ Other (Spe		Arli		n Nation					Virginia
M M	1	31 Signature of Funeral Service Lic	2000	10.0	22	. Nama and Addr	ess of Factlity	DeVol Fu	neral Ho	me	
9.0		Mulus	211(.)	VIII	- 10	F Deer	Dark D	rive Ca	ithersbu	ra M	0 20877
- 14		23a. Pert1. Enter the diseese, or co shock, or haart feilure. List or	omplications that ca							LE, FL	Approximate
ician		shock, or haart feilure. List or	ily one cause on as	ach line.							Interval Batween Onset and Deeth
dical		tmmediate Cause (Finel	W			C + 50 01	2			1	2 0
iner		disaasa or condition resuiting to death)	a. 1767	ASTATIC	_ (CANCEL	4			1	2 MONTHS
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	Karr	Sequentielly list conditions,		Due to (or as	a conseq	uenca of):					
urial		Sequentielly list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or Injury								1	
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usa as the burial-transit	2		d								
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detached for	Physicia	Part II. Other significant congluons	s contributing to de	ath but not resultin	g in the un	identyling cause g	wen in Parti.				to the causa of death
deta									1 Y88 2 No	3 □ Pro	obably 4 Unknow
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should	tec							24a.\	Vas an autopsy erlormed?	81	Vere sutopsy findings vailable prior to
CA	pie									O	omptetion of cause fideath?
paga 2	Completed							,	☐ Yes 2 No	1	☐ Yes 2☐ No
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rg.	: To	1 Yes 2 No 27. Manner of Death	1 ∐ Ir		Outpatient b. Time of	t 3 DOA 28c. Inju	4 LI IAUIS		Residenca 6 C		my)
e S	6	1 Netural 5 ☐ Pending	(Montl	n, Dey Year)	injury	Wo	ork?		ioe now injury occ	11160	
the	Certification:	2 Accident investigat 3 Suicide 6 Could not				M 1	Yes 2 N	0			
5	=	4 Homictde determine	289. Place	of Injury - At home g, etc. <i>(Specify)</i>	, farm, stre	et, factory, office		28f. Locati City or	on (Street end Nur Town, Stete)	nber or Rui	ral Route Number,
	Ç										
<u> </u>	- B	29a. Certifler 1X Certifying	Physician: To the	best of my knowled	dge, death	occurred at the t	lme, date end	pieca, end due to	the cause(s) end	manner as	stated.
olate	edicai	one)	aminar: On the ba and mann	ar stated.	and/or inv	estigation, in my	opinion, death	occurred at the ti	me, date and place	i, and due i	to the cause(s)
complately filled in by the funer	ž	29b. Signature and titte of cartifier	0			29c. Licen	se number	-	29d. Data sign	ned (Month	, Day, Year)
3		1/1/1 +1	1. 1	LMD		117	162			0.0	1006
		y want w	Mas	- [112 .					August	29,	1996
		30. Name and address of person wh				•					
		Martin W. Graf, 1	M.D., 152	25 Shady	Grov	re Road,	# 203	Rockvil	le, Mary	land	20850-3234
Şta		31. Data fited (Month, Day, Year)	32. Re	gistrar's Signature	1						
بالداو	ar	AUG 3 0 1998	5 July	Devidon-P	ander	2					
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State of Maryland / Department of Health and Mental Hygiene

Certificate of Death 1. Decedent's Name (First, Middle, Last) 2. Date of Death 3. Time of Death Dev Veer **Physician** Fredericka Barton Rosemere September 15, 1996 4:30 AM /Medical 4a. Facility Name (If not institution, give street end number) 4b. City. Town, or Location of Death 4c. County of Death Examiner Dorchester Mallard Bay Nursing Home Cambridge If Under 24 Hrs. Hours Min. 5. Social Security Number 6. Sex 7. Aga (In yrs. last birthdey) If Under 1 Yaar Birthplace (State or Foreign Country) 8. Data of Birth (Month, Dey, Year) **Funeral** Months Days 1 M 200F Yrs Director 216-40-4006 81 13, 1915 Wasgington, D.C Usual Residence of Decedent permit. Pages 1 and 2 should be filed within 72 hours efter death with the Maryland Department of Health and Mental Hyglene. Important: if Item 27 is marked other than "natural", or items 23a or 28a-f show any lojury or other traumatic event, the Medical Expenses. 10a. State 10c. City, Town or Location 10b. County 10d. Insida City Limits Cambridge ¥ Yas 2□ No Maryland Dorchester Director 10e. Street and Number 10f. Zip Code 10g. Citizen of What Country? 21613 US 609 William Street Funeral 12. Was Decedent Ever in U,S. Armed Forcas? 1 ☐ Yes ② ONo If Yes, Give Year or Dates: Was Decedent of Hispanic Origin? (Specify Yas or No-If Yes, specify Cuban, Mexican, Puerto Ricen, etc.) 11. Marital Status 14. Race - Amaricen Indian, Black. White, atc. 1 ☐ Never Married 2 ☐ Married 1 ☐ Yes 2 No Specify: þ Specify: White 3QWidowed 4 □ Divorced Completed 16a. Decedent's Usual Occupation (Give kind of work done during most of working life. DO NOT use retired) 15. Decedent's Education (Specify only highest grade completed) 16b. Kind of Business/Industry Elementary/Secondary (0-12) College (1-4or 5+) Health Care 11 Licensed Practical Nurse 17. Fathar's Nama (First, Middle, Last) 18. Mother's Name (First, Middle, Melden Surnema) Be Addiee Annie Ha11 Frederick John Barton 2 19a. Informant's Name/Relationship (Type, Print) 19b. Mailing Address (Street and Number or Rural Route Number, City or Town, State, Zip Code) Conrad J. Rosemere, Jr. 1221 Birch Avenue Baltimore, Maryland 21227 20b. Place of Disposition (Neme of cematery, cremetory or other pleca) 20a. Method of Disposition 20c. Location - City or Town, Stata Date XXBurial 2 Cremation 3 Removal from State Christ Episcopal Churchyard 9/19 Cambridge, Maryland 5 ☐ Other (Specify) 4 ☐ Donation 21. Signature ineral Service Lipensee 22. Nama and Address of Facility
Thomas Funeral Home, P.A. 700 Locust Street Cambridge, Maryland 21613 23a. Perf. Enter the disease, or complications that caused the death. Do not enter the mode of dying, such as cerdiac or raspiratory arrest, should or heart failure. List only one cause on each line. Approximate interval Betw **Physician** /Medical + days Immediate Cause (Final disease or condition rasulting in death) neumone Examiner Due to (or as a consequenca of): Examiner The law requires that the death certificate be executed the burial-transit Sequentially list conditions, if any, leading to immediate causa. Enter Underlying Cause (Disease or Injury that initiated events resulting in death) Last and Due to (or as a consequence of): Box 68760. attending physician Physician/Medical Due to (or as a consequence of): been signed by the attendin should be deteched for use Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. Division of Vital Records, P.O. 23b. Did tobacco use contribute to the cause of death? 1 Yes 20KNo 3 Probably 4 Unknown þ Completed 24b. Were autopsy findings available prior to completion of cause of death? 24e. Was an autopsy performed? has After this certificate 1 Yes 25 No 1 Yas 2 No Hospital or Attending Physician: '24 hours after death.' Funeral Director: After this certifica Be 25. Was case referred to medical 28. Piace of Death (Check only one) 1 Yas 2 No Other: 4 Nursing Home 5 Residence 6 Other (Specify) ² 1 ☐ Inpatient 2 ☐ ER/Outpatient 3 ☐ DOA 27, Manner of Death 28a. Date of Injury (Month, Dey Year) Certification: 28b. Time of 28c. Injury at Work? 28d. Describe how injury occurred 5 Pending invastigation 1 Natural 1 Yes 2 No 2 Accident completely filled in by the 3 Sulcide 6 Could not be 28e. Place of Injury - At home, farm, street, factory, office building, etc. (Specify) Location (Street end Number or Rural Routa Number, City or Town, Stete) 4 Homicide within 24 hours a To the Funeral C 1 Certifying Physician: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(s) and manner as stated.

2 Medical Examiner: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) end manner stated. 29a. Certifier Medical 9 29b. Signature and title of certifier 29c. License number 29d. Date signed (Month, Day, Year) 0 -28209 30. Name and eddress of person who completed cause of deeth (ttem 23a) (Type, Print) AURORA ST., AUGHLIN, MD EDMUND U 31. Date filed (Month, Day, Year) SEP 1 7 1 2. Registrar's Signature State

Registrar **DHMH 16 Rev 6/95**

A CONTRACTOR

Please Type or Print In Black Indelible Ink. Assure All Copies Are Legible.

State of Maryland / Department of Health and Mental Hygiene Certificate of Death 2. Date of Death 3. Time of Death Dey

1. Decedent's Name (First, Middle, Last)

permit. Pages 1 and 2 should be filed within 72 hours after death with the Maryland

Baltimore, Maryland 21215-0020

To the Hospital or Attending Physicien: The law requires that the death certificate be executed

Division of Vital Records, P.O. Box 68760,

al											Dare I), 19	770	05:40 a.
er	4a. Facility Name	(If not institution, g	give street and n	um <i>ber)</i>				4b. City, Tow	n, or Local	ion of Death	4c. Cc	ounty of D	Death	
	SACRI	ED HEART	HOSPITA	AL.				CUMBER	RLAND		AI	LEGA	ANY	
	5. Social Security 218–1	Number 6 30-0364	.Sex XXM 2□F	7. Age (In ye		Montha		Hours	4 Hrs. 6. Min. F	Date of Bir (Month, Da EB 29	th ly, Year) 1936	9. 5 H	Birthplece Country) ENNS	(State or Foreig
	Usuel Residence	T												
tor	10a. State PA	10b. County BEDFO	ORD		City, Town of YNDMAN									nside City Limits Yes 2 □ No
al Director	10e. Street and No SCHEI	umber LLSBURG S	ST., P.	O. BOX	371	10f. Zip	Code 1554	15			10g. Chizer USA	n of What	t Country?	
by Funeral		rried 2∑ Married 4 □ Divorced	Armed F	20XNo	U,S.	13. Waa Deced ii Yes, spec	v	lispante Origi an, Mexican, Specify:	n? (Specifi Puerto Rid	y Yes or No an, etc.)		Black, V	American in White, etc.	dian,
Completed		15. Decedent'a ecify only highest g	Education grade completed	n	16a. D	ecedent's Usua Give kind of wo	al Occup	etion during most o	of working		16b. Kind	of Busine	ess/induatr	1
Comp	Elementary/Sec 12			(1-4or 5+)		ABORER	30 70(110						CTION	
lo Be		(First, Middle, La. NE RANDOI		ER							, <i>Maid</i> en <i>S</i> u HAFFEF			
-		Name/Relationship E G. RIZI				Malling Address O. BOX						own, Sta	te, Zip Cod	Θ)
	20a. Method of Dis	sposition	□ Removal from		. Place of D	isposition (Nan crematory or o	ne of ther pla	ca)		Date	20c. Local	tion - City	y or Town, S	Stata
		5 ☐ Other (Spec		H	YNDMAI	N CEMET	ERY	SEPT	13,	1996	HYNI	MAN,	, PA	15545
	23a. Part1. Enter ahock, or he	the disease, or co art ellure. List on	mplications that ly one cause on	caused the de	eath. Do not	HARVEY CLAREN t enter the mod	CE S	ST. HY	YNDMA	N. PA	1554	45-06	App	roximate rvel Between
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State

Registrar

31. Date filed (Month, Day, Year)

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32 Registrar's Signeture

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STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	REGISTRAR											
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	4. social security num 705–10–5985	5	5. SEX 1X M 2 - F	8. AGE (In)	rs. last birthday) YRS.	MONTHS DA	AYS HOURS MIN.	APR.	OF BIRTH 1, Day, 1607) 30, 19	08 V	VEST	
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ERAL	707 LOUISIA		ENUE				101. ZIP CODE 21 502				EN OF WHAT COUNTRY?	
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E COMPLET	17. FATHER'S NAME (First, WOODROW RAY						ts. MOTHER'S N	AME (First, A				
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ours after death. Page 6 may be retained by the hospital or attending physician. BALTIMORE, MARYLAND 21215-0020

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

DHMH-16 Rev 1/89

